



# School aged years high impact area 6: Seamless transition and preparation for adulthood. School nurses leading the Healthy Child Programme 5-19



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# Seamless transition and preparation for adulthood

## Context

There are 11.7 million young people aged 10-24 in the UK, 1 in 5 of the population (AYPH 2017).

More than 20% are from an ethnic minority (AYPH 2017). Young people experience huge physical, psychological and behavioural changes as they mature from children to adults. Supporting young people on their journey to adulthood is essential to ensure future good health and wellbeing.

Adolescence is a time of rapid change including:

- physical development, for example growth spurt and sexual maturation
- cognitive development, for example evidence that suggests brain development continues up to age 25 (AYPH, 2017)
- emotional development, for example identity, self-esteem and resilience
- social development, for example peer influences, sexual identity
- behavioural development, for example risk taking and the beginning of lifelong behaviours

Although adolescence tends to be a period of good health, the effects of poor health care in adolescence can last a lifetime:

- 23% of 11-15 year olds report having a long-term illness or disability
- half of all lifetime cases of psychiatric disorders start by age 14 and 3 quarters by age 24
- half of 14-15 year olds report visiting their GP in the last three months
- a third of young people aged 15-19 will have attended Accident and Emergency in the past year
- a quarter of 11-19 year olds live in households with the lowest incomes; deprivation increases likelihood of having worse physical, mental and sexual health outcomes, or being killed or seriously injured on roads (AYPH 2017)

Young people living in deprivation may require additional resources and support for early identification and prevention of poor physical and mental health outcomes.

As young people prepare for adulthood they need access to information and support, and knowledge of services to help keep them healthy. They are increasing their independence and becoming less reliant on parents and carers. Building confidence in communicating with health professionals and accessing appropriate services is an important part of improving health literacy. Transition from child to adult services may be worrying for some young people. Health literacy will help them to develop skills around informed consent and decision making about their own health, and to access and use health services appropriately. Early adolescence is widely recognised as a crucial period that will have an impact and influence on the child or young person's life. Between the ages of 10 and 14 years, children and young people experience many changes which may impact on their wellbeing, positively or negatively.

The transition from primary to secondary school is a crucial transition stage that offers an opportunity to provide support and advice. Evidence suggests that the outcomes for both children and adults are strongly influenced by factors that operate during these years, particularly as they take more control of their own health and wellbeing, including making diagnoses and choices about their health (PHE, 2015).

### School nurses' role

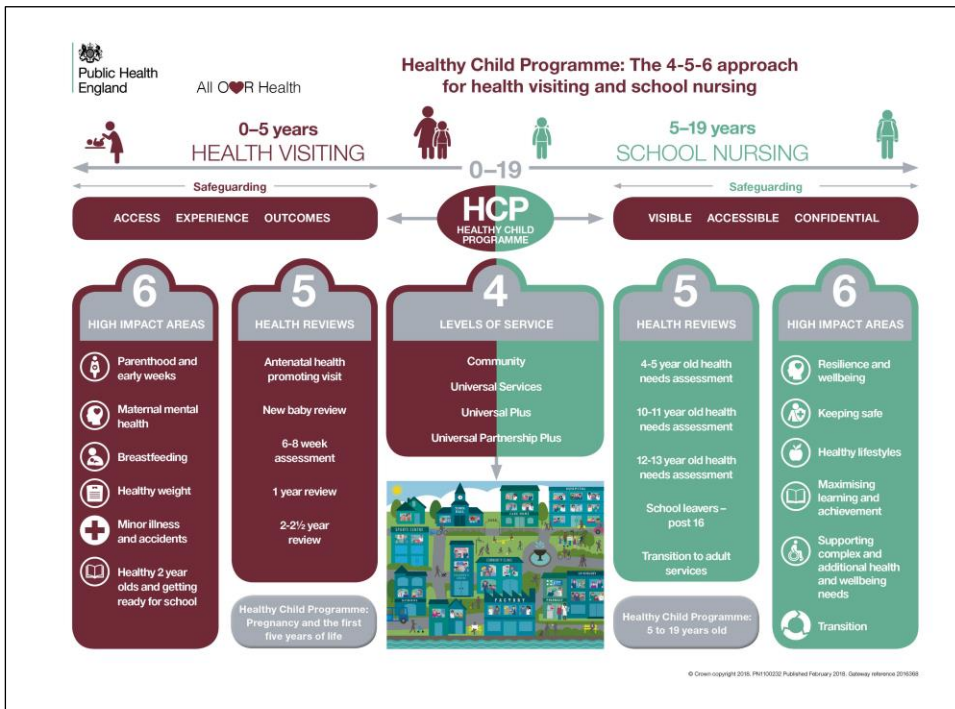
School nurses and their teams are in a unique position to build trusting and enduring professional relationships with children and young people throughout their time in education, to enable them to become confident and healthy adults. It is essential that young people in secondary education or college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

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

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

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

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



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

## Improving health and wellbeing

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

- individual and family
- community
- population

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



### Individual and family

School nurses can support young people who might struggle with the transition to adult services, suggesting additional strategies to build resilience and coping mechanisms to deal with the challenges ahead (AYPH 2017).

During transition, school nurses deliver a universal offer to all young people, for example they can work with individual young people using strength-based approaches to:

- develop informed decisions about their health and wellbeing
- develop their knowledge of self-care, autonomy and decision making, including how to access health services (including responding safely and appropriately to unintentional injuries)
- educate them on the importance of using antibiotics appropriately

School nurses help young people to be ready for adulthood by supporting vulnerable young people, including those who have gender identity issues or who are a part of the lesbian, gay, bisexual or transgender community, young carers or young parents, and other vulnerable groups, where life choices will impact on wider family functioning.

Healthy lifestyle advice can be offered by school nurses so that young people are able to understand the importance of good mental and physical health, emotional wellbeing

and resilience, health behaviours and healthy lifestyles such as healthy eating, physical activity, sun safety and good oral health.

Schools nurses can also refer to sexual health and contraceptive services or drug and alcohol services where appropriate.

School nurses can offer a more targeted approach to young people with additional and/or complex needs, for example:

During transition points such as from school to college, school nurses can offer practical support to targeted young people. Support is person-centred and strengths-based, focusing on solutions and developing healthy lifestyle choices and behaviours. This includes encouraging young people to be registered with a GP, dentist and optician if they are not already.

Where young people who use health or social care services, including those with long term health conditions or disabilities, as well as children in care or looked after children, can be supported by school nurses to develop skills to be able to plan, manage and make decisions about their own care and treatment. During the transition from children's to adult's services, school nurses can advocate for young people with additional needs, including physical and mental health needs or learning disabilities. They work closely with parents, carers and other professionals to ensure that the young person's voice is heard and that their needs met.

Young people who are in the youth justice system are offered a health assessment and support to ensure they get the health information and care that they need.



School nurses are skilled to deliver public health services for school-aged children, addressing local need, at times when children and young people can access the service and in locations that are convenient, in and out of school and during holidays

They are in a unique position within community and education settings to support multidisciplinary teams, offering clinical input and effective leadership to:

- develop integrated services between health, education providers, community and third sector organisations to ensure they are responsive to national and local needs and demonstrate improved public health outcomes



- provide improved access to information and local support for children, young people and families, including digital and online services

School nursing teams can:

- ensure that young people are aware and confident in how to access health and oral health services in their community - this includes appropriate use of A&E, GP and community pharmacists to support self-care
- work closely with schools and children and young people (5-19), educating them on the importance of prevention of illness through appropriate infection prevention and control activities such as hygiene, particularly when they are ill or when family members are ill
- ensure young people are aware of, and recognise, medical emergencies, for example meningitis or sepsis, that may affect themselves or their peers, and how to get medical help
- support schools and colleges through the delivery of Personal, Social, Health and Economic Education and well health sessions, for example well man and well woman, being breast/testicle aware, sexual and reproductive health and drug and alcohol use

School nurses can provide universal information and advice to young people around alcohol, drug and tobacco use, targeted support to those considered most at risk of developing problems and referral to specialist substance misuse services for those requiring more intensive support through a variety of approaches including Personal, Social, Health and Economic Education, health promotion sessions and drop-in clinics.

They can give young people strategies to build resilience and to manage difficult situations and stress. This may include family and exam stress and transition to college, work or university.

Technology and social media can be used by school nurses to deliver health messages, promote services and offer accessible, confidential advice that is acceptable to the young people using them, for example texting health advice service or email to enable first contact to school nursing services. School nurses can publicise school nursing service to marginalised young people, such as those not in education, employment or training, so that they have timely access to health services that they need.

School nurses lead an effective and high quality preventative service through implementation of the Healthy Child Programme (5-19). Some young people may be identified as requiring additional support through transitional phases.

School nurses can define support and advocate for young people with additional needs, physical or learning disabilities and those with mental health problems, and can work

closely with parents, carers and other professionals to ensure that the young person's voice is heard and their needs met by:

- working collaboratively with local authorities, primary, secondary and specialist services to achieve seamless transition of care to adulthood
- forging links with local services, including voluntary and community services, and encouraging and supporting young people to link in with their local community health and wellbeing initiatives
- working with community members and groups to support them to take action to improve the mental health and wellbeing of young adults



## Population

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

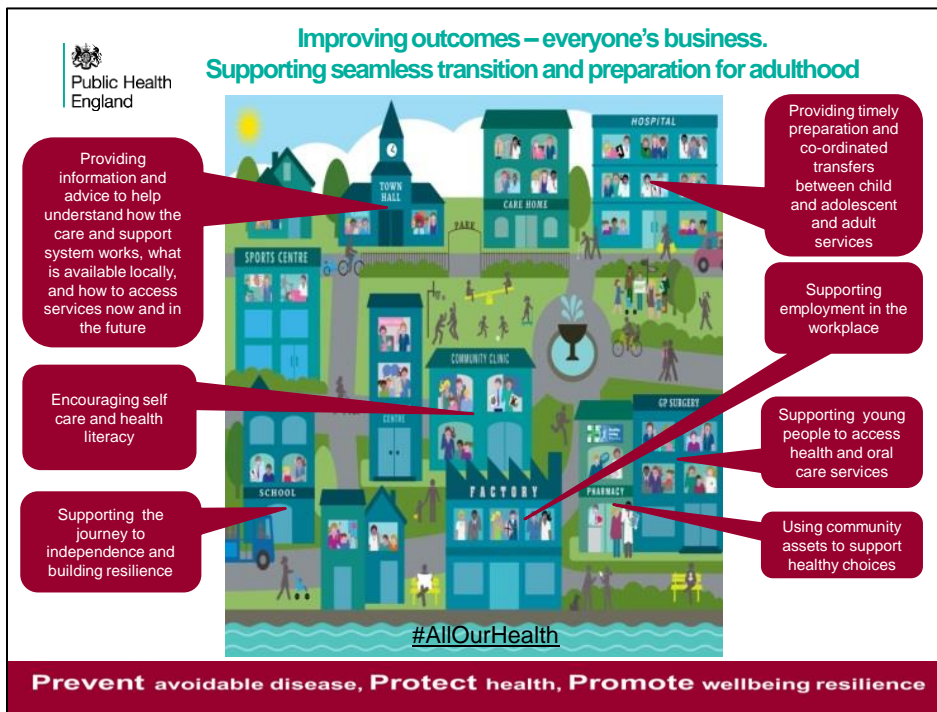
School nurses can undertake population health needs assessments and understand the strengths and challenges to health and wellbeing in the population, including the identification of the additional needs of vulnerable groups such as children in care, travellers, refugees and asylum seekers. School nurses can raise awareness of the needs identified and support the development of universal or targeted work in partnership with other professional disciplines and agencies. School nursing teams have an important role to play in supporting health protection through immunisation programmes, increasing participation in the PHE **dental epidemiology programme** and evidence based health promotion activities.

School nurses promote health promotion messages, both in and out of school settings, seeing children and young people as community based assets who can support population health and wellbeing. The **United Nations Convention on the Rights of the Child Article 12** states that children have the right to participate, engage and have a voice in decisions that relate to them. School nurses can ensure that the young person is central to all decision making that impacts and relates to them personally, via shared decision making approaches. This also includes immunisation status and transition from Child and Adolescent Mental Health Services to adult mental health services. Health literacy will support young people to understand different health services and appropriate use.

# Using evidence to support delivery

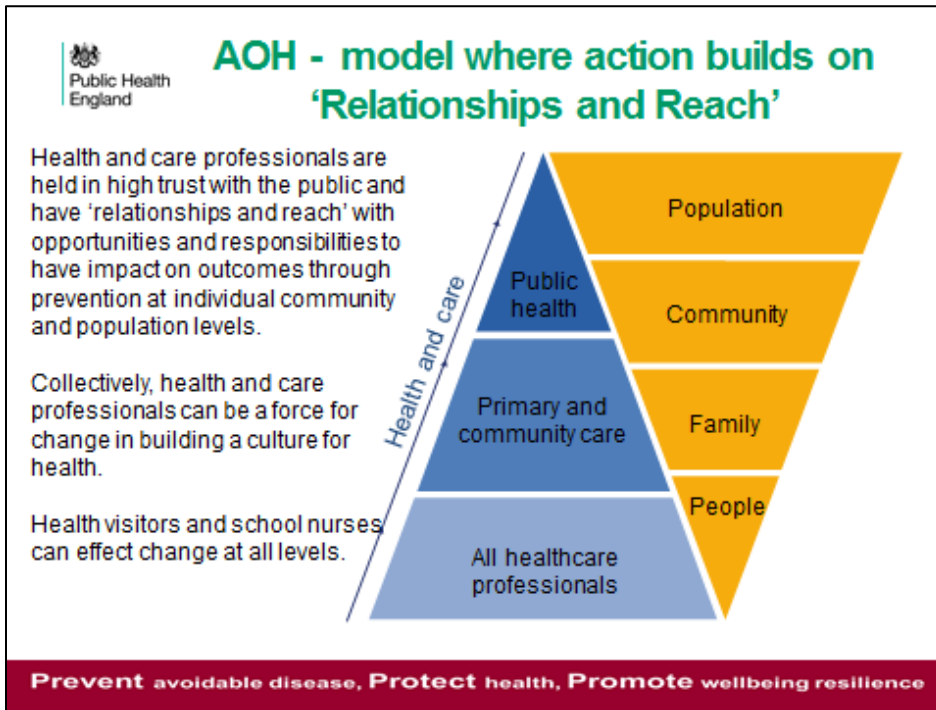
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin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

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



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

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



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

## Measures of success/outcome

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

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



### **Access:**

- vaccine uptake
- you're Welcome quality criteria
- evidence of local multi-agency policies and pathways to support transition
- evidence of young people's attendance in adult services



### **Effective delivery:**

- reduced social isolation and targeted support to meet local needs
- understanding of health needs
- evidence of implementation of You're Welcome criteria
- evidence of meeting young people to discuss transition planning



### **Outcomes:**

- registration with GP and dentist
- school attendance: number of sessions missed due to overall absence, available in Public Health Outcomes Framework
- estimated number of 16-17 year olds not in education, employment or training or whose activity is not known, available in Public Health Outcomes Framework
- total difficulties scores for all looked after children aged between 5 and 16 at the date of their latest assessment, who have been in care for at least 12 months on 31 March, available in Public Health Outcomes Framework
- self-reported smoking prevalence at age 15: current smokers, collected and published in **What About Youth** study:

- self-reported smoking prevalence at age 15: regular smokers, collected and published in What About Youth study
- self-reported smoking prevalence at age 15: occasional smokers, collected and published in What About Youth study
- number of persons aged 15 who are regular smokers (at least one cigarette per week): statistics on smoking from NHS Digital available in Public Health Outcomes Framework
- self-reported proportion of population meeting the recommended '5 a day' at age 15, collected and published in What About Youth survey
- 3.02 Number of diagnoses of chlamydia among 15 to 24 year olds collected via Office of National statistics and available in Public Health Outcomes Framework



**User experience:**

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

Other measures can be developed locally and could include local pathways and partnership approaches to supporting vulnerable children and young people, for example referrals to young carers groups, engagement of previously disengaged vulnerable children and young people with services, for example school nursing led sexual health services.

# Connection with other policy areas and interfaces

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

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

## How will we get there?

### Approaches to improving outcomes through collaborative working

- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and local authority
- high impact areas and delivery of the Healthy Child Programme (5-19)
- information sharing agreements in place across all agencies
- integrated commissioning of services to improve health and wellbeing outcomes
- partnerships working with schools and colleges to support integrated planning, delivery, monitoring and review
- information sharing from Joint Strategic Needs Assessment (including health data and information about families and communities) to identify and respond to joint priorities
- demonstrate value for money and Return on Investment

### Improvements

- improved accessibility for vulnerable groups
- integrated IT systems and information sharing across agencies
- development and use of integrated pathways
- systematic collection of user experience eg NHS Friends and Family Test and You're Welcome accreditation to inform action and delivery, engagement and consultation exercises with children and young people, carried out by local authority and co-production with children and young people to design young people friendly services
- increased use of evidence-based interventions and links to other early years performance indicators

- improved partnership working eg schools, GPs, oral health services, children and young people's services, children's and adult's social care services, Child and Adolescent Mental Health Services
- consistent information for children, young people, parents and carers
- ensuring individual care plans are providing effective early interventions
- improved engagement of previously non-compliant children and young people

### Professional/partnership mobilisation

- multi-agency training and supervision to identify risk factors and early signs of health and wellbeing issues
- multi-agency training in approach for discussion with children and young people to obtain information
- multi-agency training in evidence based early intervention and safeguarding practices
- effective delivery of universal prevention and early intervention programmes
- improved understanding of data within the Joint Strategic Needs Assessment and at the local Health and Wellbeing Board
- integrated working of school nursing services with existing local authority arrangements to provide a holistic/joined up and improved service for young children, parents and families - this includes effective joint working with specialist substance misuse services
- identification of skills and competence of school nursing teams to inform integrated working and skill mix
- increased integration and working with schools to offer range of services/activities to promote health and wellbeing



# Associated tools and guidance

(including pathways)

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

### Policy

[Children and Families Act 2014](#), accessed September 2108

### Research

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

[Issues arising following a referral and subsequent wait for extraction under general anaesthetic: impact on children](#), Goodwin M, Sanders C, Davies G, Walsh T, Pretty IA, *BMC Oral Health*. 2015 Jan 17; 15:3. doi: 10.1186/1472-6831-15-3.

[Subjective wellbeing in adolescence and teacher connectedness: a health asset analysis](#), Garcia-Moye et al, *Health Education Journal*, 2014

[Structural magnetic resonance imaging of the adolescent brain](#), Giedd J (2004), *Annals of the New York Academy of Sciences*, 1027, 77-85

### Guidance

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

[Delivering better oral health: An evidence-based toolkit for protection](#), Public Health England, 2014

[e-bug](#), accessed September 2018

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

[Helping school nurses to tackle child sexual exploitation](#), Department of Health and Social Care, 2015

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

[Improving support for young carers: Family-focussed approaches](#), Department for Education, 2011

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

[Rise Above](#), accessed September 2018

[Safeguarding children and young people – every nurse’s responsibility: RCN guidance for nursing staff](#), Royal College of Nursing, 2014

[Smoke free and smiling: Helping dental patients to quit tobacco](#), Public Health England, 2014

Supporting children, young people, families and communities to be safer, healthier and free of crime, Department of Health and Social Care, 2012

Supporting the health and wellbeing of military families, Public Health England, 2015

Supporting the health and wellbeing of young carers, Department of Health and Social Care, 2014

The role of school nurses in supporting young carers, Carers Trust, accessed September 2018

## **NICE Guidance**

Behaviour change: individual approaches, NICE guidance [PH49], 2014

Behaviour change: the principles for effective interventions, NICE guidance [PH6], 2007

Looked After Children and Young People, NICE guidance [PH28], 2010

Obesity in children and young people: Prevention and lifestyle weight management programmes [QS94]

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

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