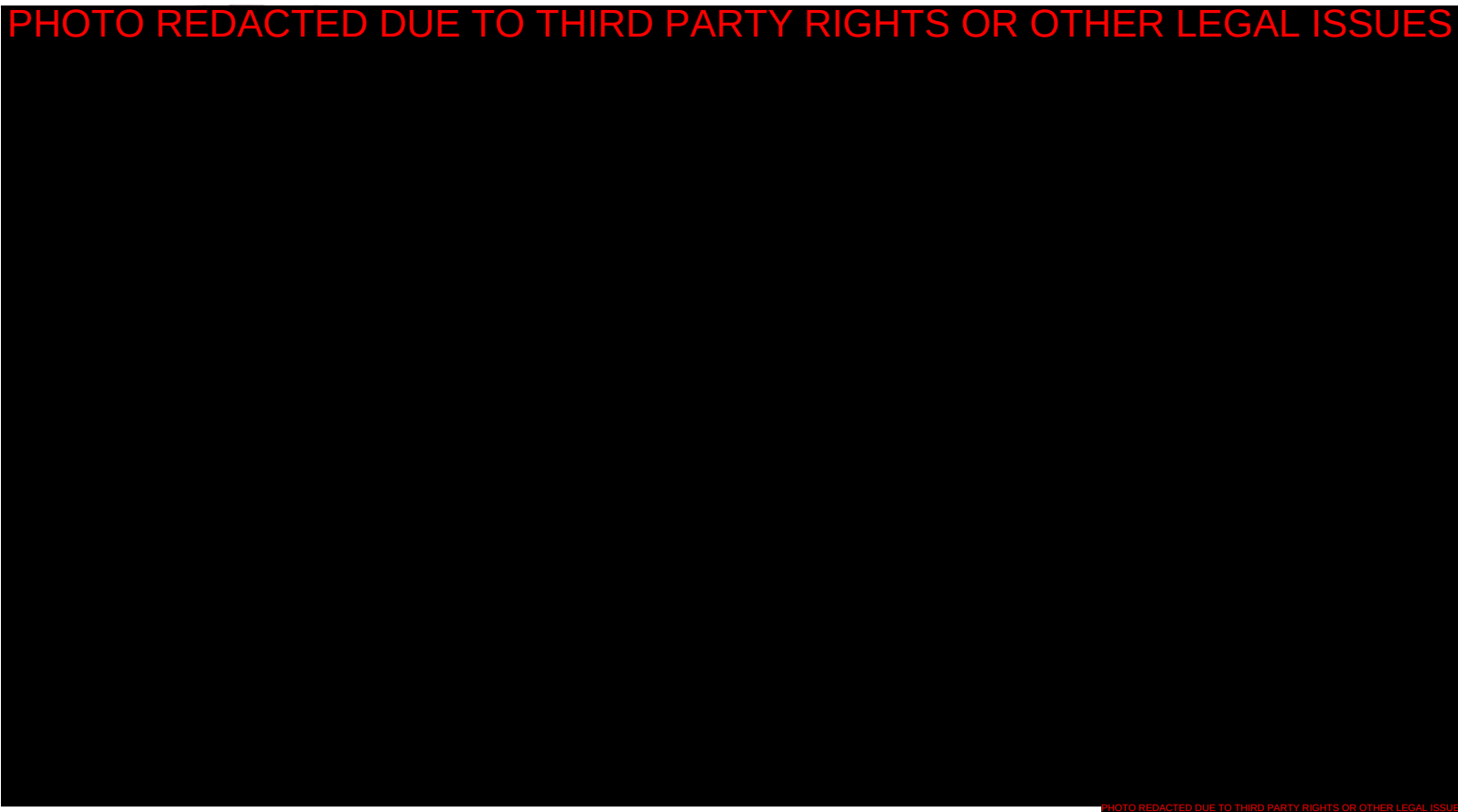
Department of Health



The Health Visitor and School Nurse Development Programme

School nurse practice development resource pack

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Published by the Department of Health
2001

Acknowledgements

This pack could not have been produced without the support of the many school nurses and others who have been involved. We are very grateful for their valuable contributions.

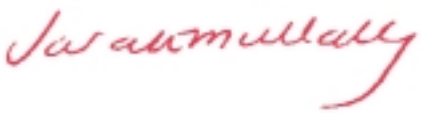
Contents

Foreword

Successive government policies have recognised the vital role that health visitors and school nurses play in improving health and tackling inequalities. The need to strengthen their public health role and work in new ways was highlighted in *Saving Lives: Our Healthier Nation* and *Making a Difference: the nursing, midwifery and health visiting strategy.* Health visitors and school nurses are already making great strides in developing their family- and child-centred public health roles and this pack draws on the numerous examples of innovation that are taking place. We need to build on these developments.

Changing the way we work is a complex process which will only succeed if frontline practitioners are actively engaged and leading the changes. The Health Visitor and School Nurse Development Programme was set up to support practitioners to work in these new ways. This resource pack is one element of that programme produced to help you develop your public health role.

I am sure that this pack will prove to be a useful resource to practitioners and their teams to strengthen their professional contribution to the public health agenda.



Sarah Mullally
Chief Nursing Officer
Department of Health

London, 2001

1. Welcome to the resource pack

This school nurse resource pack has been written to help you develop your child-centred public health role. It offers a framework for practice and guidance for practitioners, their colleagues and managers on the public health aspect of the school nurse role.
This pack :

- provides information about the child-centred public health role and new Government policies
- summarises the principles of public health practice
- suggests activities to help you work in new ways.

Using this resource pack

We hope that you will find this resource pack useful as you consider changes to the way you work and engage colleagues, Primary Care Trusts (PCTs), schools and others. Although it is possible to make change in isolation, this is difficult as successful public health action involves working closely with others. We therefore suggest you use this pack to agree and plan changes with your primary care colleagues, schools, the PCT, public health specialists, users of services and partners in the Local Authority and voluntary sector. You may also use this pack as a team resource as school nursing teams often include nurses with different skills that need to be shared across the school community. It is also intended to be useful to nurses working in independent schools.

This pack assumes that the reader already knows the theory and practice of school nursing. It describes the new child-centred public health role and what it means in practice rather than being a core text on school nursing.

Although we have referred to policy documents, research and current initiatives, the pack does not provide an exhaustive list of references. As you develop projects locally you may like to add other materials to the resource pack so that it becomes a dynamic working tool to support your practice.

As far as possible the pack draws on examples from practice with case studies provided by practitioners who are working in innovative ways. For more information on the various innovations which school nurses and health visitors across the country are currently involved in, or to register your own work for others to read about, please visit the innovation website. Until the end of December 2001 access the innovation website at http://www.innovate.org.uk
From 1 January 2002 at http://www.innovate.hda.online.org.uk

As you use this resource pack and work through the different sections, you might find it helpful to consider the following questions and discuss them with your colleagues.

- What does this mean for my practice?
- Does my everyday work reflect the child-centred public health approach?
- What aspects of my practice do I need to change?
- Who else do I need to consult and/or work with to develop a public health focus?

2. Why is change needed?

There are pressing health challenges facing children and young people in this country. Unacceptable inequalities in health persist, poor educational achievement compounds poverty by reducing young people's future life chances. Education and health go hand in hand both impacting on children's current and future well-being.

Too many young people live with bullying, harmful relationships and become parents at a young age. Smoking, alcohol and drug misuse are a feature of many young people's lives and children today are eating less fruit and vegetables and taking less exercise. Accidents continue to be a leading cause of death and injury to children particularly for boys.

These issues have to be tackled. *The NHS Plan* (DoH, 2000) has set out a blueprint for action, emphasising the need to strengthen the role of the NHS in health improvement and prevention and to develop services that are accessible, convenient and delivered to a consistently high standard.

As key public health and primary care practitioners, school nurses have an important part to play in achieving these goals. The significance of their contribution was underlined in *Saving Lives: Our Healthier Nation* (DoH, 1999a) and *Making a Difference* (DoH, 1999b) which set out a child-centred public health role for school nurses, working with individual children, young people and families, schools and communities to improve health and tackle inequality. In addition the *National Healthy School Standard* (DoH, DfEE, 1999) recognises the valuable contribution of school nursing to raising education standards.

'Strengthen the public health aspects of their roles'

School nurses can provide advice and help in areas such as personal relationships, managing stress and risk-taking behaviours. They can complement primary care services by providing a safety-net for children, particularly the most disadvantaged, who may not have had a full child health service before starting school. Their role needs to be developed and supported to enable them to:

- lead teams
- assess the health needs of individuals and school communities and agree individual and school health plans
- develop multidisciplinary partnerships with teachers, general practitioners, health visitors and child and adolescent mental health professionals to deliver agreed health plans.

'The school nursing team will provide a range of health improvement activities'

The school nursing team will provide a range of health improvement activities including:

- immunisation and vaccination programmes
- support and advice to teachers and other school staff on a range of child health issues
- support to children with medical needs
- support and counselling to promote positive mental health in young people
- personal health and social education programmes and citizenship training
- identification of social care needs, including the need for protection from abuse
- providing advice on relationships and sex education by building on their clinical experience and pastoral role
- aiding liaison between, for example, schools, primary care groups, and special services in meeting the health and social care needs of children
- contribute to the identification of children's special educational needs
- working with parents and young people alongside health visitors to promote parenting.

See *Saving Lives: Our Healthier Nation* 11.19 for further details.

'A public health role for school nurses'

We expect school nurses to lead teams, including nurses and other community and education workers, to:

- assess the health needs of children and school communities, agree individual and school health plans and deliver these through multidisciplinary partnerships
- play a key role in immunisation and vaccination programmes
- contribute to personal health and social education and to citizenship training
- work with parents to promote positive parenting
- offer support and counselling, promoting positive mental health in young people.

See *Making a Difference* para 10.9 for further details.

How far is this a new role for school nurses?

School nursing has always been based on public health principles with a strong preventive emphasis. But the way in which school nursing services have been organised has not always supported practitioners to work flexibly to tackle local health and education priorities, or to work in teams to tackle the causes of ill health and poor school achievement.

The development of Health Improvement Programmes (HImPs), National Service Frameworks (NSF), Primary Care Trusts and new models of service delivery, such as National Healthy School Standard (NHSS), ConneXions and Youth Offending Teams (YOT) give school nurses opportunities to focus on the most important issues affecting children and young people's health and to work with population groups in greatest need. A child-centred public health approach enables school nurses to reclaim their public health roots, whilst providing a framework to maximise the impact of their child-based work.

What is being done to support the development of the child-centred public health role?

This pack is one element of the Health Visitor and School Nurse Development Programme. Funded by the Department of Health this programme aims *'to make significant demonstrable progress towards a child-centred public health role for school nurses by April 2002'*. It consists of a range of activities and projects to help health visitors and school nurses to change their practice.

31 leadership posts who are delivering public health activities in their local communities and supporting their colleagues in developing their public health role.

Funding for over 100 projects to support practitioners in delivering parenting support and health improvement programmes locally.

Establishing 4 PCT- based, whole system change sites where health visitors and school nurses are implementing changes across the whole system and addressing the barriers to change i.e. practice, professional, managerial, organisational and educational.

The Innovation Network - a Health Visitor and School Nursing Innovation Network has been established. This provides an on-line resource to disseminate new ways of working, enabling practitioners to learn from each other. Until the end of December 2001 access the innovation website at http://www.innovate.org.uk
From 1 January 2002 at http://www.innovate.hda.online.org.uk

Award schemes - health visiting and school nursing awards have been funded for the past two years to support innovation in the new public health role.

Work with educationalists to ensure that training supports the new role and to provide continuing professional development opportunities for health visitors and school nurses. This has included a public health skills audit undertaken by the Health Development Agency to identify the gaps in public health skills and knowledge amongst practitioners.

Regional events have been held to describe the new role and to hear from practitioners what it looks like in practice.

Workforce planning - the health visiting and school nursing workforce has been reviewed in the light of the demands of the current health and social care agenda. Work is continuing to ensure that the workforce is in place to meet future needs.

A review of Individual and School Health Plans was undertaken and the findings of this work have been incorporated into this pack.

Summary

This section has given the reasons why the change to a child-centred public health role is necessary. Section 3 describes the role in more detail. You may find it useful to read the following key policy documents which will provide you with more information on why change is needed.

References and key policy documents

Department for Education and Employment (2000) *ConneXions: The best start in life for every young person,* DfEE Publications, Nottingham.

Department for Education and Employment (1997) *Excellence in Schools,* DfEE Publications, Nottingham.

Department of Health (2000) *The NHS Plan,* The Stationery Office, London.

Department of Health (2000) *Primary Care, General Practice and the NHS Plan*, The Stationery Office, London.

Department of Health (1999a) *Saving Lives: Our Healthier Nation,* The Stationery Office, London.

Department of Health (1999b) *Making a Difference: Strengthening the nursing, midwifery and nursing contribution to health and healthcare*, The Stationery Office, London.

Department of Health, Department for Education and Employment (1999) *National Healthy School Standard,* DfEE Publications, Nottingham.

3. What is a child-centred public health role?

A public health approach

'better population health is the sum of better health of individuals, but needs more than individuals' action to achieve it'
(CMO Report, 2001)

'the art and science of preventing disease, promoting health and prolonging life through the organised efforts of society'
(Acheson, 1998)

Public health is a way of looking at health that takes the population as the starting point. By taking an overview of the population we can see what the key health issues are for that population be it the school population, community, PCT or region. We can also see what needs to be done to improve their health and tackle inequalities. With a population perspective it is possible to identify and address the wider determinants of health such as poverty, education, employment opportunities, social exclusion, transport, housing and the environment.

Public health is made up of a wide range of activities including health promotion, protection and prevention as well as healthy public policy and individual and community empowerment.

The key elements of public health are:

- assessing the health needs of a population
- planning and implementing programmes that promote and protect health, such as immunisation and screening programmes, health promotion campaigns and planning and delivering integrated services across agencies
- working with other sectors to address the wider threats to health e.g. housing, transport, crime reduction, social exclusion

- identifying health inequalities and taking action to address these
- working with children and families to identify needs and using a community development approach to deliver health improvement e.g. healthy schools, peer led projects, school nutrition action group.

What does a public health approach mean for your practice?

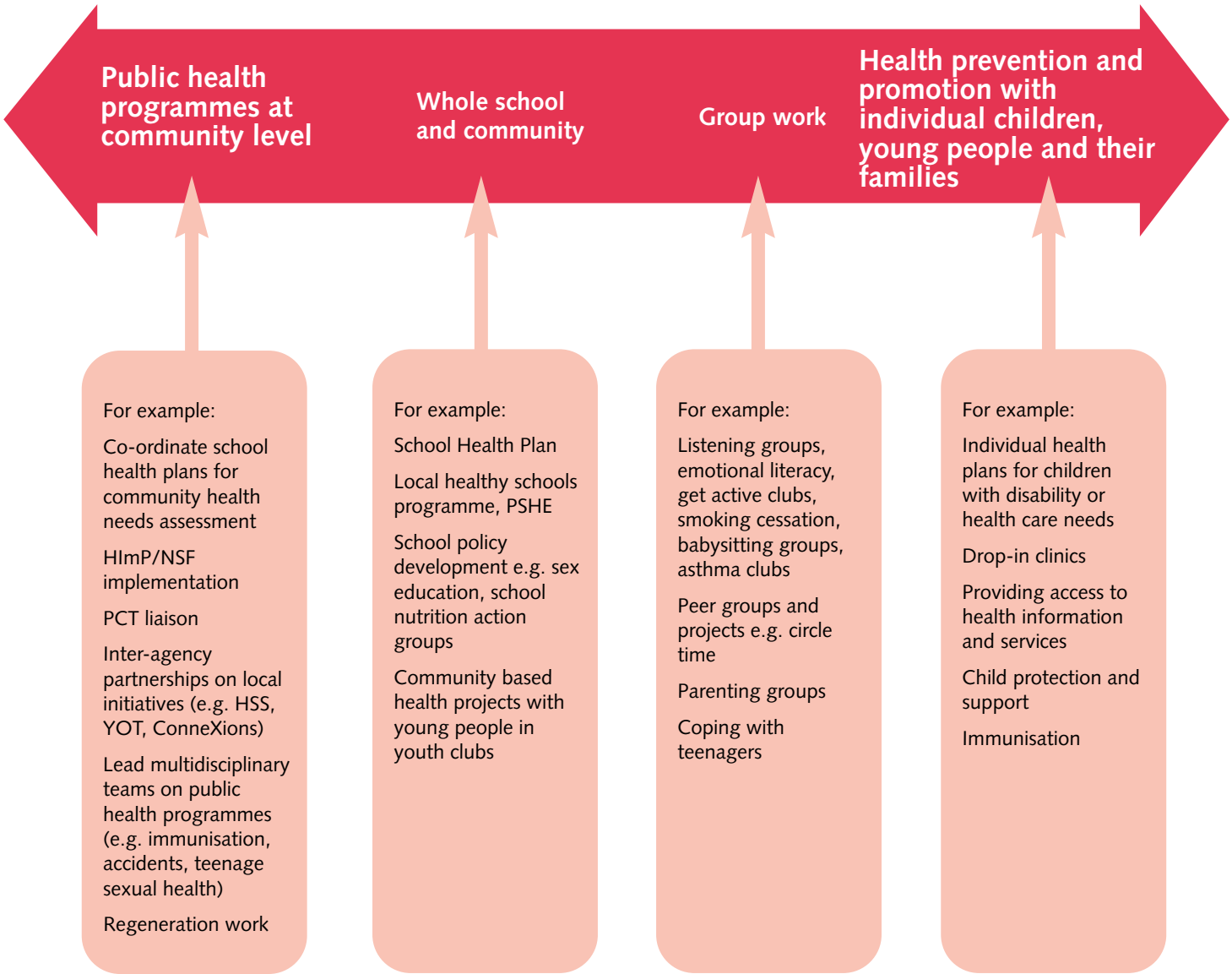
A public health approach means:

- tackling the causes of ill health, not just responding to the consequences
- looking at health needs across the school age population rather than only responding to the needs of an individual child
- planning work on the basis of local need, evidence and national health priorities rather than custom and practice
- working within the framework of the local HImP and Education or School Development Plan (EDP) and considering what your team can do with others to achieve these goals
- using the live information you have about the health needs and strengths of the school age population into the HImP and healthy schools development process
- working with other agencies and sectors to plan services and promote well-being
- finding out which groups of children and young people have significant health needs and targeting resources to address these
- taking action to make healthy choices easy choices
- leading or joining a multidisciplinary team rather than working alone or in a unidisciplinary team
- influencing policies that affect health and learning locally and nationally
- finding meaningful ways to evaluate the impact of your work.

The continuum for public health practice in school nursing

School nurses have a strong tradition of working with individuals, families and school communities to promote health. The child-centred public health role recognises the relationship between these different elements of school nursing practice, acknowledging their inter-dependence. You may find it helpful to see the individual and population approaches on a continuum rather than as opposites. The diagram opposite illustrates this point.

A continuum for public health practice in school nursing



Working with individual children, young people and families

An assumption is sometimes made that public health work means working with groups rather than individuals, but as the above continuum illustrates one-to-one work is an essential part of an overall public health approach. However, this individual work does need to be set in a wider population context. The wider population view can help you and your team decide how to use your skills and resources more effectively in order to determine:

- which children and young people to seek out and prioritise because they are likely to experience greatest health threats and poorest access to services. Examples may include refugees, children growing up in

poverty, those with a parent in prison, experiencing domestic violence, children who are carers or in the care of the local authority

- the most effective ways of working with children at different ages identified around priority health needs
- what community resources can be mobilised to help address these needs and reduce inequalities
- what the PCT, schools and other agencies are doing and how you can work together to improve health.

The family in all its diverse forms is the basic unit of our society and the place where the majority of health care and preventive work takes place. The Acheson report (1998) on health inequalities and *The NHS Plan* recognise the importance of working with families with young children to improve the lifetime health chances of those in the poorest sections of the population. The Government consultation document, *Supporting Families* also spelt out the importance of school nurses' support role in improving child and family health and well-being. School nurses have always played a vital role in promoting child health and supporting parents. This remains important in the new role. The child health plan (see Section 4) supports this work and provides a tool to assess their needs and plan services to meet these needs.

Working with groups

When working with individual children and young people the school nurse will recognise common issues that would benefit from a group approach. The advantages of group work are that it:

- allows a bottom-up approach engaging young people who might not otherwise be accessible through out-of-school clubs and community groups
- enables more effective ways of learning about health and changing behaviour, such as sex education, parenting, stress management or building self-esteem
- can build peer support networks
- enables issues to be addressed for different groups such as boys and girls, or specific needs like sickle cell anaemia or diabetes
- a number of different objectives can be included such as including a healthy tuck shop run by pupils as part of citizenship education
- it allows a range of people to contribute and share expertise.

Groups can come together in different ways focusing on a particular need such as diabetes; a Healthy School Task Group; a client group (e.g. children who are also carers); or health issue (e.g. smoking cessation). Young people may come together from a number of different schools for a health group in a local young people's council,

from the same school for a boys' group, or it may be a group of parents living in a rural area who want support with managing their children's alcohol use.

Working with the school population

A public health approach means looking at health needs across a school or community and having a responsibility for improving health across a of schools or a particular school age population. School nurses who lead or form part of a multidisciplinary team can target their individual and school work to focus on a particular public health issue.

A whole school approach and community development work can be particularly effective in building the health capacity of local communities. It involves working alongside children, young people and their families to enable them to find ways of addressing the issues that they see as affecting their health. Community development and whole school approaches can also be a powerful way to narrow the health gap, increasing social support in deprived communities and getting resources into areas that need them most. Initiatives such as Health and Education Action Zones, Sure Start, Children's Fund and New Deal for Communities are bringing much needed resources into the most deprived communities.

Working to common priorities

A public health approach means working with others on common priorities using methods that are known to be effective. School nurses will increasingly work to local and national priorities such as providing smoking cessation support, reducing teenage pregnancies and promoting mental health. Whilst this may feel more of a top-down way of working, it is vital to work to common priorities if we are to make a difference to the health of the population. If we all work on different priorities using a variety of methods we will not improve health at population level. National Service Frameworks (NSFs) provide us all with common frameworks for addressing the major causes of mortality and morbidity. The contribution practitioners can make is in implementing these programmes locally and determining how best they can be adapted to meet local needs. For school nurses the National Healthy School Standard provides a way to formally integrate the plans of a school with those of a PCT to tackle children's needs collaboratively.

Universal or targeted?

The services provided by school nurses are greatly valued for their non-stigmatising universality. But 'universal' does not mean 'uniform' and 'targeted' is not the same as 'selective'. The skills that school nurses

have can make a real difference to health priorities such as reducing teenage pregnancies, tackling drugs and bullying. Giving time and attention to other health priorities and to those groups most at risk is an essential part of a public health approach. This may mean doing less for some schools and individuals as school nurses cannot be expected to do everything and resources need to be targeted to areas where health needs are greatest. Schools with fewer health needs and well-motivated populations with access to information and resources will clearly require different input from those who don't. A universal school nursing service means all children and young people having access to a range of services provided by a team of people not all schools getting the same service regardless of need.

Conclusion

School nurses have always been trained as public health workers, using a partnership and empowerment approach with children, young people and schools. However, many school nurses have been encouraged to give priority to work with individual children, with an emphasis on screening and surveillance. The child-centred public health role means a change of emphasis to whole school and community public health activities that have long been advocated by the profession. However, the process of change is never simple. Current service agreements, the expectations of others, custom and practice, workloads or skill shortfalls may all be local barriers to change. You will probably find you make better progress by working in collaboration with colleagues, managers and other local stakeholders to agree a plan for change. School age health needs assessment should help to indicate work that is no longer a priority, or could be delegated to others in a multidisciplinary team. A systematic assessment of school age health needs will also help to identify where services should be focused.

Summary

This section has set out the framework for a child-centred public health role. Section 4 describes the health assessment process of a child and school health plan to underpin the new role. You may find it useful to look at the further reading that will provide you with more information on public health policy.

References and further reading

Acheson, D. (1998) *Independent Inquiry into Health,* The Stationery Office, London.

Donaldson, L. (2001) *The Report of the Chief Medical Officer's Project to Strengthen the Public Health Function,* DoH, London. http://www.doh.gov.uk/cmo/phfunction.htm

Ministerial Group on the Family (1998) *Supporting Families: A consultation document,* The Stationery Office, London.

United Nations (1998) *Convention on the Rights of the Child,* UN, Geneva.

4. Identifying health needs and planning your work

The starting point of a child-centred public health role is identifying health needs then planning and delivering a variety of programmes to meet these needs.

Health needs assessment is not just about looking for health problems and threats to health. All children and young people and communities have strengths and assets that promote health and well-being (knowledge, resources, self-care, friends, family, school facilities, pastoral support). If these resources are not acknowledged they could be undermined.

Assessing need is just the beginning of the process. Practitioners and their teams have to follow through in planning, delivering and evaluating programmes which address local and national priorities.

There is a variety of tools for assessing individual and school health needs and references are given at the end of this section. Here we discuss two approaches; a school health plan and a child health plan. Ideally, such tools should be developed and adapted locally to ensure ownership and to reflect local circumstances.

A school health plan

A school health plan (SHP) is a systematic assessment of need, the identification of priorities and a plan of the actions needed to address these priorities. Assessing the health needs of the school age population means using health information and consulting with children, young people and others who work in the school and community.

An SHP enables you to:

- learn more about the resources, needs and priorities of the school age population
- identify inequalities in health and educational achievement
- prioritise groups of children in greatest need and plan and deliver the most effective care

- tailor health service resources in the most efficient way to benefit and improve the health of the population
- apply the principles of equity and social justice in practice
- work collaboratively with the school and other professionals
- measure your impact on children and young people's health and educational outcomes
- influence policy and priorities
- develop local partnerships
- demonstrate the reasons for deciding what to do.

Before undertaking your school health plan it may be helpful to think about:

- **The willingness to reflect and make change:** Everyone involved should be aware that developing an SHP can be a challenging process. It can confront you with difficult issues, such as, which model of health to use, who defines need, how to decide on priorities, how to ensure equity and how effective is current practice? You must all be willing to reflect on current practice and be willing to change in response to priorities.
- **Involving children and young people:** children and young people will be involved in SHPs so that their views are included when priorities are identified and they become involved in planning and implementing health programmes. This is a complex process, requiring time and expertise. Be prepared to work with others and spend time ensuring that the process is acceptable locally.
- **Team approach:** The SHP should be undertaken jointly by those who will be responsible for delivering the health care programmes. This will ensure their commitment to the outcome. This may be a school nursing team, healthy school task group, or an inter-agency team, for a particular area.
- **Use of school health plans:** Some of the information from your SHP could be incorporated into Community Health Needs Assessment. Individual child health plans can be collated to provide you with rich information on local needs. However, careful attention has to be paid to confidentiality and the Data Protection Act. It is advisable not to use information about individual health status but rather to use what individuals are saying in general about their school or community.

Steps to success

Developing an SHP consists of five stages, however all too often it gets stuck at the profiling stage without moving into action!

Stage One: Profiling i.e. describing the health of the population you have selected

1. Agree the scope and purpose of the SHP with relevant colleagues before you begin.
2. Define the focus of your SHP and be realistic about what you can achieve: this may be a school, a particular population group or a health issue already identified by the HImP.
3. Use a range of information to prepare your profile, being aware of their strengths and limitations, and try to use existing data rather than collecting new information.
4. Find out what has already been done in relation to the population.
5. Ensure that the relevant people are involved in the process from the outset.
6. Involve the school community in the process.
7. Obtain comparative local or national data to enable you to interpret your information.
8. Make links with those who have specialist skills, for example, public health specialists and health promotion colleagues, healthy school co-ordinators and local education advisors.
9. Beware of drawing conclusions from small numbers of cases – seek help from someone with expertise, for example a public health specialist.
10. Ensure that you include information on minority vulnerable groups.

Stage Two: Deciding on priorities for action

Not every need can be met. The following questions will assist you to decide what issue is most important:

What is the size of population affected?
What is the impact on health of the population affected?
What is the effectiveness of possible interventions?
How adequate are the existing services?
Which priority will help meet national, PCT and school priorities?
Do we have the expertise to address this problem and is training available?

Stage Three: Planning public health programmes

Preparation

- What is already being done to address this need?
- What effective actions can be taken to address this issue? (National Healthy Schools Standard and NSFs will provide you with evidence-based interventions)
- Do you have sufficient resources and time to do this?
- If not what will you stop doing to address this priority?

Agreement of aims

- If you are successful what will have happened? What are you trying to achieve?

Description of objectives

- What do you need to do to achieve your aim?
- What specific outcomes are you trying to achieve?

Activities needed to meet these objectives

This should be a detailed plan of the actions to be taken:

- **What** is to be done?
- **Who** will do it?
- **When** will it be done?

Record of Action Plans

Health problem to be addressed	Objectives	Action to be taken	Who will do it?	Timescale	Evaluation measures

Stage Four: Implementation

Carry out your action plan, record what you have done and meet regularly to review your progress.

Stage Five: Evaluation of the health outcomes

Who is the evaluation for?

Different people will want to know different things.

What do you really need to know from the evaluation?

There are three types of evaluation with different functions.

1. Process evaluation – this gives you information on the progress of the work as it proceeds allowing you to amend plans in accordance with its findings. It is undertaken whilst the programme is in progress.
2. Impact evaluation – this measures whether the objectives of the programme have been achieved. It is undertaken at the end of the work but planned from the start.
3. Outcome evaluation – How are you going to measure it? This uses measures to indicate progress or success. These may be quantitative measures (such as numbers receiving treatment, giving up smoking or attending groups), or qualitative (such as the views of those attending new services, evaluation of health promotion activities). Information from records, diaries, notes of meetings can also provide evidence for evaluation. Consider whether you need to record baseline data before you begin your work in order to measure change.

What should be in place to support school nurses to develop school health plans?

- a group of practitioners who want to do it and time to get involved
- young people, parents and other agencies who can bring a different view
- a skilled facilitator to support the process
- local support from the PCT and schools
- senior managers who are prepared to support practitioners wishing to change their practice and to manage the risk that this will involve.

A child or young person's health plan

Introduction

An individual health plan is a tool to help you assess a child or young person's health needs. It also enables the child to think about their health needs and contribute to planning their care. The plan should identify:

- the problem or health need
- how the child or young person and their family wish to address these needs

- an action plan for the child, including the support to be provided by the school nurse and others
- a review of progress and outcomes.

By using open questions, headings, illustrations or IT programmes, the tool can bring a young person into discussions and decision making about their health and let them be the judge of improvements or outcomes. However communication with children is not always easy and involving young people in health decisions can challenge traditional health and educational professional practice. This requires a high level of communication skills and the use of interactive methods so that a child or young person is able to participate positively, improving our understanding of their feelings and experiences. The child health plan can help to empower children and young people and at the same time become a rich source of information on the health of children and young people.

Many school nurses already use individual health plans for children with medical needs, similar plans can support their work with children with social and emotional needs. But not all children will require an individual health plan. The following 'triggers' may be helpful when deciding whether to use an individual health plan:

- illness requiring medication or care at school
- vulnerable or priority groups identified by the school health needs assessment, for example, mental health problems, looked after children or those living in homeless families' accommodation
- life change events, for example, bereavement, illness, transition at school, children at risk of exclusion or that have a parent in prison
- young people who have difficulty accessing services such as young carers, disabled children, when English is a second language or children in boarding schools.

Any child or young person's health plan should aim to:

- put the child at the centre of the process enabling them and their family to express their needs and choices and decide what services they want to receive
- engage disadvantaged children such as: disabled children, refugees, travellers, pregnant school girls, ethnic groups
- avoid stigmatising children and families
- provide, as far as possible, robust health information
- combine the public health and individual elements of school nursing work
- use the guidance for children at school with medical needs

- address how to manage specific health problems, defining clear roles and responsibilities in the event of an emergency
- ensure confidentiality and observe the Data Protection Act.

What should the child health plan include?

When designing your child health plan children and young people will be able to suggest the areas they want to discuss. You may also find it useful to cover the following issues whilst taking account of the age of the child and their social and cultural background.

- Fears and worries
- Friendships, bullying, and relationships
- Home life
- Illness or disability
- Consent and responsibilities for medical care at school
- Nutrition and diet
- Physical activity, play or hobbies
- Smoking, alcohol and drugs
- Physical development, sexuality and contraception
- Learning and education achievement
- Violence
- Racism
- The school environment (e.g. access to medication, toilets, drinks, food, cloakrooms, showers)
- The community environment (e.g. safety, play areas, transport, pollution)
- Leisure opportunities and out-of-school clubs
- Safety, threats and stresses.

The child health plan belongs to the child, young person or family. The school and the nurse can use a duplicate summary sheet to give them a record of the key issues and what has been agreed.

Although the plans will be useful for your work they can be used to complement those used by other professionals, for example the health visitor's family health plan and community health needs assessment.

Summary

This section has discussed school and child health plans. Both approaches are central to a child-centred public health approach. Section 5 will discuss the various ways in which school nurses can respond to the needs that have been identified.

Further reading

Appleton, J.V. and Cowley, S. (eds) (2000) *The Search for Health Needs,* Macmillan Press Ltd, London.

Bagnall, P. and Dilloway, M. (1996) *In a Different Light – School nurses and their role in meeting the needs of school-age children,* Queen's Nursing Institute, London.

Balding, J. (1998) *Young People in 1997,* The Schools Health Education Unit (SHEU), University of Exeter.

Debell, D. and Everett, G. (1997) *In a Class Apart: A study of school nursing,' Report to Norfolk Health,* The Research Centre, City College Norwich.

Department for Education and Employment and Department of Health (1996) *Supporting Pupils with Medical Needs,* DfEE, London.

Department of Health (2001) *Essence of Care – Patient focussed benchmarking for health care practitioners*
http://www.doh.gov.uk/essenceofcare

Garside, M. (2001) *Family Health Plans: Working in partnership to improve health* Sheffield HAZ/ Institute of General Practice and Primary Care, University of Sheffield.

Harris, A. (ed) (1997) *Needs to Know: A guide to health needs assessment for primary health care,* Churchill Livingstone, Edinburgh.

Hawtin, M., Hughes, G. and Percy-Smith, J. (1994) *Community Profiling,* Open University Press, Milton Keynes.

Hooper, J. and Longworth, P. (1998) *Health Needs Assessment in Primary Health Care: A workbook for primary health care teams (version 2)* Calderdale and Kirklees Health Authority, Huddersfield.

Lightfoot, J. and Bines, W. (1997) *The Role of Nursing in Meeting the Health Needs of School Age Children Outside Hospital,* Social Policy Research Unit, University of York.

Norfolk Public Health Nurses Forum (2001) *Norfolk Needs Assessment Toolbox* available from
peter.brambleby@norfolk.nhs.uk

Pickin, C. and St Leger, S. (1997) *Assessing Health Need using the Life Cycle Framework,* Open University Press, Buckingham.

Public Health Strategic Development Directorates (1999) *Public Health Practice Resource Pack,* NHS Executive, London.

Robinson, J. and Eklan, R. (1996) *Health Needs Assessment: Theory and practice,* Churchill Livingstone, London.

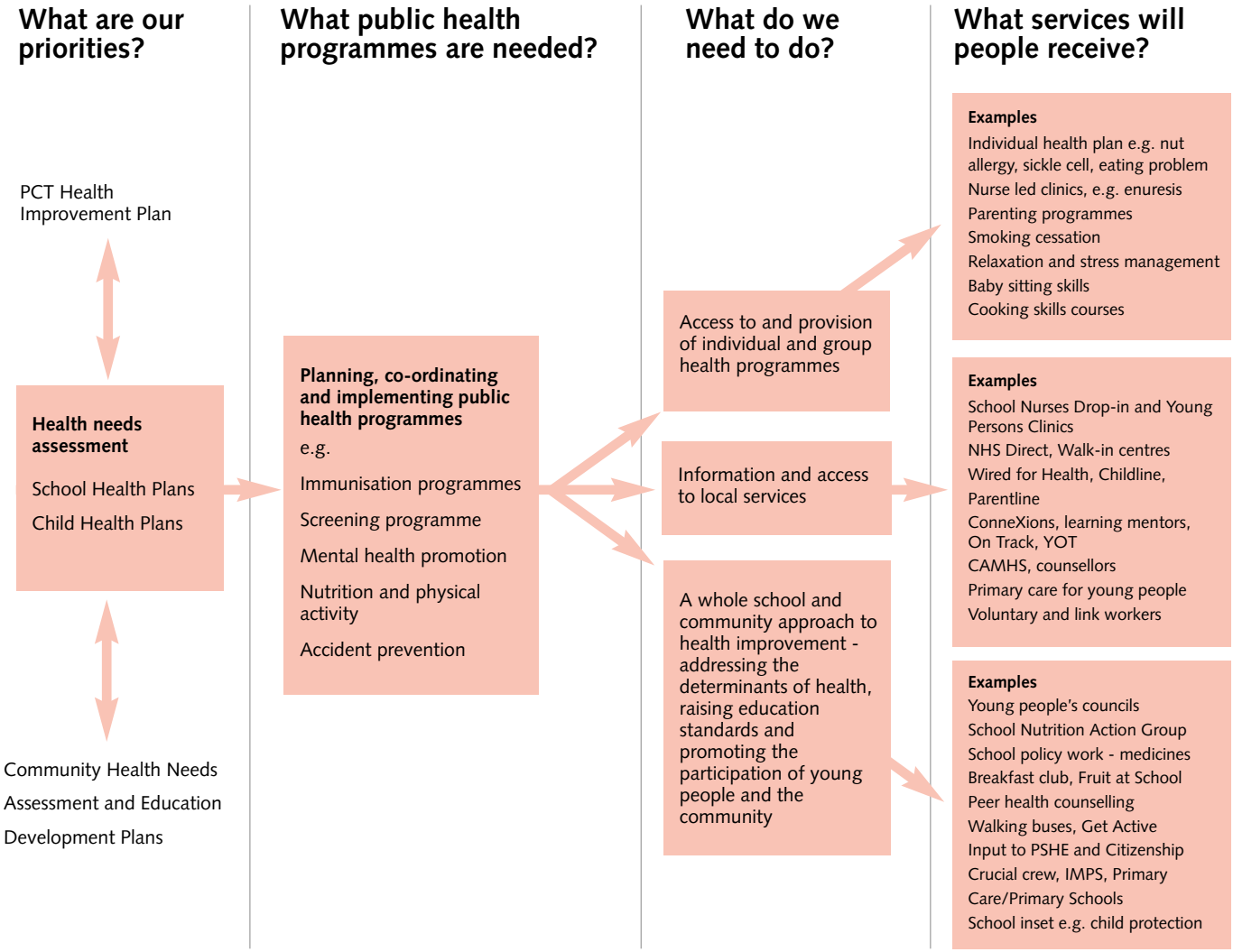
Rowe, A., Mitchinson, S., Morgan, M. and Carey, L. (1997) *Health Profiling – All you need to know,* The Liverpool John Moores University/Premier Health NHS Trust, Liverpool.

5. Responding to health needs

This section looks at the type of activities school nurses can carry out within a child-centred public health framework. It is designed to balance the individual and population based work that is central to the new role. It sets out the three elements that are required to ensure comprehensive child-centred public health provision. These are:

- individual and group health programmes
- providing and promoting access to information and other services
- a whole school approach and community development e.g. Healthy Schools.

These three elements are not mutually exclusive and they inevitably overlap but you may find that this framework helps you to plan your work across all three aspects of the role. This is best illustrated in the diagram below.



At the end of this section we have included a brief comment on current aspects of school nurses' work that occupies much of their time which illustrates a child-centred public health approach to:

- protecting children
- immunisation programmes
- child health surveillance.

Individual and family group programmes

At different times children and families may need more support from school health services, for example, children with asthma, who self harm or have behaviour problems. Not all care for children will need to be provided by the school nurse and the school health plan should help identify other services for children or where there are gaps that need addressing.

Casestudy

Responding to individual health needs

A teacher identified that a pupil with eczema was reluctant to attend swimming lessons at school because he complained that he felt uncomfortable afterwards. The school nurse identified in his child health plan how swimming was irritating the condition and making it difficult for him to concentrate at school. The school nurse, parent and teacher discussed how they could offer more time and support to enable him to be able to dry his skin carefully and reapply protective lotions. They agreed to assess the effect of the agreed plan over the following two weeks.

When discussing family issues the parent revealed that an older sibling was missing appointments at the local hospital's enuresis clinic. From a number of child health plans the school nurse knew that this was a problem as the clinic was difficult to reach and young people did not want to miss school in order to go for treatment. Further investigation suggested venues in their local community would be more accessible. As a result a nurse-led service has been developed locally offering advice, periodic review and reordering of clinical supplies more conveniently.

Casestudy

Responding to individual health needs with group programmes

From a number of young people's health plans the team identifies that there are increasing problems with young people bullying and demonstrating challenging behaviour. The nurse sets up a focus group of young people to discuss the issues from their point of view. As a result a group of young people, with the support of the head teacher and community development worker, establish a peer review council that will tackle bullying. The school nurse and a teacher set up a group to support those who are bullied. Consultation with parents identifies that they would like more support with parenting so two school nurses pilot a short parenting course. Building on positive evaluation they are able to extend support and training to another school nursing team and other colleagues.

Promoting access to health information and services

ConneXions, Learning Mentors, NHS Direct, Walk-in Centres and helplines such as Parentline and Childline are just a few of the developments that are providing the public with access to health information. Along with a wide range of health-related websites, such as Wired for Health, the sources of information and support available to children, young people and schools is increasing rapidly. As a result people will rely less on health professionals as the only source of expertise. This will have an impact on the school nurse's role in providing one-to-one advice and information, particularly to those who are well able to use other information sources. They will continue to have an important role in making sure that people are aware of the services available, such as NHS Direct, and in helping people make sense of the information.

Casestudy

In response to an idea from young people at Key Stage 2, school nurses in one PCT created a website to answer frequently asked questions on health and adolescence. They included other sources of information such as Wired for Health, Childline and the local school nurse drop-in clinics. Evaluation of the pilot scheme showed that young people liked the website but also wanted to be able talk to a school nurse confidentially via a helpline. As a result the school nurses provide a local telephone clinic that is welcomed by schools and parents and provide young people with the opportunity for personal support following a call.

A whole school and community approach: Healthy Schools

Healthy Schools is a public health way of working that takes a whole school approach to health improvement. It aims to change the school environment so that it promotes healthy choices and well-being and improves the quality of learning. It is also an approach that enables children and young people to represent their views and work with the Healthy School Task Group to influence school policy, health education curriculum and local services. School nurses are often well aware of the health needs in a school but have not always found it easy to make changes. Now health and education priorities are looked at together by the Healthy School Team so that local problems can be tackled together. Whilst schools choose the starting point, school nurses can use the school health plan to highlight the health issues and co-ordinate action between the school and the local primary health care team.

Please see Annex 1 for further information about the National Healthy Schools Programme

Healthy Schools improve health through activities, such as:

- improving nutrition by setting up healthy tuck shops, breakfast clubs and healthy school meals
- peer education projects with young people trained and employed as smoking cessation workers or bullying counsellors
- school and community based health groups e.g. smoking cessation groups, young people's health groups and Get Active sessions
- improving support and self-esteem within schools through health promotion activities, healthy school policies, self-help groups, increasing attendance and uptake of learning opportunities and peer education projects
- involving young people in planning and evaluating services and in Personal Social Health Education (PSHE) and Citizenship
- addressing the wider determinants of health by becoming involved in initiatives such as the Children's Fund, Education Action Zones, Health Action Zones, Sure Start, Single Regeneration Budget projects, New Deal for Communities.

How to strengthen your involvement in Healthy Schools programmes:

1. Involve young people to find out what they think is important.
2. Join the Healthy School Task Group.
3. Make contact with the local police liaison officer, school grounds officer or youth worker and ask them to join your Healthy School Task Group.
4. Lobby the local Healthy School co-ordinator to include school nurses on the accreditation panel.
5. Get involved in Health Action Zones or Education Action Zones.
6. Undertake training and professional development to increase your confidence and skills in Healthy Schools type work such as, running a focus group, chairing meetings, writing funding proposals.
7. Look at innovative ways of responding to an unmet need, for example improving nutrition by setting up a School Nutrition Action Group to look at school food policy, cooking clubs with school caterers, food growing projects and healthy shopping trips.
8. Secure managerial and head teacher support for this work.

9. Document your Healthy Schools work by having a project plan with clear objectives and recording what you do.

10. Contact the public health team in the PCT and seek their support in developing proposals, securing funding, and evaluating initiatives.

Casestudy

Coronary heart disease has been identified as a PCT priority. The School Health Plan identifies a number of local risk factors which the school nurses present to the Healthy School Team. These include:

- *PE teachers report that many young people are avoiding physical activity and soon become breathless with exercise, particularly older girls and younger boys*
- *school meal tokens are sold by pupils to spend the money on chocolate and fizzy drinks*
- *high sales of high sugary carbonated drinks in school*
- *many young people report not eating breakfast*
- *pupils lack of confidence in preparation of fresh foodstuffs*
- *a high number of young people concerned about their weight*
- *high levels of obesity*
- *incidence of smoking is high among year 8 pupils.*

In response to these issues Healthy School targets were set to increase physical activity, establish a breakfast club and reduce the level of sugary drinks sold. A multi-agency team of youth workers, teachers, nurses and leisure staff work with young people and parents to develop a number of initiatives:

- *School dance classes for older girls. A number of girls become interested in leading classes and go on to achieve an award for their Record of Achievement. The initiative is successful in attracting girls from groups amongst whom activity levels had been identified as particularly low.*
- *Local parents and the leisure services develop a six week programme of fun activity that included canoeing, water games, orienteering and football skills. This led to a junior football team being established by parents. A group of pupils worked with the school meals service to provide breakfast.*
- *School nurses work with the LEA to write a policy for healthy choices in schools which results in the PCT funding cool drinking water machines.*

Community development

Community development work is an effective way of regenerating and empowering communities to influence local health policy and service development. Working alongside local people on issues that they know to be important in their lives can help reduce inequalities in health.

Community development work involves a number of key principles:

- **participation:** everyone having a say in what is right for them in their community
- **collaboration and partnership:** recognising the interdependence of local community structures to improve community health
- **equality and equity:** the belief that people have the right to equal access to resources for the maintenance and promotion of health, and where none exist that they be provided
- **collective action:** bringing people together to deal with issues and needs, which they have defined as problematic
- **empowerment:** by which people, organisations and communities gain control over their lives.

Examples of public health work using community development methods are:

- community based health support groups e.g. smoking cessation groups, young men's or women's health groups, drama groups
- peer education projects e.g. local people trained and employed as smoking cessation workers, drugs advice, food workers
- working with excluded and 'hard-to-reach' groups such as the homeless, excluded children, refugees and young unemployed men
- local people becoming involved in planning and evaluating services
- increasing access to resources that promote health e.g. breakfast clubs, healthy diet projects, cook and eat groups, walking buses, welfare rights advice
- addressing the wider determinants through economic regeneration and employment e.g. enabling young people back into education and into employment through projects, Sure Start, Single Regeneration Budget, New Deal for Communities, Education Action Zones, Health Action Zones
- improving social support and self-esteem within the community through developing local support and self-help groups, increasing access and uptake of educational opportunities and peer education projects.

Further reading

Dalziel, Y. (1999) *Community Development in Primary Care,* Lothian Health Promotion. Contact yvonne.dalziel@lpct.scot.nhs.uk for further details/training opportunities.

Health Education Authority (1997) *The Health Promoting School: An evaluation of the European Network of Health Promoting Schools project in England,* HEA, London.

Laughlin, S. and Black, D. (1995) *Poverty and Health: Tools for change,* Public Health Alliance, Birmingham.

Lister, D., Chapman, S., Stewart Brown, S. and Sowden, A. (1999) Health promoting schools and health promotion in schools: two systematic reviews, *Health Technology Assessment,* 3: 22.

Mackereth, C (1999) *Joined Up Working: Community development in primary health care,* CPHVA, London.

Copies of the executive summary NCCHTA http://www.hta.nhsweb.nhs.uk

Prochaska, J. and DiClemente, C. (1983) Stages and processes of self change in smoking: towards an integrative model of change, *J. Consulting Clinical Psychology,* 51: 390-5.

Taylor, P., Peckham, S. and Turton, P. (1998) *A Public Health Model of Primary Care – From concept to reality,* Birmingham Public Health Alliance, Birmingham.

World Health Organisation (1996) *Health Promoting Schools,* WHO, Geneva.

Protecting children

School nurse teams provide a widely accessible and non-stigmatising service. Coupled with their knowledge of children and schools and expertise in child health and development, they may identify children in need of protection and work with vulnerable families. Guidance for such work is issued through local procedures, Area Child Protection Committee (ACPC) guidelines and policy documents. This pack assumes that you are familiar with these. All school nurses should be aware of child protection procedures and where to go for advice. They should also ensure that procedures are followed and children are referred promptly wherever they are concerned about the safety or welfare of a child. The child-centred public health role should enable school nurses to play a more proactive role in promoting the welfare of children using a public health approach.

What is a public health approach to child protection?

A public health approach means looking at health needs across a population, targeting inequalities, working in partnership with others and tackling the causes of ill health. In the context of child protection this means:

- Looking at risk patterns in a school age community to identify children, families and schools potentially in need of support.
- Using best available evidence to find effective ways to work with those who are most vulnerable.
- Monitoring risk factors and trends and highlighting these to the PCT, LEA and the Area Child Protection Committee.
- Identifying contributing factors such as poor social networks and school exclusion and lack of CAMHS provision and working with others to address these.
- Establishing parenting support groups to develop parents' capacity to respond to children's needs.
- Raising awareness of the needs and rights of children within the school community and among other health professionals, teachers, personal advisors, police, housing workers.
- Providing support and information about what people can do if they are concerned about a child or finding difficulties coping with their own.
- Working with young people, families and other agencies to ensure that support is available, such as advice lines, safe play areas, breakfast and after school clubs.
- Working in partnership with other agencies when contributing to the Assessment Framework for children in need.

Further reading

Department of Health, Home Office, Department for Education and Employment (2000) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children,* DoH, Home Office, DfEE, London.

Department of Health, Home Office, Department for Education and Employment (2000) *The Framework for the Assessment of Children in Need and their Families,* DoH, Home Office, DfEE, London.

Issues to think about

For practitioners, reconciling traditional child protection responsibilities with the development of a child-centred public health role has been particularly problematic. It may help to think about the following issues:

- ☐ Protecting children is a shared community and professional responsibility.
- ☐ Access to professional advice and help is important for children and their carers. Undoubtedly some children benefit from individual school nursing interventions. When working with vulnerable children and their families school nurses need to be clear what the aims are of their interventions. It may be necessary to consider whether their needs can better be met in other ways, such as through ConneXions or Youth Offending Teams.
- ☐ School nurses can work more effectively if they are part of multidisciplinary teams with health visitors, social workers and other parenting support workers. Within school nursing teams some practitioners may have particular skills and interest in working with vulnerable children. Other school nurses may prefer to work at a whole school or community level developing support networks and improving conditions for parents and children.
- ☐ Child health plans and school health needs assessment will help to determine the range of individual and community support programmes needed. (See Section 4)
- ☐ Many people work with children and have a responsibility for their well-being. As more services are established for vulnerable groups and inclusion projects become more widespread the range of people with opportunity and responsibility to identify and protect those at risk is increasing. Good communication between agencies becomes even more important.
- ☐ Other primary care professionals also have a responsibility to identify children in need and at risk. Ensuring that these professionals access local training may defuse the feeling that this is solely a school nurse concern.
- ☐ Clarifying and agreeing what is meant by consent and confidentiality for children and young people with other professionals, education and community.
- ☐ You will need to involve child protection support staff, and your managers, when changing services for children and young people and work with them to re-examine traditional ways of working on child protection issues. The goal must be to develop services which proactively promote the well-being of children and families at school and community level whilst providing, in partnership with others, effective support programmes for those in need.

Immunisation programmes

Protecting the population against infectious diseases has always been a cornerstone of the public health work of school nurses and the rest of the primary health care team. In general good progress is being maintained towards a target of 95% uptake for childhood vaccines and the schools element of the Meningitis C campaign was recognised to be a real success. However, negative publicity has reversed the increases seen previously in MMR uptake. Nevertheless immunisation has led to the incidence of childhood disease being at their lowest ever levels. School nurses play an essential role in ensuring that children are protected by giving them and their parents evidence-based advice. Parents and school staff look to school nurses as an important source of professional knowledge.

As the number of immunisation programmes increase and the public and professionals are faced with new and sometimes contradictory information, the need for local leadership and co-ordination becomes more important.

A strengthened public health role for school nurses provides an opportunity to improve the overall provision of immunisation services and clarify the contribution of school nursing.

The key elements of a successful programme include:

- The provision of understandable, accurate and up-to-date information for children, young people, parents and teachers and support with decision making.
- A flexible, convenient, high quality immunisation service that is able to deliver immunisations in a variety of settings to ensure access to disadvantaged groups.
- Well informed and trained staff (both clinical and administrative).
- Systems to monitor uptake with regular feedback to the Public Health Department, schools, the PCT and the public.
- Flexibility and a commitment amongst the workforce to respond to local outbreaks and deliver new programmes.
- Regular auditing of standards.
- Communication between schools and the PCT and a recognition that the school is an effective and efficient setting to deliver immunisation programmes.
- A team approach across the community with a lead person to co-ordinate the programme and ensure that these elements are in place.

School nurses have a key role to play in leading and co-ordinating school age immunisation programmes by taking on a public health leadership role in the community and the primary health care team.

Who provides the programme, how it is provided and where will depend on local circumstances but the delivery of the programme will always need to be a team responsibility.

Child health surveillance

Child health surveillance checks by school nurses were viewed in the past as the only way of recognising children's health and development problems and have accounted for a substantial proportion of school nursing time. The development of a child-centred public health role supports a more proactive approach to promoting child health and a reduced emphasis on surveillance. This shift reflects the Hall Report's (1996) increasing emphasis on child health promotion as opposed to child health surveillance and a reduction in the number of routine contacts. It is recognised that child development cannot be viewed in isolation and that more can be achieved by adopting a whole school and community approach. At the same time, however, it is vital that any screening tests are carried out to a high standard and regularly audited to assess uptake and quality.

It is increasingly recognised that child health promotion should be a team activity that will include others who see children frequently and regularly. This includes members of the Primary Health Care Team, school nurses, school staff, youth workers and, of course, parents and carers. This means that the school nursing role will become more one of co-ordination, liaison, reviewing records and monitoring of the overall programme.

As children are seen less often for routine checks it becomes more important to provide children and young people with access to the school nursing service by being a regular presence in the school and the community through other activities. Many school nurses have developed creative ways of providing child health promotion services which are positive and empowering for children and parents. These include:

- providing children and young people with opportunities to talk confidentially at drop-ins
- being available at breakfast clubs or out-of-school activity sessions so that young people can talk informally and build up a relationship with the school nursing team
- offering parenting support groups that include a child development focus and using quizzes, questionnaires, cartoon sequences and IT materials to help parents from a range of backgrounds understand more about their child's health and development and identify any concerns.

Summary

This section has described a framework for the child-centred public health role of school nurses. We have considered the various ways in which school nursing teams can use a child-centred public health approach to work with individuals, families and school communities to address priority health needs. The next section summarises some of the evidence that you may wish to use when planning how to respond to health needs.

Further reading

Barlow. J., Stewart-Brown, S. and Fletcher, J. (1997) *Systematic Review of the School Entrant Medical Examination,* Health Services Research Unit, Oxford.

Hall, D. (1996) *Health for All Children,* Oxford Medical Publications, Oxford. (Currently under review)

6. Working towards evidence-based practice

The overwhelming majority of health care practitioners, regardless of profession or discipline, strive to work in ways that are effective and which will result in the best outcomes for their patients, clients, communities and populations. And more is known about 'what works' in child and family-centred public health practice than ever before. Yet for many the sheer volume of knowledge now available, particularly via the Internet, can feel quite overwhelming. However, it is reassuring to note that the principles and policies underpinning modern public health practice, including school nursing, are increasingly evidence-based. We are also fortunate to have publications such as the Hall Report (Hall, 1996) on child health surveillance and National Service Frameworks for mental health, coronary heart disease, older people and cancer that have done the work for us by providing evidence-based recommendations for practice.

In this section we have summarised the evidence for key areas of practice within the child-centred public health role of school nurses. However, evidence of what works is continually changing and is frequently contested as people will always have different views on what counts as evidence and which aspects of school nursing are most important. The research base for school nursing is not strong so it is necessary to explore the wider literature including health visiting, health promotion in schools, parenting and inequalities. For the purposes of this resource pack we have included evidence that relates to health visiting as well as school nursing as you may find this contains some useful pointers for school nursing practice. However, it is not always straightforward when generalising findings to school nursing practice. This section aims to give you general pointers and cannot be considered a definitive guide. Readers are urged to read widely, keep up-to-date and engage in debates about what does and doesn't work.

But what is meant by 'evidence'? It might be information derived from:

- well-conducted research studies e.g. randomised controlled trials, critical ethnography, particularly where these have been combined into systematic reviews of a large number of individual studies

- systematic analysis of individual practitioner's health care activities e.g. via critical incident analysis, in-depth reflection in clinical supervision
- rigorously conducted focus groups or other methods of engaging members of distinct communities to elicit views and experiences.

Evidence based on such systematic data collection methods underpins much of the content of this resource pack. Further examples of evidence in key areas of school nursing practice are considered below. You may find it helpful to reflect on your current approaches, preferably with colleagues, and consider whether you might change your practice in line with the best available evidence of 'what works'.

Effective parenting interventions

Studies, many of which are included in systematic reviews, provide the following key messages for health visitors and school nurses:

- **Parenting interventions:** well-designed and effectively delivered interventions by a range of professionals, including school nurses, are effective in improving key outcomes in young children (e.g. behaviour problems, intellectual development, immunisation rates, frequency of unintentional injury), mothers (e.g. anxiety, depression, self-esteem) and parents (e.g. parental confidence, partner relationships and parent-infant relationships) (Ciliska, et al., 1996; Elkan, et al., 2000; Thomas, et al., 1999; Barlow, 1999; Barlow and Coren, 2001).
- **Home visiting:** visiting programmes delivered by health visitors and other public health nurses can be effective in improving a range of maternal and child psycho-social and health outcomes (e.g. improving breast-feeding rates, detecting and managing depression, improving difficult childhood behaviour)(Elkan, et al., 2000). Factors associated with effective home visiting programmes include: empathic, trusting and respectful relationship between home visitor and parent(s) using empowerment strategies (Barlow, et al., in press). In addition, programmes aimed at reducing the risk of child abuse and enhancing maternal and child well-being amongst vulnerable populations seem to be most effective if there is: early identification of families 'at risk' via a universal service identified during the antenatal period, initiation of supportive services during pregnancy, case management support, frequent visits over an extended time (i.e. > 6 months) and programme delivery by trained professionals (Cox, 1998).
- **Group-based parent education programmes:** Evidence suggests that group, as opposed to individual, methods of supporting parents through critical transitions (e.g. in the perinatal period and at the toddler stage) are more effective, both for children and parents.

Many parents obtain benefit from support provided by other parents in the group (Barlow, 1999). Programmes based on parental empowerment, which include role play and which are facilitated by empathic, skilful and professionally trained workers can be particularly effective (Thomas, et al., 1999). One example is the UK-based PIPPIN programme which uses many of these critical features and an early evaluation indicated benefits (e.g. improved relationships between parents and their infants, increased parental confidence, child-centredness, coping-skills and reduced anxiety and vulnerability to depression) (Parr, 1998).

Learning from children, parents and teachers

The following messages came from a qualitative study of four healthy school programmes (Kurtz and Thornes, 2000).

Children reported they wanted:

- skills to deal with the pressures that encourage risky behaviour
- a range of credible, continuing, confidential and helping adults to whom they can go for personal advice and information in informal situations
- control over the basic day-to-day decisions affecting their lives and lifestyles.

Parents reported they:

- want up-to-date information e.g. drugs
- feel uninformed and powerless to influence their children, especially beyond primary school age and do not know where to go for informal informed advice.

Teachers reported they:

- feel inadequately trained and resourced to support children with behaviour problems, special needs and conditions such as epilepsy, sickle cell anaemia and mental health disorders
- want information, support and recognition of their value.

School nurses reported:

- they frequently have unsuitable facilities for confidential counselling
- the extent to which schools act on health information and advice varies.

Effective health promotion strategies

A recently published review of systematic reviews of a wide range of health promotion interventions undertaken by public health and health promotion practitioners (Elliot, et al., 2001) suggests that sustainable, health promoting behaviour change is more likely when:

- education or counselling is *combined* with modification of the local environment e.g. where safety equipment is provided to prevent accidents
- behaviour change strategies are *multidisciplinary,* based on theoretical models from psychology and sociology and interventions that include skills training
- interventions are *long term* in order to achieve and sustain health gains
- interventions are targeted at *high-risk* groups rather than general populations to ensure maximum relevancy and motivation.

However, the review also showed that such positive behaviour change is much less likely when interventions involve:

- the passive transfer of information which seldom leads to behaviour change
- the provision of general support which lacks clearly stated and achievable aims
- brief unfocused activities which are unsupported by theory
- complete prohibition rather than encouraging safe practices or skills development.

Healthy Schools

A systematic review of Healthy Schools (Lister-Sharpe, et al., 1999) concluded that school-based health promotion initiatives can have a positive impact on children's health and behaviour. Whilst most interventions increase knowledge influencing attitudes and skills is most likely to happen where:

- classroom programmes are combined with changes to the school ethos and environment
- children and young people are actively engaged in experiential, group-based self-directed learning activities (Fletcher, et al., 1998)
- communities and families are part of the programme.

The review supports:

- activities to promote healthy food options
- physical activity at school being encouraged but not made compulsory

- school based clinics providing advice on contraception and safer sex co-ordinated with sex and relationship education programmes
- school injury prevention programmes e.g. cycle helmet initiatives
- developing ways to improve mental and social well-being in school
- investing in research into school health promotion of mental health.

Effective approaches to reducing health inequalities

A systematic review of interventions aimed at reducing health inequalities (Arblaster, et al., 1996) indicates that work in this area should include:

- continuous monitoring of local people's use of and access to health services
- frequent prompting to encourage people to use available services
- positive action to improve access where it is found to be poor
- interventions should target not just the 'worst off' in society but also the 'least well off'
- prioritising activities which are based on expressed needs of specific target populations
- wherever possible a multi-agency/multidisciplinary approach to service delivery
- peer involvement e.g. buddying programmes, community mothers programmes
- education plays an important part in reducing inequalities in health, in particular pre-school education.

Key resources for evidence-based practice

In spite of the continuing problems many practitioners face in accessing the Internet at work, there can be no doubt that this is by far the most useful source of information about evidence-based public health practice. The resources listed below are all web-based and collectively provide an excellent starting point for gathering the most up-to-date evidence on 'what works'. Please also remember that there are services available to carry out searches on your behalf and many libraries and local initiatives offer training in such skills. Even if you personally have no Internet access, it is likely that there is a facility nearby at work. Working in groups can be particularly useful in this respect. Believe it or not, searching for evidence via the Internet can be fun and you are bound to come across lots of absolutely fascinating information you always wanted to know but never dared ask! Enjoy….

Useful websites

Department of Health for policy documents and National Service Frameworks:
http://www.doh.gov.uk

NHS Centre for Reviews and Dissemination:
http://www.york.ac.uk/inst/crd/em51.htm

Public Health Observatories e.g. north west:
http://www.nwpho.org.uk

School Nurse and Health Visitor Innovation Projects at:
http://www.innovate.org.uk
until the end of December 2001and from 1 January 2002 at:
http://www.innovate.hda.online.org.uk

Wired for Health:
http://www.wiredforhealth.gov.uk

WISDOM resource database on evidence based practice (UK):
http://www.shef.ac.uk/uni/projects/wrp/seminar.html#EBP

Our Healthier Nation in Practice Database:
http://www.ohn.gov.uk/database/database.htm

Health Development Agency (HDA) website:
http://www.hda-online.org.uk/

Public Health Research, Education and Development Programme:
http://www.health.hamilton-went.on.ca/CSARB/ephpp/ephpp.htm

U.S. Preventive Services Task Force (USPSTF):
http://www.ahrq.gov/clinic/uspstfix.htm

World Bank website (for information on social capital):
http://www.worldbank.org/poverty/scapital/

World Health Organisation (Europe):
http://www.who.dk

References and other resources

Arblaster, L., Lambert, M., Entwistle, V., Forster, M., Fullerton, D. and Sheldon, T. (1996) A systematic review of the effectiveness of health service interventions aimed at reducing inequalities in health. *Journal of Health Services Research and Policy,* Vol 1, 2, pp93-103.

Barlow, J. (1999) *Systematic Review of the Effectiveness of Parent-training Programmes in Improving Behaviour Problems in Children aged 3 – 10 Years,* Health Services Research Unit, University of Oxford.

Barlow, J. and Coren, E. (2001) *Parenting Programmes and Maternal Psychosocial Health: Findings from a systematic review,* Health Services Research Unit, University of Oxford.

Barlow, J., Stewart Brow, S. and Fickling, C. (in press) 'Parenting and Psychosocial Development: The role of general practitioners and primary care'. In A. Harnden (editor) *Key Aspects of Child Health Surveillance*, Royal College of General Practitioners, London.

Ciliska, D., Hayward, S., Thomas, H. et al. (1996) A systematic overview of the effectiveness of home visiting as a delivery strategy for public health nursing interventions. *Canadian Journal of Public Health,* Vol 87, pp193-198. Also available on Public Health Research, Education and Development Programme website (see above)

Cox, A.D. (1998) Preventing Child Abuse: A review of community-based projects II: Issues arising from reviews and future directions, *Child Abuse Review,* Vol 7, pp30-43.

Elkan, R., Kendrick, D., Hewitt, M., et al. (2000) The effectiveness of domiciliary visiting: a systematic review of international studies and a selective review of the British literature, *Health Technology Assessment,* Vol 4, 13.

Elliott, L., Crombie, I.K., Irvine, L., Cantrel, J. and Taylor, J. (2001) *The Effectiveness of Public Health Nursing: A review of systematic reviews, Scottish Executive,* The Stationery Office, Edinburgh.

Fletcher, J., Stewart-Brown, S. and Barlow, J. (1998) *Systematic Review of the Effectiveness of School Based Health Promotion,* Health Services Research Unit, Oxford.

Hall, D. (1996) *Health for All Children,* Oxford Medical Publications, Oxford. (Currently under review)

Kurtz, Z. and Thornes, R. (2000) *The Health Needs of School Age Children – The views of children, parents and teachers linked to local and national information,* Department for Education and Employment, London.

Lister-Sharp, D., Chapman, S., Stewart-Brown, S. and Sowden, A. (1999) Health Promoting Schools and Health Promotion in Schools: two systematic reviews, *Health Technology Assessment* NHS R&D HTA Programme 3 (22).

Oakley, A. et al., (2001) *The Social Support and Family Study.*
For further details see
http://www.ioe.ac.uk/ssru/ra_policy.htm

Parr, M. (1998) A new approach to parent education, *British Journal of Midwifery,* Vol 16, 3, pp160-165.

Thomas, H., Camiletti, Y., Cava, M., et al. (1999) *Effective Public Health Project: Effectiveness of Parenting Groups with Professional Involvement in Improving Parent and Child Outcomes.*
Available at: http://www.health.hamilton-went.on.ca/CSARB/ephpp/ephppSumRev.htm

Additional further reading

Aggleton, P., Whitty, G., Knight, A., Prayle, D. and Warwick, I. (1996) *Promoting Young People's Health: The health concerns and needs of young people. A report prepared for the Health Education Authority by the Health and Education Research Unit,* Institute of Education, University of London, London.

Buchanan, A. (1999) What *Works for Troubled Children? Family support for children with emotional and behavioural problems,* Barnardo's and Wiltshire County Council, Essex.

Debell, D. (2000) *Translating Research into Practice: An assessment of change in the management and delivery of school nursing,* Report to the Department of Health
http://www.innovate.org.uk
From 1 January 2002 at:
http://www.innovate.hda.online.org.uk

Debell, D. (1999) *What do We Know About the Effectiveness of Parenting Support Initiatives? A Report of Research in the Field,* Norfolk Health Authority, Norwich.

Department of Health (2001) *Tackling Health Inequalities: Consultation on a plan for delivery,* DoH, London
http://www.doh.gov.uk/healthinequalities

Marmot, M. and Wilkinson, R.G. (1999) *Social Determinants of Health,* Oxford University Press, Oxford.

Watters, M. (1998) *Providing Health Services to School Children – A Review of the School Nursing Service,* Public Health Research and Resource Centre, University of Salford.

7. Developing skills to respond to health needs

The new child-centred public health role means that school nurses and their teams will inevitably find themselves working with a wider range of health issues and population groups. Responding to local health needs and addressing national priorities is likely to demand new knowledge, skills and different ways of working for school nurses and their colleagues. The previous sections of this resource pack have looked at how you might assess health needs and possible evidence-based responses to these. This section looks at how the team can prepare itself to undertake this work.

We know that school nurses already have many of the skills needed, either individually or in their teams. However, there are likely to be areas where you need to acquire new skills and knowledge. This can be done by going to other disciplines and agencies for the skills needed to meet local needs, for example bilingual skills, health promotion or CAMHS and building your team accordingly. Assessing skills and knowledge can be done by:

- drawing on personal professional portfolios and the skills identified through clinical supervision and appraisal
- using the public health skills audit tool in Section 10 that has been developed with the support of the Health Development Agency
- informally asking colleagues
- thinking about the skills you use within and outside the work setting.

The most effective way of filling any gaps in skills and knowledge is to learn by doing. This means that most learning about the new role and how to undertake a health needs assessment or community development will largely happen by 'having a go'. The process and structures you may need to think about in order to 'have a go' and try out new public health approaches are discussed in Section 5.

We would recommend that you build in a range of activities to your learning, such as:

- shadowing others
- regular discussion group to explore critical incidents and share experiences of new ways of working
- reading
- visiting other projects
- using informal contacts with colleagues to talk through ideas
- running workshops
- journal clubs
- learning sets
- attending courses.

We know from audits of public health skills that there are key skills that practitioners have said they need for changing practice:

- working in partnership (team working and with other sectors)
- leadership
- healthy schools and community development
- health needs assessment
- project management
- evaluation.

Working in partnership

Working in teams

School nurses will increasingly find themselves leading mixed teams of people. These teams may be made up of nursery nurses, youth workers, teachers and other nursing and support staff. Moreover, as power is devolved to front-line staff school nurses will be making key decisions and leading public health programmes.

Alternatively teams may come together to improve the health of a specific community or client group such as children looked after by the local authority, or around a health issue such as teenage pregnancy. These teams may consist of people from the same or different organisations e.g. Healthy Schools, Drug Action Team, or include local people. This is a challenging agenda, both for the employing organisations, in supporting the development of these teams, and for practitioners who will need to work flexibly within a number of teams.

Building an effective team

Teamwork is a complex process, requiring thought and attention if it is to succeed. Some of the things that have been shown to be helpful are:

- having clear objectives
- assigning different roles and responsibilities to create a flexible whole
- assessing the quality of its work
- managing change effectively
- sharing expertise
- making the most of what team members have to offer and developing further skills
- frequently answering the question 'what difference are we making?'
- keeping up-to-date with clinical and professional developments
- having clear lines of accountability
- developing networks with other service providers
- sharing their knowledge and expertise with others
- learning through experience.

Multi-sectoral/agency partnerships

Partnership working is the sharing of information, skills and resources to work together towards agreed objectives. School nurses use a partnership framework in their work with individuals and as a consequence are well placed to develop these skills within a public health approach. As professional boundaries are becoming more fluid it is important to ensure that the whole team receives the support they need. This is a challenging agenda for all involved as collaborative working is not always straightforward. The differing organisations in any multi-agency work are likely to have a range of potentially competing priorities which need to be taken into account and it takes time for different professionals and lay people to get to know and trust each other sufficiently for effective joint working. However, the impact of work undertaken in partnership with others is likely to be far greater than that which can be achieved alone. Special consideration should be given to helping young people to participate equally with others. Do they need additional training, resources (such as transport, translation facilities, crèches) or other action in order to feel able to participate fully in planned activities? Developing the skills to work in this way will be key to the progress of a child-centred public health role.

Potential partners are set out here: →

- Children and young people
- Local people
- Healthy Schools programme co-ordinators
- Job centres
- Community activists
- Playgroup nursery nurses and youth organisations
- Lay PCT board
- Public health specialists members
- Self-help groups
- Community development workers
- School nurses
- ConneXions advisors and learning mentors
- Local businesses
- Midwives and health visitors
- Social workers
- Practice nurses
- Spiritual leaders
- Teachers and school staff
- Police
- Dental teams
- Drugs workers
- Community dietitian
- Local education advisors
- Probation
- Community children's nurses
- PCT Board
- Youth Offending Teams
- Women's refuge workers
- Domestic violence workers
- Voluntary organisations
- General practitioners
- Physiotherapists
- Nurses with other specialist skills
- Counsellors
- Housing
- Regeneration initiatives
- Environmental health
- Pharmacists
- District nurses
- Occupational health
- Hospitals
- Community arts groups
- Education confederations

Leading change

Leadership is key to both changing school nursing practice and to planning and delivering public health programmes. Both dimensions require similar qualities. Good leaders are needed at every level of the service but particularly to develop team working and improve practice and to work with PCTs and local people. All school nurses should see themselves as leaders and develop the qualities needed to fulfil this role locally.

What makes a good leader?

The key skills and attributes which are likely to be needed by school nurses are:

- a commitment to improving services, involving users, and improving the health of those with greatest need
- an ability to demonstrate the reality of the new way of working in their own practice
- to enable others to recognise the need for change
- a clear vision of the journey ahead, establishing common and realistic goals, direction and purpose
- to be facilitative, enabling others to be fully involved and to own the agreed changes
- to be able to mobilise the energy and enthusiasm of others
- to help others to learn from what they do, see and feel about the new ways of working
- to work well across organisational and professional boundaries to achieve the goals
- to ensure that external pressures are addressed and solutions found to obstacles that can so easily get in the way of change.

This may seem a daunting list but there are many similarities between being an effective school nurse and being a good leader. It is also important to realise that one person does not have to lead on everything. For example, one school nurse may lead a public health programme on teenage pregnancy whilst another may lead a multi-agency group for looked after children.

As part of the programme to implement *The NHS Plan* a wide range of training and development programmes are being made available nationally and locally to support school nurses and others to develop leadership skills. Further information can be obtained from the Nurse Leadership website: http://www.nursingleadership.co.uk

Project management

Project management is a skill we all use. It is about deciding what you want to achieve, how to achieve it and how to recognise you have achieved it. Good project managers share many of the same characteristics as good leaders. Project management is an essential skill for good public health practice. As you and your team initiate public health programmes you will require project plans to ensure that your intended objectives are met. Each project will take you through a number of stages from initial definition to final evaluation and the celebration of successes. These stages are outlined below.

- **Assess the current situation and define the project:** be clear about what you are setting out to achieve and agree the desired outcomes with all those involved in the project.
- **Plan the project:** identify the stages of work or major tasks that need to be accomplished. Use a chart, for example a Gantt chart, to plan the sequence of these activities, to show how long each activity will take, when the key events must take place and who is responsible for each task. Identify project milestones and how they can be achieved.
- **Implement:** the team of people working on a project may not have worked together before. It is important that they establish good working relationships and have clear areas of responsibility and agreed communication networks. If mistakes happen, use them as learning opportunities and ensure a supportive environment.
- **Monitor/adjust:** project activities will need to be monitored against the project plan. You will inevitably have to problem-solve by modifying plans and co-ordinating the progress of the parts of the project.
- **Evaluate:** review your successes as you make progress towards the goals and evaluate how successful you have been in achieving them.
- **Celebrate your achievements:** celebrate at various stages during the life of the project to boost morale and reinforce the team's sense of identity.

Evaluation

Evaluation is generally considered to be of three types. Each performs a different function and which one you chose depends on your objectives. They are outlined below with evaluative questions which you may like to adapt.

- **Process/formative -** the collection and analysis of information during a piece of work, to inform progress and so improve the way things are done.
  e.g. Are we doing what we said we would do? If not, why not? What else

of significance was going on? What did participants think of the programme components? To what extent are young people involved in the programme? What needs to be changed?

- **Impact/summative/output -** this measures the overall impact (effectiveness) of the programme, or a component part, on the target group(s).
  e.g. What happened as a result of what we did? Are there changes in the knowledge base of participants? How many and which people attended? Do young people feel or act differently?

- **Outcome -** this assesses whether the changes created by the programme had a long term health effect.
  e.g. Has there been a decrease in teenage pregnancies? Are more children with asthma fully engaging in sport at school?

This last area is particularly difficult to evaluate due to the need to establish a causal link between the inputs and the effect.

In addition an evaluation framework might also consider:

- **cost efficiency -** a consideration of the benefits in relation to the costs incurred

- **relevancy -** is there a need for this programme? This is usually used to investigate existing programmes and can be a very useful question to investigate as it will potentially release resources for other work.

This may all sound quite daunting and if this is the case it might help to think of evaluation as an extended form of reflective practice. Indeed, reflecting on practice is an important form of 'on the job' evaluation, often using the same sorts of questions. Seeing it like this can help with confidence, as can working with local researchers when necessary.

Finding the evidence

- A variety of methods can be used for data generation including questionnaires, focus groups, photographs, evaluation of courses, minutes of meetings, interviews and records of those who have attended services.

- If you are able to collect information to use for your evaluation from a number of different sources this will enhance its validity.

- When evaluating a specific piece of work you will need to establish a plan for action at the outset, against which progress can be measured. In addition, the approach taken in an evaluation should mirror that used in the programme itself. Thus a healthy school programme would aim to involve young people in decisions regarding the expected outcomes, the nature of the evaluation, the types of measures to be used and the collection of evidence.

- Evaluation can seem time consuming and difficult to those already stretched to provide services, and for this reason is often neglected. However, evaluation is the key to improving our services and ensuring that they are accessible and acceptable to local people.

Summary

This section has considered the skills needed to implement the child-centred public health role. Having considered the ways in which health needs can be assessed, public health approaches to meeting these needs and the skills needed to make this possible, Section 8 looks at how you can bring about change in your area.

Further resources

Anderson, E. and McFarlane, J. (2000) *Community as Partner: Theory and practice in nursing,* Lippincott, Philadelphia.

Atkin, K., Lunt, N. and Thompson, C. (1999) *Evaluating Community Nursing,* Ballière Tindall, Edinburgh.

Bowling, A. (1997) *Research Methods in Health,* Open University Press, Buckingham.

Burn, S. and Bulman, C. (2000) *Reflective Practice in Nursing: The growth of the professional practitioner.* (2nd Ed.) Blackwell Science, Oxford.

Fetterman, D.M., Kaftarain, S.J., Wandersman, A. (eds) (1996) *Empowerment, Evaluation, Knowledge and Tools for Self-Assessment and Accountability,* Sage Publications, London.

Girvin, J. (1998) *Leadership and Nursing,* Macmillan Press, Basingstoke.

Hayes, N. (1997) *Successful Team Management,* International Thomson Business Press, London.

Ovretveit, J. (1998) *Evaluating Health Interventions,* Open University Press, Milton Keynes.

Patton, M. (1997) *Utilization Focused Evaluation,* (3rd Ed.) Sage, Thousand Oaks.

Roberts, K. and Ludvigsen, C. (1998) *Project Management for Health Care Professionals,* Butterworth-Heineman, Oxford.

St. Leger, A., Schnieden, H. and Wadsworth-Bell, J. (1992) *Evaluating Health Services Effectiveness,* Open University Press, Milton Keynes.

Stott, K. and Walker, A. (1995) *Teams, Teamwork and Teambuilding,* Prentice Hall, London.

Taket, A. and White, L. (2000) *Partnership and Participation: Decision-making in the multi-agency setting,* Wiley, Chichester.

West, M. (1994) *Effective Teamwork,* British Psychological Society, Leicester.

8. Changing practice: steps to success

Getting from here to there: the process of change

Everyone has the potential to lead and make change. But we do need to understand how change affects us and how to make change effective and long-lasting. Practice evolves as we reflect and learn from our work and respond to new knowledge. Changes in society, the NHS and the child-centred public health approach challenge traditional practice. The degree and type of change will depend on where you are starting from. Whatever the degree of change required, it will help if you treat developing the child-centred public health role as a change project that needs to be planned for and managed. Change is often achieved at a price, in terms of time and effort, and the benefits must be seen to outweigh this cost. A robust project plan will help you to manage this change effectively.

There are a number of key elements in any change process (see below). Try to incorporate these into your plans. You can work through the change process as an individual or as a team, but it would be better to work on this issue as a PCT project, especially if you feel large scale changes such as changing professional practice will be required. You may need to involve a senior organisational manager as a 'sponsor' for the change process. They will be able to ensure that the plans are accepted and acted upon across the organisation and assist you to find the resources and skills you need to implement your plans.

Key stages in implementing change

Agreeing what needs to change and why

Questions you could ask…

- What are the needs of our school age community and how are they currently being met?
- Why do we need to change? This resource pack discusses the reasons but it may be useful to do further reading or discuss the changes with

others (not necessarily your immediate colleagues).

- What do we want to change about our current work? Is what we do still needed? Does everyone need it or should our work be more targeted? Is everyone accessing our service?
- Do we currently make best use of all our skills and knowledge?
- What other changes have there been in the NHS, schools and outside that impact on what we service?

Developing a clear and attractive 'vision' of the future - what could/should be happening

Questions you could ask…

- What would our service look like if we focused on improving the health of the school age population and reducing inequalities in health?
- How will the health of the local population improve as a result of this change?
- How will the change meet the needs of the PCT? Health Authority?

Managing the change process - clarifying how changes will be made and implementing plans

Questions you could ask…

- What will get in the way of implementing this vision and what will help it? What plans do we need to make to minimise the obstacles and strengthen the enabling factors?
- How can we involve all practitioners in the change process?
- How and when can we involve local people in the change process?
- What do we need to do first to get to where we want to be?
- How can we stop providing services which are no longer needed?
- What will the impact of our proposed changes be on:
  - the local community?
  - our existing clients?
  - ourselves?
  - our colleagues?
  - the rest of the PCT?
  - Schools, healthy schools, ConneXions?
  - other agencies?
  - managers?
  - the PCT?
  - public health departments?
  - anyone else?

- Are there any risks associated with this change? How can we minimise these?
- How can we ensure a 'win-win' solution that will benefit all those involved?

Building the capacity of the organisation and practitioners to deliver the proposed changes and reducing resistance to change

Questions you could ask…

- Do school nurses and managers have the knowledge and skills they need to implement the vision? If not how are we going to provide them with the learning opportunities that they need?
- Why are some people resisting change? How can we help them?
- Do we need to develop any new tools? For example, school health plan, child health plan?
- Do we need to review current policies?
- Do we need to find out what others are doing, visit other places, set up a journal club or learning set?
- Do we have local enthusiasts who can act as role models for change and encourage others?
- How can the organisation recognise and be seen to value those who do change?

Involving key stakeholders

This is an important part of the change process. Anyone who will be affected by the changes you are proposing needs to be kept informed and even involved as you go through the process. Make sure you talk to local stakeholders, try to see the change from their point of view and explore potential barriers with them. Going through this exploration will help you:

- find out what is going to get in the way
- enlist others' expertise in removing these barriers
- simultaneously build a coalition of support for the change.

Remember that getting everybody together in one room is not always the best way of exploring things. Apart from being difficult to arrange, people may not feel free to talk openly in such meetings. One-to-one meetings can be a better way to explore the real barriers in the early stages.

Once you have worked through this process you will be able to develop

a change programme that already has significant local support and which you can then go out and sell.

Who should be informed or involved?

Most successful changes are supported by coalitions of key local people. Who do you need to be on board? This might include young people, parents, head teachers or governors, GPs, paediatricians, midwives, managers, social services, councillors and public health practitioners – you could ask one of the people who obviously needs to be on board who else it would be useful to talk to. Or ask colleagues – especially those in different professions.

How do we look after each other and ourselves?

Change can be a stressful and difficult process. If it is to be managed successfully the personal needs of those involved will need some attention. Here are some key things you might like to think about:

- How do I feel about all this change? Your reaction may be: *'I can't wait – it's what I always wanted to do'* or *'been there before, heard it all before – I just want to keep my head down and get on with health interviews'*. Whatever your personal reaction, it is important to recognise that team members may feel differently about the proposed changes.
- What motivates us in our work, how can we keep motivated to do a good job?
- What do I need to help me with all this change? Think about the help you need from colleagues, managers and what you need in terms of new experiences, skills and knowledge?
- How are you going to agree ground rules with your group or team about how you want to implement change, for example about keeping people informed, ensuring people feel safe to share their anxieties, what to do if people loose interest?

Key messages

- Be realistic – take small steps but know where you are trying to get to.
- Keep it focused and practical.
- Have a written plan.
- Do it with others and support each other.
- Own the changes – it is your work, you know the real world of everyday practice.

- Involve local users – link to community groups and community workers wherever possible.
- Get support in the right places from the beginning e.g. the PCT, head teachers, key GPs, public health, paediatricians.
- Link with other initiatives from the beginning e.g. Healthy Schools, Health Improvement Programmes, New Deal for Communities, Health Action Zones, Healthy Cities, ConneXions, Teenage Pregnancy Co-ordinator.
- Meet regularly and talk through the dilemmas, issues, risks, feelings that arise for you.
- Keep checking out why? What are the health benefits for the whole population, what needs are being met? What is the evidence?
- Get involved and influence planners, managers and policy people in the PCT.
- Record what you do otherwise you won't know what you've done and neither will others!
- Enjoy yourself and see this as a personal development opportunity.

Sustainability: keeping going

How will your work be continued so that the change you envisaged becomes an established part of your role? What else around you still needs to change so that this new way of working is seen as 'everyday'? In order to embed the changes into the local culture you could:

- ensure that the support from other key people and groups is maintained
- ensure new initiatives don't depend on one person
- keep others informed about what you are doing
- disseminate your work through websites, local reports, workshops, articles for publication.

Summary

This section has looked at how to create an environment that supports changing school nursing practice and how to engage in the process. The next section suggests some priority areas for public health practice that you may wish to consider.

Further reading

Broome, A. (1998) *Managing Change,* Macmillan, Basingstoke.

Dunning, M. et al, (1999) *Experience, Evidence and Everyday Practice,* King's Fund, London.

Effective Healthcare (1999) 'Getting evidence into practice' Vol 5, No.1.

Tarplett, P. and McMahon, L. (1999) *Managing Organisational Change,* Office for Public Management, London.

9. Delivering on health priorities

There are some key areas that need to be addressed if we are to significantly improve the health of the school age population and narrow the health gap. The following information sheets cover those issues that are central to today's health and education agenda. They are intended as summary sheets only and you may need to use them with other resources. Examples of the type of activities school nurses can get involved in are given along with practice examples to illustrate how school nurses can contribute to addressing these issues. The key themes that run through the practice examples are:

- working with other organisations and professional groups
- working at the level of both the individual child, school and community
- the importance of linking with PCTs and education
- working in partnership with young people.

Accidents

The issue

Accidents are responsible for 10,000 deaths a year in England and are the leading cause of death among children and young people. Major causes include:

- **Road traffic accidents:** Each year there are 215 deaths among children who are passengers and 180 deaths among children who are pedestrians or cyclists. Every year 2,500 adults die in road traffic accidents. Rural areas are more severely affected.
- **Accidents in the home:** About half of all deaths among children under 5 happen within the home. Fires, burns, drowning, choking, poisoning and cuts are all major causes of injury. Childhood injuries are closely linked to social deprivation, children living in poverty are four times more likely to die as a result of an accident than children from better off families.
- **Accidents at school:** These can be linked to the type of activity, the school environment or failure to manage risk effectively.

Why should school nurses be involved?

There is a great deal which can be done to reduce the risks of accidental injury by influencing school and public policy, for example traffic control around schools, and by encouraging and supporting individuals and schools to adopt safer behaviour.

What can school nurses do?

- Identify patterns of accidents locally and identify high-risk groups and locations.
- Work with children and young people in problem-solving activities to identify potential dangers and ways of preventing accidents. Ensure the service supports looked after children and those living in overcrowded or homeless accommodation.
- Organise cycling proficiency course or cycle helmet initiative in your area and work to make it accessible to a wide school age population.
- Organise first aid training for young people and parenting groups.
- Promote safety in healthy schools and PSHE programmes e.g. medicines policy, baby sitting courses, appropriate use of emergency services.
- Work with Healthy Schools to look at prevention e.g. access to first aid support to cover school trips, safe in the sun at school.
- Work in partnership with groups such as the police, fire brigade, A&E staff and road safety organisations to raise accident awareness e.g. Crucial Crew, IMPS.
- Contribute to public health campaigns such as wearing seat belts, bonfire/firework safety, national no smoking day, World AIDS day.
- Work with parents and young people to influence local strategic planning in relation to identified safety issues, for example provision of traffic calming measures, pedestrian crossings, safer routes for schools and walking buses.
- Work with Local Authority housing, leisure and environmental health services to promote safer schools and play areas.

Practice example

Local A&E data reveals an increasing number of accidents taking place on railway property in the 8 – 13 year age group. The school nurse invites British Transport Police to contribute to a 'Crucial Crew' session, which proves very popular with the children.

This is taken further by the children who organise a system of reporting broken fences around railway tracks through the school to BT Police and the children inviting parents and family members to a safety session held in school at the end of the school day.

The idea is adapted for children with moderate learning disabilities by a school nurse and police liaison officer. They enact a road accident and let the children direct what happens next, they are encouraged to 'hot spot' where the dangers are and learn to choose the action they can take to keep safe.

Further reading and resources

Department of Health (1999) *Saving Lives: Our healthier nation,* The Stationery Office, London.

The Royal Society for the Prevention of Accidents
http://www.rospa.com

Alcohol and drugs

These issues are dealt with together to reflect the joint approach taken within Healthy Schools and PSHE.

The issue

Alcohol

Alcohol is an enjoyable part of many people's lives. However, the harm caused by excessive drinking is a significant public health issue.

- 1/5 of all hospital beds are occupied by people with alcohol related problems
- 1/6 of attendances at A&E are associated with alcohol
- 65% of suicide attempts are linked with excessive drinking
- Alcohol is also a major threat to social well-being
- Between 60-70% of men who assault their partners do so under the influence of alcohol
- Heavy drinking by parents was identified as a factor in over 50% of child protection case conferences
- In over 40% of contact crime such as assaults and muggings, the offender has been drinking

Particular trends include:

- increasing consumption by children and young people
- consumption of large amounts of alcohol in single sessions
- increasing levels of consumption among some women
- continuing dangerous levels of consumption by some men
- dangerous levels of consumption by some socially excluded groups e.g. street dwellers.

Drugs

- Drug misuse is a serious problem in the UK.
- Illegal drugs are more widely available than ever before and children and young people are increasingly exposed to them.
- Young people such as those who truant, young offenders, children in care and homeless young people are at particular risk for problem drug use.
- A significant proportion of children in drug-using families develop their own drug use problems or problem behaviours such as truancy, aggression, poor concentration, low school performance and criminal activity.
- Drug misuse is linked with other social problems such as unemployment and homelessness and cannot be seen in isolation.
- The health effects of drugs can be wide-ranging and their health impact has a social class gradient: whilst professional and skilled workers are more likely to have taken drugs, poorer unskilled workers are more likely to use dangerous routes of administration.
- Within the chronic drug-using community rates of hepatitis B and C may be as high as 60-85% among those who inject.
- Drug use is a threat to communities because of drug-related crime.

NHSS sets a framework for a whole school approach to drugs education that includes alcohol and cigarettes. The Government has set out its strategy to combat drug and alcohol misuse in *Tackling Drugs to Make a Better Britain* (Stationery Office, 1998). *Saving Lives –Our Healthier Nation* underlined the importance of encouraging sensible drinking and ensuring effective services for those with drink problems. The Government's alcohol strategy will set out action needed at individual, community and Government level to achieve these goals.

Why should school nurses be involved?

Alcohol is a factor in many of the priority health issues that school nurses need to address, including mental health, teenage pregnancy, vulnerable groups, crime and accidents. Young mothers may be unaware that serious drinking during pregnancy may affect their baby, giving rise to foetal alcohol syndrome. Access to services is crucial if we are to reduce the damage and lost potential of young people through alcohol and drug-related ill health. Young people are unclear where they can get help and advice.

Many parents accept that it is their responsibility to be able to understand the pressure and temptation to use drugs but are unsure of the best way to approach the subject.

What can school nurses do?

- Identify particular groups who may be at risk of alcohol or drug related harm and consider whether there is anything you can do with others to address their needs.
- Offer practical choices and information about where to seek help, including voluntary services. Be non-judgmental and supportive to young people who experience problem alcohol and drug use.
- Be aware of latest guidelines on sensible drinking: these currently advocate no more than 21 units per week for men and no more than 14 units per week for women.
- Make sure you know about local agencies and resources that can help young people with alcohol and drug problems. If you become aware of gaps in resources, find ways to feed your information into local planning processes.
- Use individual health plans and health surveys to identify and address drink behaviour or drug use.
- Ensure you are trained in brief interventions. Use brief intervention and motivational interviewing to help young people think about reducing their alcohol intake or drug use.
- Ensure care is in place for pregnant teenagers with alcohol or drug problems.
- Work with families and colleagues where there is a serious drink problem to think about how the impact of problem drinking can be minimised.
- Use health promotion strategies, which develop self-esteem, knowledge, skills and attitudes. Research has shown that 'shock horror' approaches can excite and glamorise the effects of drug and result in an increase in their use.
- Create opportunities for young people to practise decision-making skills and discuss responsibilities and consequences.
- Recognise socially excluded groups who may be at risk and develop strategies to work with them.

- Work with others to establish alternative out-of-school leisure and relaxation activities e.g. media skills, art, under 18 discos.
- Collate information from children and young people on issues related to substance misuse, share information from your school health profile with primary care colleagues and school staff.
- Make sure the whole community is involved through Healthy Schools, including children, young people, parents and diverse ethnic and cultural groups.
- Find out about the Primary Care / Primary Schools Project, facilitate links between primary health care staff and schools.
- Get involved with or help to establish a local multi-agency forum focused on drugs and alcohol issues for young people.

Practice example

Substance misuse is a PCT/HImP priority, echoing the findings in the School Health Plans. As a result, the PCT develops a programme of primary prevention and awareness raising in the community. School nurses, working with the Drug Action Team, youth workers, teachers, community workers, parents' representatives, police and the Youth Offending Team agree an action plan. The school nursing team:

- *link this to the work of the Healthy School programme and use the National Healthy School Standard to focus on drug awareness*
- *facilitate meetings of local parents concerned about needles in the local playground and give them accurate information about the risks and contact the local authorities to get the area cleaned up*
- *invite a local drugs worker to lead a discussion in the PHCT on accessing drug treatment programmes for young people*
- *work with children with education and behaviour difficulties. They deliver a practical session measuring, reading labels and comparing volumes that generated discussion and raise their understanding of alcohol and its risks.*

Further reading and resources

Department of Health (1998) *Tackling Drugs to Build a Better Britain: The Government's 10-year strategy for tackling drug misuse,* The Stationery Office, London.

Department of Health, *Statistical Bulletin; Statistics on Alcohol: 1976 onwards,* DoH, London.
http://www.doh.gov.uk

Goddard, E. and Higgins, V. (2001) *Drug use, smoking and drinking among young teenagers in 1999,* National Statistics, The Stationery Office, London.

National Healthy Schools Standard, DfEE Publications
http://www.wiredforhealth.gov.uk

Standing Conference on Drug Abuse (1998) *The Right Approach: Quality standards for drug education,* DfEE Publications, London.

Black and minority ethnic health needs

The issue

Britain is a diverse society made up of many different groups that bring strengths and benefits to all. Members of minority ethnic communities are not a homogenous group for health status, disease patterns or health behaviours. A number of studies have shown that there are significant health inequalities among people from minority ethnic communities. These inequalities relate to differences in disease prevalence, differential access to services and differential delivery of services.

An extensive survey on the health of minority ethnic groups in England, carried out on behalf of the Department of Health, was published in June 2001 *The Health Survey of Ethnic Minority Groups '99* (The Stationery Office, 2001).

A higher proportion of people from black and minority ethnic groups experience poorer health than the general population, having a higher incidence of illness, disability and poor educational achievement than other population groups. For example within the UK population:

- disproportionately high rates of asthma in minority ethnic communities
- high rates of anaemia among children of Southern Asian parents
- more Afro-Caribbean young people experience or are diagnosed with mental health problems
- black Caribbean men showed higher rates for stroke, but lower rates for angina and heart attacks
- high rates of stroke and coronary heart disease among Southern Asian and Irish communities
- black Caribbean and Pakistani women were more likely to be obese
- higher rates of diabetes were reported by men and women from all the minority ethnic groups
- young women from Somali countries can be at risk of female circumcision
- refugees from war zones will have experienced significant trauma
- boys from some minority ethnic communities such as the Afro-Caribbean community are six times more likely to be excluded from school than other pupils. They also do less well at school, are implicated in more bullying incidents and have high rates of youth unemployment.

The reasons are complex involving many factors. Social deprivation has been shown to disproportionately affect the health of black and minority ethnic communities. They are also less likely to receive the services they need from the NHS. Services have to become more sensitive to the cultural and health needs of black and minority ethnic communities, provide adequate interpreting services and tackle racism wherever it occurs.

Why should school nurses be involved?

Tackling health inequality is an important public health goal. Working with others, school nurses have a responsibility to ensure equality in access, care, outcome and employment practices in both health and education.

What can school nurses do?

- Be aware of your own cultural assumptions and how these may affect your responses to people from different black and minority ethnic groups.
- Ensure that the ethnic dimension is identified in local policies and protocols.
- Implement the requirements of national policies such as National Service Frameworks, *Positively Diverse Report 2000* (NHSE, 2000) and the *Race Relations (Amendment) Act 2000* (The Stationery Office, 2000).
- Consider how the school nursing service is meeting the NHS Performance Assessment

Framework (PAF) which covers the following areas: improving people's health; fair access to services; delivering effective care; efficiency; the experiences of clients; health outcomes.

- Understand the importance of factors such as age, geography, generation, life experience, occupation, and education. Realise the significant impact of culture on people's lives, but recognise that is not the only factor that determines a person's health.
- Ask young people about their experiences, and involve them in helping to develop appropriate, child-centred responses to the health issues faced by black and minority ethnic communities.
- Be prepared to raise the issue of racism and how it impacts on the lives of children and young people, yourself and your colleagues.
- Ensure that the views and experiences of children, parents and carers from black and minority ethnic communities are taken into account to support the planning and development of accessible services.
- Be aware that services may be inaccessible due to communication and language difficulties, culturally insensitivity, inappropriateness, or complete lack of provision.
- Identify resources available to support young people from particularly vulnerable groups such as refugees and asylum seekers.
- Work in partnership with black and minority ethnic communities to provide and advocate for appropriate health services and facilities in schools e.g. anti-racist policies, curriculum content, behaviour and dress codes, food, worship and hygiene.
- Support training and development opportunities for black and minority ethnic health workers.
- Undertake ethnic monitoring to inform equitable service provision.
- Actively work to promote diversity and challenge racism.

Practice example

Local public health specialists raised concerns that Pakistani women in the area had lower attendance for breast screening than other groups, and were likely to present with more advanced stages of breast cancer before they sought treatment. As a result they experienced poorer outcomes from treatment.

Working with health promotion specialists, the school nurses piloted female-only breast awareness sessions for young women in school. Activities included exercise promotion, information on breast awareness, screening services and advice on fitting bras. Mothers and female relatives were invited to school to participate. As a result women were more aware of the breast screening programmes, they felt more confident in using the services, and the school nurses acquired new skills and understanding through working with the local Pakistani population. Health visiting colleagues then undertook further consultation and community development work to enable Pakistani and Bengali women to contribute directly to the programme which was then rolled out across schools in the city.

References and further information

Department of Health (2001) *Positively Diverse the Field Book – A practical guide to managing diversity in the NHS,* DoH, London.

Erens, B., Primatesta, P. and Prior, G. (editors) (2001) *The Health Survey of Ethnic Minority Groups '99,* The Stationery Office, London.

NHS Executive (2000) *Positively Diverse Report 2000,* NHSE, Leeds.

The Stationery Office (2000) *Race Relations (Amendment) Act 2000.*

Child and adolescent mental health

The issue

- The prevalence of mental health problems amongst children and adolescents is currently estimated as 10 – 20% of the child population
- The incidence of suicide in young men has increased significantly in the last decade
- There are strong links between mental health problems in children and young people and juvenile crime, alcohol and drug misuse, self-harm and eating disorders
- Mental health is one of the four priority areas set out in *Saving Lives: Our Healthier Nation*
- *The NHS Plan* made a commitment to improve Child and Adolescent Mental Health Services (CAMHS) to help primary care manage and treat common mental health problems in all age groups, including children.

Why should school nurses be involved?

Promoting mental health is a core component of school nurses' work, facilitating every young person to develop their physical, social, emotional and education potential. Good emotional health and well-being underpins pupil achievement.

What can school nurses do?

- Provide individual support through drop-ins and access to CAMHS to identify and address mental health problems early.
- Run groups to explore current issues that may concern young people and help them build a range of coping skills.
- Run groups and provide individual support to help parents to cope with managing behaviour problems.
- Be aware of vulnerable children for example, refugees, homeless families, looked after children, children separated from their parents.
- Raise awareness of mental health within the school and how everyone can promote mental health through positive behaviour strategies and strong pastoral systems.
- Make sure mental health is included in your School Health Plan, Healthy Schools work and the HImP.
- Work with schools to provide help at vulnerable times, such as transition stages at school and exams, to increase self-confidence, stress management and problem-solving skills.

Practice example

The local HImP identifies adolescent mental health as a priority because of an increased incidence of self-harm among young people. School nurses and health visitors establish a multi-agency group to plan and implement a preventive programme locally. Their activities include:

- *a support group for parents who are experiencing difficulties with their teenage children*
- *a workshop for health care, social services and teaching staff on preventing self-harm*
- *confidence building drama workshops are held in the local youth centre*
- *producing information leaflets with young people including details of where to go for help*
- *establish a health group as part of the school council.*

Further reading and resources

Audit Commission (1999) *Children in Mind: Child and adolescent mental health services*, Audit Commission, London.

http://www.audit-commission.gov.uk

Department of Health (1999) *National Service Framework for Mental Health,* DoH, London.

http://www.doh.gov.uk/nsf/mentalhealth.htm

Department of Health (1998) *Modernising Mental Health Services: Safe, sound and supportive,* DoH, London.

http://www.doh.gov.uk/nsf/mentalh.htm

Children and young people with disabilities or special needs

The issue

Depending on the definitions used, between 3% and 5% of children in the UK are classified as disabled.

The Government aims to:

- strengthen human rights for disabled people
- promote the inclusion of disabled children in society in order to enable them to achieve their full potential
- reduce health inequalities
- offer more support and greater choice for disabled children and their families
- reduce poverty among families with disabled children.

The Quality Protects programme aims to improve the standards of care offered to the most disadvantaged and vulnerable children in our society including disabled children.

Why should school nurses be involved?

Through their frequent contact with children, school nurses can assess the health needs of the child and family and recognise when extra support is needed by children, young people, parents or schools. School nurses are also in a good position to co-ordinate care for children across professional and organisational boundaries, performing an advocacy role as necessary. They can also contribute to local inter-agency planning to assess need and improve services.

What can school nurses do?

- Enable children and young people to determine their own needs by using pictures, drawings or charts. Encourage self-advocacy of children and young people to help them achieve what they want.
- Ensure that children, young people and parents have access to information so that they can make informed decisions.
- Consult with young people about special interest clubs e.g. a puffer club for children with asthma, dancing for children with disability.
- Recognise that not all children with a medical condition or disability will have special educational needs, but some of these children will have additional learning needs.
- Work in partnership with other health professionals e.g. learning disability and community children's nurses, learning support and primary care staff to ensure appropriate care is given.
- Follow the *Guidance for Supporting Pupils with Medical Needs* to care for children in school e.g. asthma policy, medication for anaphylaxis, ADHD or epilepsy; managing a Hickman line or tracheostomy care.
- Perform a joint risk assessment with school that includes the child, family, school community, PHCT and local services.
- Raise awareness of school staff to specific medical problems that may affect their school population, such as sickle cell anaemia and thalassaemia.
- Provide advice, where appropriate, as part of the statutory assessment of children with special education needs
- Develop the confidence of school staff so they can meet the requirements of the *Special Education Needs Code of Practice*
- Ensure you are familiar with Department for Education and Skills (DfES, formerly DfEE) guidance and the access to education for children and young people who have medical needs, for example children who have acquired brain injury, cystic fibroses, ME or in patient hospital care.

Practice example

A school nurse and teacher worked on a programme on sun safety as part of PSHE for children with severe learning difficulties. They developed a sun safe policy in consultation with children and parents, governors and health promotion specialists. This covered access to drinks, sports schedules for the early part of the day, hats worn outside in summer.

Creating shade in the school grounds became a target in Healthy Schools and gained support from school grounds officers and local parents who began fundraising. The school nurse and Learning Disabilities Team leader planned a 'garden party' for early summer where pupils could demonstrate the sun safe messages to parents and families.

Further reading and resources

Department of Health (2001) *Valuing People: A new strategy for learning disability for the 21st century,* The Stationery Office, London.

http://www.doh.gov.uk/learningdisabilities

Department of Health (2000) *A Practical Guide for Disabled People – Where to find information, services and equipment,* DoH, London.

Domestic violence

The issue

- Domestic violence ranges from verbal abuse, through threats and intimidation, manipulative behaviour, physical and sexual assault to rape and even homicide
- Those who experience domestic violence often keep it to themselves – shamed and embarrassed by what is happening to them; unsure of where they can go and what help they can get, and fearful of doing anything which might make the situation worse. It is estimated that women experience around 35 episodes of violence before they seek help
- Domestic violence is rarely an isolated event and if a woman is being abused, her children are likely to be at risk
- The British Crime Survey 1998 reveals almost one in four (23%) of women aged 16-59 have been physically assaulted by a current or former partner
- Half of those who had experienced violence from a partner or former partner were living with children under 16
- Emotional distress was reported by 90% of the women experiencing chronic domestic violence
- One in seven men (15%) report being physically assaulted by a current or former partner.

Why should school nurses be involved?

Children who are victims of domestic violence can turn to school nurses, teachers or helplines as they may have little access to other statutory services. The impact of domestic violence on children's health can be substantial both psychologically and physically. It is not easy to ask, or be asked, about domestic violence.

What can school nurses do?

- Provide drop-in sessions regularly in schools so that you are a familiar person to children and young people.
- Ensure that the safety of the child, woman (and other dependent children) is the paramount consideration in all of your work in this area.
- Listen, establish empathy and trust.
- Empower people to make informed decisions and choices about their lives, and do not try to make decisions on their behalf.
- Respect confidentiality and privacy, and recognise the potential dangers if this is breached.
- Recognise the skills and contributions which other agencies are able to make, and co-operate with them.
- Ensure that you do not place yourself or your colleagues in a potentially violent situation.
- Lobby for local services that are responsive to family needs, for example, assertiveness, anger management sessions.
- Work with other agencies to ensure consistency of approach.
- Include domestic violence as part of SRE, ensure ground rules are established and helplines and support services are clearly displayed.

- Support local programmes with the police and education welfare in schools and community venues.
- Invite the local domestic violence co-ordinator to talk to school staff.
- Work with school and primary care to establish clear pathways for when domestic violence is suspected or revealed.

Checklist

✔ **Respect and validation** – when a client makes a disclosure, it is essential that your response is sympathetic, supportive and non-judgmental.

✔ **Response and risk assessment** – an immediate response to physical injuries and referral for assessment and treatment. Counselling may be necessary. You should undertake an assessment of safety.

✔ **Record keeping** – take extreme care when documenting domestic violence. Any record of domestic violence should be kept separately from other notes in order to maintain confidentiality.

✔ **Information giving** – people who are victims of violence should be given information about where they can go for help. You could make contact with other agencies on behalf of the person and, if appropriate, children.

✔ **Information sharing and confidentiality** – confidentiality is essential in enabling victims of domestic violence to disclose their experiences.

✔ **Support and follow up** – continuity of care is very important in building trust. This also allows you to monitor the situation and check for signs of escalating violence and increasing risk.

Practice example

A young person tells a school nurse that they are now living in a Women's Refuge because their dad has regularly 'beaten their mum up'. It becomes apparent that on occasions the young person has seen the assaults. The school nurse raises this issue at her group supervision sessions and finds that a number of colleagues feel equally unsure about their role in domestic violence situations. The local Domestic Violence Forum co-ordinator is contacted and arranges training sessions for the school nursing team.

Further reading

Department of Health (2000) *Domestic Violence: A resource manual for health care professionals,* DoH, London.

Helping people to stop smoking

The issue

- Smoking is the single greatest cause of preventable illness and premature death in the UK and is responsible for 1 in 5 of all deaths (120,000 deaths in the UK each year).
- Smoking causes coronary heart disease, cancer of the lung, chronic bronchitis and emphysema. In pregnancy it reduces birth weight, and contributes to perinatal mortality.
- Smoking kills 500 out of every 1000 people who continue the habit, so smokers have a one in two chance of dying from a smoking related disease and half those deaths will be premature (aged 35-69 years).

The Government's White Paper *Smoking Kills* (DoH, 1998) puts forward proposals to help people give up and to discourage them from starting in the first place backed by a £100 million package of measures aimed at cutting the number of people smoking. These include more money to set up NHS smoking cessation services and the provision of free nicotine replacement therapy (NRT) and Bupropion (Zyban).
The key objectives of the campaign are to:

- reduce the number of 11-15 year olds who smoke from 13% to 9% by 2010, with a fall to 11% by 2005
- help adults, especially those who are disadvantaged, to stop smoking. The target is to reduce adult smoking in all social classes so that the overall rate falls from 28% to 24% or less by the year 2010; with a fall to 26% by the year 2005
- give special support to pregnant women who smoke and reduce the percentage of women who smoke in pregnancy from 23% to 15% by the year 2010; with a fall to 18% by the year 2005.

Why should school nurses be involved?

School nurses have a key role in achieving the above targets. Clinical guidelines confirm that a combination of nicotine replacement therapy and support works - even those who are highly addicted can achieve success. Your intervention to help a young person or adult quit smoking may be the most important single influence you can have on their health. The good news is that stopping works.

What can school nurses do?

- Consult young people to offer a smoking cessation group and encourage peer group strategies. Work with the smoking cessation co-ordinator to focus on adults at parent events.
- Monitor any new tobacco marketing strategies locally for example the use of discos to promote brands to young people.
- Press for no-smoking policies in schools and challenge smoking in front of pupils.
- Support National No Smoking Day, with a display and activities in school and the local community, enlist the help of young people.
- Ensure excluded and vulnerable young people are targeted and aware of the services in the community.
- Work with the rest of the primary health care team to:

Ask All individuals should have their smoking (or other tobacco use) status established and checked at every visit and the information recorded in their notes. Interest in stopping can be assessed with an open-ended question such as 'Have you ever tried to stop?' and/or 'Are you interested in stopping now?'

Advise All smokers should be advised of the value of stopping and the risks to their health of continuing. The advice should be clear, firm and personalised.

Assist If the smoker would like to stop, help should

be offered. A few key points can be covered in 5-10 minutes such as:

- setting a date to stop; stop completely on that day
- reviewing past experience: what helped, what hindered?
- planning ahead: identify likely problems, make a plan to deal with them
- telling family and friends and enlist their support
- planning what they are going to do about alcohol
- trying NRT; use whichever product suits them best.

Arrange Offer a follow-up visit in about a week, and further visits after that if possible. Most smokers make several attempts to stop before finally succeeding (the average is around 3-4 attempts) thus relapse is a normal part of the process. If a smoker has made repeated attempts to stop and failed, and/or experienced severe withdrawal, and/or requested more intensive help consider referral to a specialist cessation service.

Nicotine replacement therapy

Whilst NRT is only licenced for people over 18, school nurses need to know about it as it is available over the counter and parents may seek their advice.

- Clinical trials have shown that NRT doubles the chance of success of smokers wishing to stop. While NRT can help smokers stop, even if they have tried it before, it is not a magic cure. NRT usually provides nicotine in a way which is slower and less satisfying, but safer and less addictive than cigarettes. Unlike tobacco smoke, it does not contain tar and carbon monoxide. There is no evidence that nicotine causes cancer.
- Zyban is a non-nicotine based treatment which has been shown to be highly effective in helping smokers to quit. Zyban is an anti-depressant that reduces the smoker's withdrawal symptoms and t he desire to smoke. The contra-indications should always be checked.
- As with NRT, only smokers motivated to stop smoking should be prescribed Zyban and they should be given continual support while taking the medication.

Practice example

The School Health Plan shows high numbers of pupils smoking, with particular increases among year 8 students. There is tobacco advertising near to schools and playgrounds and cigarettes are the biggest sellers at the local shop. In general, parents accept smoking for themselves and young people and the rates of cancer and lung disease are high locally.

The school nurse arranges a meeting with the head teacher to negotiate a school programme to address the following issues identified by pupils:

- *many report liking smoking, saying it looks cool and you have to die of something*
- *they have heard of NRT and Zyban*
- *some said they wanted to stop smoking*
- *they would prefer to be advised by smoking cessation then helped to stop smoking by other young people*
- *teachers' smoke in the school entrance porch*
- *single cigarettes are sold to children at the local shop.*

The school nurse leads sessions for pupils, parents and teachers which provide information on local services (NRT, helplines, groups etc). Health promotion and other community colleagues are involved, and combined efforts lead to effective pressure on local advertisers to ban tobacco adverts in the vicinity of schools. A smoking cessation group is offered to school staff.

For further information health visitors can contact the NHS Smoking Helpline on 0800169 0 169 or visit the campaign website on http://www.givingupsmoking.co.uk

Reference

Department of Health (1998) *Smoking Kills,* DoH, London.

Nutrition

The issue

- Nutrition is a key area in the Government's public health strategy as outlined in *Saving Lives: Our Healthier Nation*. Improving diet and nutrition is crucial in the CHD and stroke and cancer prevention priorities.
- Increasing fruit and vegetable consumption is considered the second most effective way of reducing the risk of cancer after reducing smoking.
- Consumption of 5 portions of fruit and vegetables a day could lead to a 20% reduction in major killers such as coronary heat disease.
- Eating fruit and vegetables also reduces the risk of breast cancer and the more consumed, the greater the protection.
- Poor nutrition leading to low birth weight and poor weight gain in the first year of life, contributes to later health problems, particularly heart disease.
- Serious conditions associated with diets high in fat, salt and sugar also include diabetes, high blood pressure dental caries and obesity.
- As many as 1 in 10 children aged 4 or under is now obese. Amongst children aged 4 to 18 years the consumption of milk has declined, many children eat little fruit or vegetables, too much salt and drink large quantities of carbonated drinks.
- Obesity levels in England have tripled over the last 20 years as reliance on convenience foods has increased and levels of physical activity have dropped.
- The prevalence of obesity increases among lower socio-economic groups.
- Obesity reduces life expectancy on average by 9 years.
- A new National Fruit School Scheme will entitle every 4 to 6 year old to a free piece of fruit each school day.

Why should school nurses be involved?

School nurses can improve nutrition amongst the school age population. Nutrition is a key theme within the National Healthy School Standard. Moreover, the delegation of school meals' budgets means that school management teams will be responsible for implementing the changes in the new Government regulations on school meals.

What can school nurses do?

- Run programmes that focus on diet or diet plus physical activity and encourage children to identify their own problems and solutions.
- Ensure your interventions are sensitive to different cultures and needs including eating disorders.
- Create marketing strategies that appeal to the target audience e.g. a *'happy meal rather than a healthy meal', 'quick, economical, tasty meals', 'healthy children learn better'*.
- Use practical methods when working with young people to identify what the issues are and how best to tackle them.
- Map access to healthy food within your school and use food diaries as part of PSHE, the School Health Plan and NHSS.
- Establish a School Nutrition Action Group involving children, parents, governors and school staff with other agencies to develop a whole school policy on nutrition.
- Work with parents and carers at school events, identify what is important to them and seek their support for changes at school e.g. the economy of school milk versus packet drinks.
- Promote changes in school to help make healthy choices, easy choices for example healthy tuck shops and salad bars at lunch times, changing vending machine for a chilled milk or a water machine.
- Influence an LEA food policy for schools as part of their contribution to NSF implementation programmes for CHD and cancer.

Practice example

A Healthy School Survey identified food issues as a health improvement priority. The school profile showed a high incidence of tooth decay from the early years. Packed lunches are brought by 33% of the children. Monitoring the lunch times over a week, the school nurse and lunch time organiser observed that 70% of the drinks were of a high sugar content. The sale of school milk had declined over recent years children complained it was not cold. The Healthy School team set a target to reduce high sugar drinks in packed lunches by 50% within three terms.

The school nurse offered to take the lead, working in collaboration with parents, children and outside agencies, to achieve this target.

Further reading and resources

Department of Health (2001) *National Service Framework for Coronary Heart Disease,* DoH, London. http://www.doh.gov.uk/nsf/chd

The Education (Nutritional Standards of School Lunches NSSL) (England) regulations 2000 Statutory Instrument 2000 No. 1777 Guidance available: http://www.dfes.gov.uk/schoollunches

Walker, A., Gregory, J., Bradnock, G., Nunn, J. and White, D. (2000) *National Diet and Nutrition Survey – young people aged 4-18 years, Volume 1: Report of Diet and Nutrition Survey, Volume 2: Report of Oral Health Survey,* DoH and Food Standards Agency, The Stationery Office, London.

Promoting physical activity

The issue

A physically active lifestyle has important health benefits. Regular physical activity:

- builds strong cardiovascular and skeletal systems, reducing the risk of heart disease and osteoporosis in later life
- delays development of high blood pressure and reduces hypertension
- plays a significant part in reducing obesity, controlling diabetes and reducing the risk of cancer of the colon.

There are declining levels of activity, particularly among children and young people. Many are inactive over the age of 7 years, girls more so than boys.

Guidelines suggest 30 minutes of moderate intensity activity, such as skipping, football, cycling, swimming or running, at least 5 days a week.

As well as improving health physical activity enhances academic performance and provides opportunities for skills and achievement other than academic to be recognised.

Sport and physical activities can provide important social opportunities and skills and attitudes towards physical activity established in youth tend to continue into adult life.

Currently only about 37% of women and 25% of men meet the recommended 30 minutes of moderate intensity activity at least 5 days per week. This is lower among older people and many black and minority ethnic groups.

Why should school nurses be involved?

Physical activity is a statutory provision in schools, it is a major theme in NHSS and a part of PSHE; activity is promoted through Safer Routes to School, Sport England and Active Kids programmes. NHSS recommends two hours physical activity a week, accessible to all pupils whatever their age or ability, within and outside the national curriculum.

What can school nurses do?

- Use individual health plans to discuss physical activity with young people and identify enjoyable ways in which this can be increased.
- Work with local leisure services and community groups to ensure children with a disability, minority ethnic groups and those not attending school have opportunities for exercise.
- Work with parenting groups to promote increased activity with their children. Examples could include Street Play schemes, play buses or an exercise promoting environment with roller-blade, skate-board or cycle tracks and secure cycle parks at schools and leisure centres.
- Promote Sports Leader Awards as a way to encourage older pupils to lead physical activity younger pupils and accredit their skills and commitment.
- Work with healthy schools and lunch time organisers on how to promote an outside school environment that encourages pupils to be active using zoned activity areas e.g. access to balls, skipping ropes, hoops, or facilities for badminton, basket ball or short tennis.
- Work with local authority and the community to establish walking buses and provide opportunities for alternative exercise, dance sessions, pop agility, roller skating or weight training.

Practice example

A healthy school survey showed that children wanted more activities, school nurses reported that children were inactive, the rates of CHD locally were high and the education development plan identified behaviour management as an issue to be tackled. School nurses became involved with physical education advisors in training non-teaching staff to provide traditional and active games at break times. Children reported that they enjoyed the physical activities, and staff observed that there was a notable improvement in concentration during lessons. Further evaluations demonstrated reduced bullying and behaviour management incidents at break time.

Further reading and resources

Department of Health (2001) *National Quality Assurance Framework on Exercise Referral Systems,* DoH, London.
http://www.doh.gov.uk/exercisereferrals

Sexual health, teenage pregnancy and teenage parenthood

The issue

Within Western Europe, the UK has the highest rate of teenage conceptions and there are a number of threats to sexual health in this country.

- Increasing rates of almost all sexually transmitted diseases and the continuing threat of HIV and AIDS
- In England there are nearly 90,000 conceptions a year to teenagers with 7,700 of these to girls under 16 years and 2,200 to girls aged 14 years and under
- Half of these under 16-year olds and around a third of 16 and 17-year olds opt for a termination of pregnancy
- Teenage parents are more likely than their peers to live in poverty and unemployment and be trapped through lack of education, childcare and encouragement
- The Social Exclusion Unit Report on Teenage Pregnancy (1999) states that there is no single explanation for these high rates in the UK, however three factors stand out:

  Low expectations: young people who have been disadvantaged in childhood and have poor expectations of education or the job market are more likely to become pregnant

  Ignorance: young people lack accurate knowledge about contraception, sexually transmitted infections (STIs), relationships and what it means to be a parent. They do not know how easy it is to get pregnant or how hard it is to be a parent

  Mixed messages: one part of the adult world bombards teenagers with sexually explicit messages and an implicit message that sexual activity is the norm. The other part restricts access to appropriate confidential contraceptive services. The net result is not less sex but less protected sex.

The NHS Plan sets out the Government commitment to tackle teenage pregnancy. Sex and Relationship Education (SRE) is an important component of the strategy and a theme in NHSS and PSHE curriculum in schools.

The Government's sexual health and HIV strategy will ensure that individuals have better access to knowledge and skills to make positive sexual health and services more available and accessible.

Why should school nurses be involved?

School nurses can raise sexual health and relationship issues with young people and make sure they have access to the kind of information and services they need. They can also offer support to parents in this area.

What can school nurses do?

- Work with other professionals, agencies and Teenage Pregnancy Co-ordinators to assess need locally and plan integrated services.
- Provide professional and confidential advice, support, and access to contraceptive services.
- Promote sex education and safer sex messages.
- Promote parenthood as a positive decision.
- Explain the consequences of sexually transmitted disease including HIV, promote prevention and access to appropriate screening and treatment.
- Identify and support vulnerable young people who may be at risk of prostitution, exploitation or abuse.
- Be aware of confidentiality issues and Gillick competency. Ensure the school policy on confidentiality is clear, meets the best interests of young people and is workable by staff.
- Display notices about local services where young people can access information most easily.
- Ensure that SRE programmes and services are sensitive to the needs of ethnic minority, disabled, gay and lesbian young people. Confront discrimination and challenge prejudice such as homophobia.
- Provide and promote confidential drop-ins at school and community venues ensuring they are linked to wider primary health care, family planning and genito-urinary medicine services
- Promote awareness of other local services, including voluntary and local authority provision and helplines.
- Support young women to access services to make timely choices about emergency contraception, pregnancy or abortion.
- Look at the skills available within your team to promote sexual health and identify appropriate education and training to meet any deficits, use SRE Guidance (DfEE 0116/2000) as reference.
- Work in partnership with teachers, youth workers or health promotion specialists to help young people acquire a range of skills such as negotiation, decision making, assertiveness and listening, by providing the opportunity to explore positive qualities in a relationship, the reasons for having sex, the effects of bullying in relationships. Provide the opportunity to practice skills and resist pressure through role play, drama, hot-seating or scenario discussion.
- Working with local young people to influence provision and think about alternative venues for providing information such as young people's homes or clubs.
- Clarify the purpose and boundary of your role within SRE, ensure it is clear to young people, use ground rules in sessions and remind young people where they can access confidential support and information.
- Provide sessions for parents that will support and prepare them in their central role as educators. Engage them in writing the school sex and relationship policy.
- Establish mock health clinics as part of SRE so that young people are able to seek help and advice from sexual health and community services.
- Support young mothers by working with midwives to offer sexual health services after pregnancy; with education officers and health visitors to re-integrate teenage parents back into education; encourage young men in their role as fathers.
- Develop a communication strategy with the local teenage pregnancy co-ordinator, parents, statutory and voluntary sector, including PCTs, Sure Start, Sure Start Plus and secondary services.

Practice example

Your local community has a higher than average rate of teenage pregnancy. A multi-agency team, of school nurses, health visitors, youth workers, teachers, community workers and family planning specialists, young parents and young people, agrees a local action plan which is endorsed by the PCT.

As part of this work the school nursing team work with primary school teachers to draw together a group including parents, governors and religious leaders to review the school sex education policy as part of the healthy school programme.

They run sexual health sessions at youth clubs and negotiate improved access for young people with disabilities. With youth workers the school nursing team holds a session in the local secondary school at the same time as the parents evening on 'talking to young people, and about sex and contraception'.

The school nursing team leader identifies, from a number of the school health plans, problems developing sex education in special schools. Consultation with parents requests support to manage sex education with their children.

School nurses set up a parent support group to build their confidence in their own skills and to influence school sex education policy and curriculum. As the group becomes established the teenage pregnancy co-ordinator offers the group training to support other parents and schools in the local area.

Further reading

Department of Health (2001) *National Strategy for Sexual Health and HIV,* DoH, London.

Report of the Social Exclusion Unit (1999) *Teenage Pregnancy,* The Stationery Office, London.

Supporting families and parenting

The issue

- The changing face of the family makes parenting in the 21st century a greater challenge:
  - family structures are more complicated for many children
  - there are more children being brought up in single parent households and in poverty
  - people are more mobile and families are more dispersed
  - far more women work
  - the divorce rate has risen in the post-war years.
- *Supporting Families* (1998) set out a range of Government policies and proposals aimed at strengthening and supporting families. It described an enhanced role for school nurses and health visitors which would focus on the critical stages of a child's early development ranging from antenatal classes to sleep clinics, and suggesting more help later in the child's development.
- Sure Start is a radical cross-government strategy to improve services for children under four and their families, in areas of greatest need. Sure Start aims to improve health and well-being of families and children before and from birth, so that children are ready to flourish when they go to school.
- Sure Start Plus focuses on the needs of teenage parents and promotes the role of young fathers in their children's upbringing.

Why should school nurses be involved?

Early interventions and timely support can help reduce family breakdown, strengthen children's learning at school and benefit society in the longer term by preventing social exclusion. Access to support from a school nurse can help when families come under pressure. School nurses can work with schools to promote self-esteem so that children are able to grow up more confident as adults and parents themselves.

What can school nurses do?

- Participate in inter-agency family support groups to assess need and plan integrated services locally.
- Provide access to a range of parenting information and support which are sensitive to different family structures, cultures and beliefs.
- Run courses to build skills for parenting e.g. babysitting, first aid.
- Work on focused interventions with families, concentrating on specific issues e.g. challenging teenagers, conflict resolution.
- Use recognised, evaluated parenting support programmes, such as Webster-Strattan, and ensure you have the skills to run them.
- Work with schools so their policies reflect the needs of the variety of families in the community e.g. lone parents, step families, mobile families and contribute to PSHE and Citizenship.

Practice example

Families were experiencing problems managing their teenagers' behaviour. School nurses made a successful bid to the PCT to fund their own training and the costs for two school nurses to establish a six-week group on coping with teenagers. Positive evaluation from parents and an increasing demand from parents whose children attend other schools means they now run courses each term across the Trust and are training other school nurses.

Further reading and resources

Department of Health (2000) *Framework for the Assessment of Children in Need and their Families,* The Stationery Office, London.
http://www.doh.gov.uk/quality.htm

Department of Health (1999) *Working Together to Safeguard Children,* The Stationery Office, London.
http://www.doh.gov.uk/quality.htm

Ministerial Group on the Family (1998) *Supporting Families: A consultation document,* The Stationery Office, London.

Information about Sure Start:
http://www.surestart.gov.uk

10. Public health skills audit tool and development plan

We have suggested 9 competencies for the school nurse child-centred public health role. Each of the competencies is presented as a 'set' including a description, a scenario and a series of statements.

Identifying your current competence

Use the competencies to compare yourself or your team. For each competency set we suggest you read the description and scenario and then score your current level of competence using the five levels of competence.

Level of competence	Score	Description
Novice	1	Little or no previous knowledge/skills/experience of the issue described and would require considerable support/teaching to improve competence
Advanced beginner	2	Limited previous knowledge/skills/experience of the issue described and would require some support/teaching to improve competence
Competent	3	Reasonable fluency with the issue described and would seek occasional support/teaching to improve competence
Proficient	4	Considerable knowledge/skill/experience of the issue and would need little or no additional support/teaching to improve competence
Expert	5	Has a vast and specialist knowledge/skill/experience of the issue described and may act as an advisor or consultant to others

Developing your personal development plan

When you have identified your current level of competence use the personal development proforma to identify the areas where you feel you have most need for further development. Then complete the personal development plan.

Using the competencies and development plan as a team

If you are working through the competencies as a team use the development proforma to identify the strengths of team members and to identify areas for development.

1. School nurse competency: **inter-agency working**

To be able to work collaboratively with other agencies to maximise their contribution to health improvements in the local community.

Scenario

Many agencies and groups provide emotional support and mental health services for young people locally, however currently they are ill co-ordinated. The school nurse wants to bring together all those people undertaking this work in order to map current resources against need and consider how to plan for a more co-ordinated service in the future.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Joint working with other agencies to support a client/family.	1	2	3	4	5
Multi-agency strategic planning.	1	2	3	4	5
Knowledge of the organisational structure and culture of the local social services department where you work.	1	2	3	4	5
Negotiation and influencing skills to achieve change across organisational/agency boundaries.	1	2	3	4	5
Representing your own organisation on a multi-agency steering group or working party.	1	2	3	4	5
Experience of multi-agency bid development to gain funds for new services/posts/ developments.	1	2	3	4	5

2. School nurse competency: **working with groups**

To be able to facilitate groups effectively in a variety of settings.

Scenario

The school nurse is working in a school that has a large number of excluded children. The school nurse and the local education welfare officer and a teacher develop a group for parents of these children. The group is intended to enable parents to discuss their children's behaviour in school and to develop joint school and parental approaches to address unacceptable behaviour.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge of the theory of groups and group dynamics.	1	2	3	4	5
Experience as a group facilitator.	1	2	3	4	5
Understanding of group work methods.	1	2	3	4	5
Ability to effectively manage group members displaying challenging and/or disruptive behaviour..	1	2	3	4	5

3. School nurse competency: **contributing to school programmes**

To be able to contribute to health and social learning programmes for young people.

Scenario

A number of teachers have told the school nurse that they are concerned that some young women in the school may be suffering from eating disorders. The school nurse decides to work with the local health promotion team to develop an interactive learning programme for young women to promote self-esteem and positive body image. The hope is that this will enable young women to gain confidence and discuss their personal difficulties in this area, and that as a result referral to specialist help will be achieved where needed. Eventually the school nurse would like to see a peer learning programme evolve where young women help each other.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Experience of delivering a range of health promotion programmes to children and young people at school.	1	2	3	4	5
Understanding of learning theories relevant to children and young people aged 5 to 16.	1	2	3	4	5
Experience of involvement in peer education programmes for children and young people.	1	2	3	4	5
Understanding of childhood and adolescent emotional and physical development and major deviations from norms.	1	2	3	4	5
Experience of working jointly with teachers to deliver health programmes to children and young people.	1	2	3	4	5
Experience of working with schools to incorporate key health messages into core National Curriculum subjects.	1	2	3	4	5

4. School nurse competency **school health plans – needs assessment**

To be able to lead/co-ordinate and/or participate in school health plans, including the following elements:

- working with colleagues at school, the PHCT, public health and the local community in identifying, collating and interpreting a wide range of local health information
- critical analysis of qualitative and quantitative data to determine local school health needs
- priority setting within a multidisciplinary forum, engaging young people, parents, teachers and the local community, demonstrating effective influencing/negotiation skills
- developing a school health plan, agreed between local health and education agencies, based on findings from the school health needs assessment and local HImP and EDP.

Scenario

The school nurse is responsible for a large comprehensive in a deprived area that has been identified as a 'health promoting school'. The school nurse wishes to work with others to create a school health plan in order to identify and prioritise needs and plan action to address them.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Gathering data to construct a profile of the local school-aged population.	1	2	3	4	5
Analysing data to determine the level of health of the local school-aged population.	1	2	3	4	5
Engaging a wide range of stakeholders, including young people and teachers to establish local health priorities.	1	2	3	4	5
Critically appraising research reports.	1	2	3	4	5
Drawing up action plans to deliver services to meet assessed health needs of children and young people.	1	2	3	4	5
Contributing to the local Health Improvement Plan (HImP) and Healthy School priorities	1	2	3	4	5
Knowledge of a range of methods to evaluate the effectiveness of school health programmes.	1	2	3	4	5
Understanding key research concepts of reliability and validity.	1	2	3	4	5

5. School nurse competency: **multidisciplinary team working**

To be able to develop and work as a member of a multidisciplinary team within which the skills and knowledge of each member are harnessed for maximum benefit in achieving health improvement for children and young people of school age.

Scenario

The school nurse wishes to extend the new public health role and therefore needs to delegate the delivery of school based immunisation programmes to the staff nurse member of the team.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge of codes of professional conduct for at least one non-nursing colleague you work with.	1	2	3	4	5
Ability to delegate work to others.	1	2	3	4	5
Knowledge of research on primary health care team working.	1	2	3	4	5
Experience of managerially supervising others in your own professional discipline (i.e. school nurses)	1	2	3	4	5
Experience of managerially supervising others in at least one professional discipline other than your own. e.g. HCA	1	2	3	4	5
Experience of leading a multidisciplinary team.	1	2	3	4	5
Ability to formally assess the clinical competence of your school nursing colleagues.	1	2	3	4	5
Understanding theories of human motivation in the context of teamwork.	1	2	3	4	5
Adaptability to different team roles as required.	1	2	3	4	5

6. School nurse competency: **addressing health inequalities**

To be able to identify health inequalities and to take action with others to promote equity.

Scenario

The local PCT Board, through development of its city-wide HImP, has become concerned that the number of pregnancies in young women under the age of 16 years has been rising annually over the last 5 years. It is particularly concerned that the majority of these pregnancies have occurred in the school located in the most deprived area. It has asked the school nursing team to investigate and advise them on appropriate interventions to address this.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge of the literature linking poverty and health.	1	2	3	4	5
Experience of working with voluntary agencies.	1	2	3	4	5
Understanding of the concept of 'social exclusion'.	1	2	3	4	5
Monitoring the uptake of services by disadvantaged and/or vulnerable young people and their families.	1	2	3	4	5
Experience of working with hard to reach children and young people (e.g. those excluded from school, in care).	1	2	3	4	5
Understanding of the main determinants of health.	1	2	3	4	5
Negotiating with others to move resources in order to reduce health service inequality.	1	2	3	4	5
Health advocacy work for disadvantaged children, young people and their families to improve health and access to health services.	1	2	3	4	5

7. School nurse competency: **health protection programmes**

To be able to initiate, co-ordinate and audit programmes for health promotion, including national child health screening and immunisation programmes and locally developed programmes.

Scenario

A review of the evidence relating to child health promotion activities for school-age children has been published. As a result, and following a review of their overall working practices, the school nursing team, along with their PCT and its public health specialist, decide to review all the screening programmes currently being offered in schools. They anticipate that the result may be the targeting of specific, evidence-based interventions based on identified need.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge of the principles of health promotion.	1	2	3	4	5
Knowledge of the principles of health screening.	1	2	3	4	5
Assisting in the planning of immunisation programmes.	1	2	3	4	5
Knowledge of the evidence base about common childhood immunisations, including contra-indications.	1	2	3	4	5
Understanding of key immunological concepts such as herd immunity.	1	2	3	4	5
Ability to communicate effectively the risks and benefits of all school-aged childhood immunisations to children young people, parents and the public.	1	2	3	4	5
Knowledge of effective strategies to contain the spread of infectious diseases within the school-aged population.	1	2	3	4	5

8. School nurse competency: **community involvement and participation**

To be able to increase the ability of young people, school staff and the local community to participate in action to protect and promote the health of school-aged children.

Scenario

Local parents and school governors have raised concerns with the head teacher regarding the number of young people they feel are participating in high-risk health behaviours. The school nurse is asked to join a multi-agency group to discuss what should be done. They decide to find out from young people what they feel their health needs are, and to involve them and the local community in the planning of actions to protect and promote the health of themselves and their peers.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Experience of involving children, young people, parents and teachers in health service developments.	1	2	3	4	5
Working with children and young people to help them identify their own health needs.	1	2	3	4	5
Experience of running focus groups with local young people and adults.	1	2	3	4	5
Understanding of ways to encourage participation of disadvantaged or vulnerable children, young people and their families in health care planning.	1	2	3	4	5
Knowledge of theory and practice of National Healthy School Standard	1	2	3	4	5

9. School nurse competency: **parenting programmes**

To be able to initiate, co-ordinate and contribute to programmes of parent education, health advice and information targeting vulnerable families and priority health needs.

Scenario

The teachers in a primary school approach the school nurse. They are concerned that unacceptably high numbers of children are starting school unable to concentrate on an activity for more than very short periods of time. They ask the school nurse and educational psychologist to work with them to develop an appropriate programme of parental and teacher support in order to address this problem.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge of effective, evidence-based parenting interventions relevant to school-aged children.	1	2	3	4	5
Ability to advise parents on effective behaviour management approaches for children and adolescents.	1	2	3	4	5
Ability to assess children and young people to identify development outside the norm.	1	2	3	4	5
Knowledge of local child protection policy and procedures.	1	2	3	4	5
Knowledge of common adult learning theories.	1	2	3	4	5
Knowledge of strategies to support teachers and school staff.	1	2	3	4	5
Developing parenting programmes in partnership with parents.	1	2	3	4	5

Personal development plan

Having worked through the 9 competencies, you are now in a position to complete a development plan, see overleaf. Using your responses as a guide, note your most pressing development and/or training needs under each of the headings. You may not feel that all the competency statements are equally relevant to your current or future job. You may not have any pressing needs in certain areas, so don't feel you need to complete each section.

Personal development plan

Part 1 My key public health development and/or training needs

My most pressing development/training needs in relation to **inter-agency working** are:

My most pressing development/training needs in relation to **working with groups** are:

My most pressing development/training needs in relation to **contributing to school programmes** are:

My most pressing development/training needs in relation to **school health plans - needs assessment** are:

My most pressing development/training needs in relation **multidisciplinary team working** are:

My most pressing development/training needs in relation to **addressing health inequalities** are:

My most pressing development/training needs in relation to **health protection programmes** are:

My most pressing development/training needs in relation to **community involvement and participation** are:

My most pressing development/training needs in relation to **parenting programmes** are:

Personal development plan

Part 2 My personal public health skills development plan

Rank (1 = most important)	Bearing in mind my current and possible future school nursing roles over the next 12 months, my top five development/training needs in public health practice are:	I intend to meet these development/training needs by taking the following actions:	I will review my progress in meeting these needs on the following dates:
1			
2			
3			
4			
5			

Annex 1

Healthy Schools

The National Healthy School Standard (NHSS) is part of the National Healthy School Programme based at the Health Development Agency and led by the Department of Health and Department for Education and Skills. It underpins the Government aim for every school to become a healthy school and is central to improving life for school age children. It aims to do this by providing a supportive whole school approach to make sure all the right things are happening at school to tackle health issues that might affect learning. It joins up activities such as Personal Social Health and Citizenship Education and strategies for sexual health and drugs, taking health promotion messages across all the school's activities.

The National Healthy School Programme reaches beyond the classroom and school gate into the community, involving pupils, families and local services to make healthy schools part of healthy communities. A particular strength of NHSS is that schools define their own starting point dependent on needs and priorities. School nurses often help in this process raising children's issues and highlighting local health priorities.

A healthy school team or task group will typically include children, parents, governors, school staff and local agencies, as well as school nurses. A local healthy school co-ordinator works with the team to guide the process and help them plan and set targets. The National Healthy School Standard is designed to contribute to reducing inequalities by targeting schools in areas of deprivation, to increase young peoples aspirations, participation and achievement and bring health resources into areas that need them most.

The National Healthy School Programme comprises:

- National Healthy School Standard (NHSS)
- Young People's Health Network (YPHN)
- Wired for Health.

The National Healthy School Standard provides a framework of quality standards for local health and education partnerships to be measured against. It has produced guidance on how to work with schools to challenge and support whilst contributing to whole school and health improvement. There are 150 local education and health partnerships covering England. They are supported to work towards accreditation under the National Healthy School Standard through funds, national and regional training, newsletters and support materials.

NHSS is designed to support and enhance eight specific themes:

- Personal Social Health Education
- Citizenship education
- Drugs education including alcohol and tobacco
- Sex and Relationships Education
- Emotional health and well-being including bullying
- Healthy eating
- Physical activity
- Safety.

Once local programmes can demonstrate they meet the national standards they undergo accreditation by an external assessor. The first three local programmes were accredited in summer 2000. Since then over half the local healthy school programmes have been successful. By 2002 it is expected that all LEAs will have an accredited programme and engage the majority of schools.

Young People's Health Network is focused on out-of-school settings and encouraging young people to participate in improving health and education services. This is achieved through discussion in youth settings, school and local authority councils as part of the Department for Education and Employment Citizenship programme. A recent example of the network was where young people discussed and influenced the sexual health strategy at National Children's Bureaux.

Wired for Health provides clear accessible information for teachers and increasingly for pupils. The National Healthy School Standard, guidance, newsletters and support materials are a main feature. Recently websites for key stages 1 and 2 were added to earlier ones created for key stages 3 and 4 Life Bytes and Mind, Body and Soul. The sites are designed to engage young people, with fun, interactive, up-to-date health information with links to clear credible health related sites.

You can find out more about the National Healthy School Standard, Young People's Health Network and the publications on Wired for Health website http://www.wiredforhealth.gov.uk

Or you can contact your local healthy schools co-ordinator.

Details:
NHSS newsletter edition 8 Autumn 2000 or National Healthy School Standard, Health Development Agency, Trevelyan House,
30 Great Peter Street, London SW1P 2HW
Tel: 020 7413 1865
Fax: 020 7413 8939

Further copies of this document are available free from:
Department of Health, PO Box 777,
London SE1 6XH

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It is also on our website on:
http://www.innovate.org.uk until the end of December 2001.
From 1 January 2002 at http://www.innovate.hda.online.org.uk

Produced by Department of Health

25269.1P.8k.Nov 01.

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