



Department
of Health &
Social Care



Public Health
England

School aged years high impact area 1: Resilience and emotional wellbeing. School nurses leading the Healthy Child Programme 5-19



About Public Health England

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

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Resilience and emotional wellbeing

Context

Children and young people's mental and emotional wellbeing is a significant public health priority. The most recent data suggests that 1 in 10 children and young people have some form of clinically diagnosable mental health problem¹.

3 in 4 mental illnesses start before a child reaches their 18th birthday, while 50% of mental health problems in adult life (excluding dementia) take root before the age of 15 (Chief Medical Officer, 2012).

10% of school children have a diagnosable mental illness. So, in an average class of 30 young people, 3 will have a mental health problem. Figures show 10% of children aged 5-16 have been diagnosed with a mental health problem ([Young Minds](#), 2018).

The most common types of mental health problems amongst young people include conduct disorder (5.8%); anxiety (3.3%), depression (0.9%) and hyperkinetic disorder (1.5%). 1.3% had a less common disorder (made up of 0.9% with autism spectrum disorder, 0.3% with an eating disorder, and 0.1% with mutism). More recent research ([Morgan et al](#), 2017) suggests that self-harm may be increasing amongst certain groups, with a 68% increase in self-harm rates among girls aged 13 to 16 since 2011.

The number of referrals by schools in England seeking mental health treatment for pupils has risen by more than one-third in the last 3 years with more than half (55%) of referrals over the 4 year period came from primary schools ([NSPCC](#) 2018).

Particular groups of children have significantly worse outcomes linked, for example, to gender, socioeconomic status, ethnicity, disability, sexual orientation, being a looked after child or being in the youth justice system ([DHSC and DfE](#), 2017). Teenage mothers have higher rates of poor mental health for up to one year after the birth of their child ([PHE](#), 2016).

¹ Based on 2016 population estimates for children and young people aged 5-16 and applying most recently available prevalence data from an ONS survey, 2004

NB - new national prevalence survey is due to report in 2018 and will provide current data on whether these rates have changed

Key facts:

- 10% of children aged 5 -16 years suffer from a clinically significant mental health illness
- 25% of children who need treatment receive it
- 60% of looked after children have some form of emotional or mental health illness
- boys aged 11-15 years are 1.3 times more likely to have a mental illness compared to girls aged 11-15 years
- young people in prison are 18 times more likely to take their own lives than others of the same age ([PHE](#), 2016)

Young people's own views on their feelings and emotions are valuable indicators of their overall mental health and wellbeing, and their ability to participate in school, learn and socialise. In 2014, 18% of young people aged 11-15 reported they had experienced some form of cyberbullying in the past 2 months ([Brooks et al](#), 2014). Surveys of further education and the university sector report significant increases in the number of students with mental health difficulties ([Institute of Employment Studies](#), 2015).



[Article 12 of the United Nations Convention on the Rights of the Child](#) (UNCRC, 1990) says that children and young people should have a say in decisions that affect their lives. School councils can provide a meaningful way in which pupils can voice their opinions and have their views taken into account in decisions which impact upon them, giving young people a platform to express themselves ([School councils and pupil participation](#), Department for Education).

Adverse Childhood Experiences increase the individual's risk of health-harming behaviour. For every 100 adults in England, 48 have suffered at least one adverse childhood experience during their childhood and 9 have suffered 4 or more ([Bellis et al](#) 2014).

Children and young people with mental health problems are more likely to have parents with mental health problems and conversely, parental mental illness is associated with increased rates of mental health problems in children ([Royal College of Psychiatrists](#), 2017 and [Manning and Gregoire](#), 2008). The [Kidstime Foundation](#) has estimated that 2 million young people aged between 5 and 18 in England and Wales have a parent suffering from a mental illness.

Taking a preventative approach can yield both individual and wider system benefits, contributing to outcomes such as educational attainment, workplace productivity, reduced crime and a reduction in the demand for mental health services (PHE, 2015). Early intervention during childhood can prevent problems from escalating and continuing into adulthood.

School based programmes to prevent bullying and school based social and emotional learning programmes delivered as part of personal, social, health, economic education (PSHEE) have been identified as cost-effective prevention activities focussed on promoting good mental health and reducing some of the impacts of poor mental health (Knapp et al 2011, PHE 2017).

Promoting positive mental health and wellbeing

The government has set out its vision for a step-change in children and young people's mental health. *Future in Mind* (2015) highlighted the need to build resilience, promote good mental health, and promote prevention, and to provide early identification and co-ordinated support. The *Five Year Forward View for Mental Health* (2016) set out an ambition for transforming mental health services to achieve greater parity of esteem between mental and physical health for children, young people, adults and older people. In 2017 The Department for Health and Social Care (DHSC) and the Department for Education (DfE) jointly published *Transforming children and young people's mental health: a green paper*, setting out 3 proposals for designated mental health leads in all schools, new mental health support teams prioritised in working with children experiencing mild to moderate mental health problems and trialling reduced waiting times for specialist mental health services.



Promoting children and young people's resilience is an important part of a public health approach to securing good outcomes for this age group. Resilience is the capacity to bounce back from adversity and children and young people may be exposed to a number of challenges as they are growing and developing. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience (UCL Institute of Health Equity 2014).

Developing resilience in children and young people is critical to enable them to achieve the best possible outcomes regardless of the difficulties they may face. Many children and young people experience a wide range of challenges to their wellbeing. Some threats are very serious, such as maltreatment and neglect, but children and young people also have to be resilient in the face of more ordinary everyday pressures such as family disruption and academic stress. The aim is to support successful coping or

'bouncing back'; adaptation to life tasks in the face of any kind of disadvantage or adversity (AYPH 2017).

Building resilience is important for all young people aged 10-24 years because of the number of significant life events and challenges that occur in the transition from being a child at home to becoming a self-supporting adult. Times of transition have been identified as critically important in developing and there are many transition points during this time, including the transition from primary to secondary school, to further and higher education and/or employment, from home to independent living, and for some the transition from the child services to adult services (AYPH 2016)

Poor mental health is both a contribution to, and a consequence of, wider health inequalities. School nurses support children and young people's mental health issues on a daily basis. Working with partner agencies, they have a crucial role in positive mental health promotion and in providing therapeutic support for mild to moderate mental health problems within a family context, creating confident communities and brighter futures for all, ensuring emotional health and wellbeing is promoted and seamless services are provided.

They are skilled in identifying issues early, determining potential risks, and providing early intervention to prevent issues escalating. School nurses work both in and out of school settings and delivery models will vary between local authorities, however the **commissioning guidance** offers a robust framework.

School nurses' role

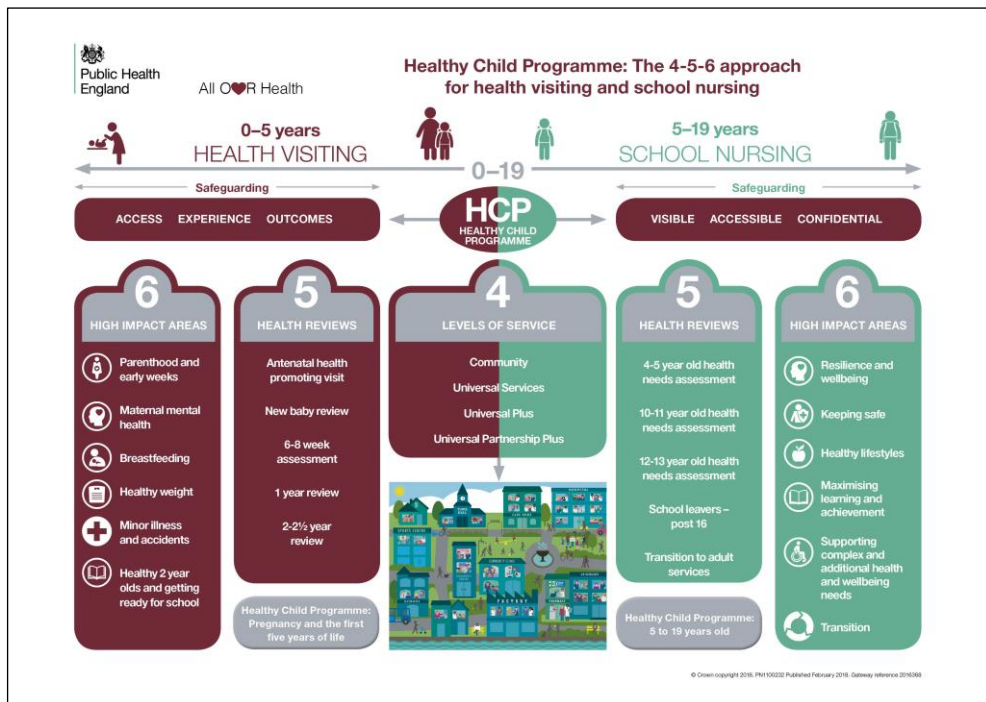
School nurses and their teams are in a unique position to build trusting and enduring professional relationships with children and young people throughout their time in education to enable them to become confident and healthy adults. It is essential that young people in secondary education or college 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, 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 have defined skills to support holistic assessment of children and young people's mental health and wellbeing needs. They can provide mental health promotion, prevention and early intervention approaches.

Access to services needs to be timely and responsive to individual and family needs. School nursing teams work collaboratively with other health professionals, including GPs, child and adolescent mental health services and wider stakeholders, for example education, youth services and social care, when supporting children to become more resilient and improve their emotional wellbeing.

It is important to ensure services are delivered in locations and at times that are appropriate to children's needs. This may include home visits or community locations as well as schools.

Working together with education, school nursing services support children and families to socially integrate into the school community, promoting transition and school readiness. School nursing teams are well placed to identify children and young people who may require additional support such as children with disabilities, looked after children, young carers, children whose parent(s) suffer from mental health problems or

who would benefit from signposting, co-working with, or referrals to, more specialist services such as Child and Adolescent Mental Health Services.

This can be achieved by:

- recognising that the importance of good relationships with family, friends and others is paramount in building resilience
- identifying and considering strengths versus risk when working with families ([DHSC 2014](#))
- recognising that parental wellbeing can affect the child's emotional health and wellbeing and resilience ([PHE 2017](#))
- ensuring early identification of need and provision of evidence based family centred support ([LGA 2017](#))
- actively supporting children and young people, providing a joint and holistic approach to support the child and family ([EIF 2014](#))
- supporting individuals and families using mindfulness and Mental Health First Aid interventions ([LGA 2009](#))



Community

School nurses are important local leaders, working collaboratively with local authorities, primary, secondary and specialist services. School nurses have specialist public health skills to identify and be responsive to needs. They are innovators in service development, assessing health needs and helping to influence changes where needed, ensuring that young people with mental health problems receive high quality care within school nursing services and beyond.

School nurses can lead the implementation and delivery of group-based support and other preventive or early interventions to promote positive mental health, such as promoting physical activity. School nurses can provide direct support to children, young people and parents and act as advocates, linking young people with specialist voluntary services to address health and wellbeing needs

School nurses are key professionals in promoting positive mental health, working with individual young people and with schools, parents and other partners to enhance early support ([PHE, 2014](#)).

They have accessible information and resources on physical health and wellbeing and are aware of services to signpost young people to that promote healthier lifestyles.



Population

All children have access to the universal Healthy Child Programme (5-19), which is led by school nurses as specialist public health nurses. Advocating for families with mental health difficulties, school nurses have a crucial role within multi-disciplinary pathways, providing effective, supportive mental health care to children and young people.

School nurses can help to develop local care pathways and provide training, consultation and support for school nursing teams and other professionals working with children and young people. Their role is crucial in the delivery of effective mental health and wellbeing care.

Working as local leaders, school nurses can influence wider opportunities to improve children and young people's mental health, with the focus on joined up working. They understand a whole school approach is essential to the success of schools in tackling mental health and promoting resilience in children and young people.

Through a range of different opportunities, school nurses can help schools to support pupils with mental health needs, including mental health awareness training for staff.

School nurses can work with schools in the development of the Personal, Social, Health and Economic Education (PSHEE), Relationships and Sex Education (RSE) and the most effective way to deliver this. Relationships and Sex Education is moving to mandatory status in all secondary schools from 2019.

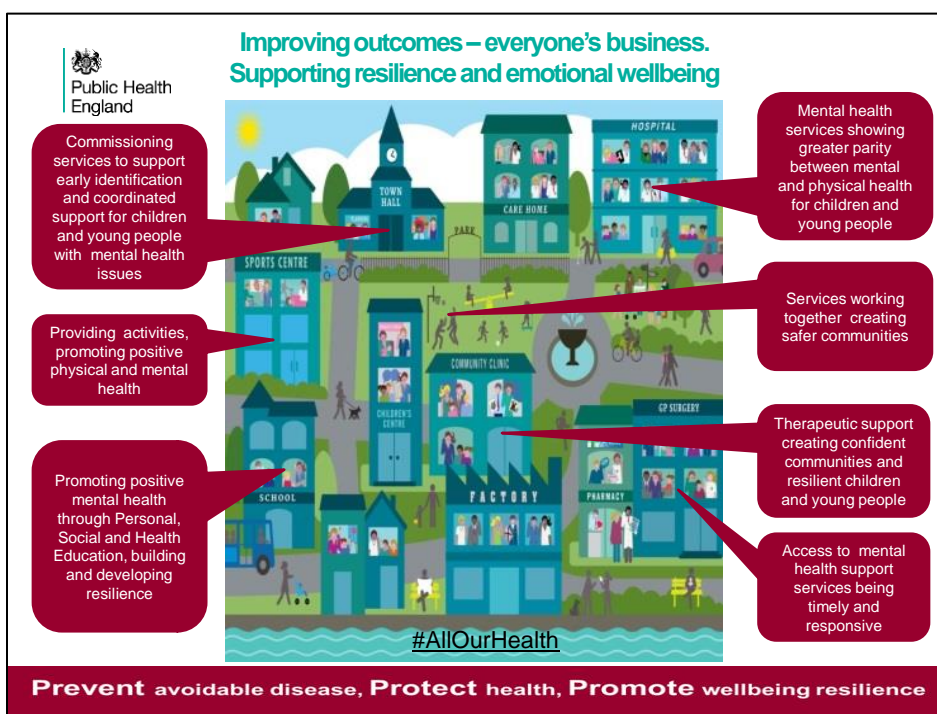
They can influence local transformation plans to focus on children and young people's mental health as reflected in their local **Joint Strategy Needs Assessment** and **Joint Health and Wellbeing Strategy**.

School nurses can work with education to embed a whole school approach to mental health and whole systems approaches in colleges and universities, including working with NHS children's mental health and education providers to support early intervention and support.

Using evidence to support delivery

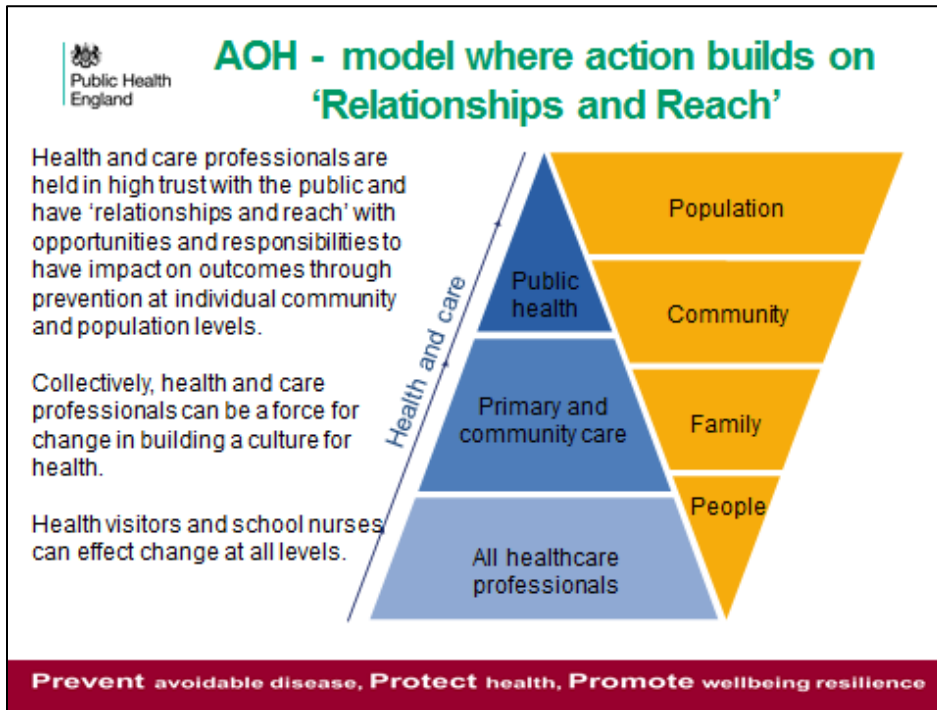
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin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

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



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

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



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

Measures of success/outcome

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

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



Access:

- number of children with emotional health and wellbeing issues who have access to the school nursing service
- number of children and young people accessing a school nurse
- number of children and young people who show improved mental health following interventions by school nurse
- number of referrals to specialist services



Effective delivery:

- local Child and Adolescent Mental Health Service and multi-agency pathways in place
- measurable improvements in children and young people's emotional wellbeing
- population needs met through provision of local services, including GP and counselling services
- number of school councils



Outcomes:

- percentage of children achieving a good level of development at the end of reception year, published by Department for Education and available in **Public Health Outcomes Framework and in the Early Years Profiles**
- **Patient Reported Outcome Measures** eg children and young people report that they are more able to cope, are less anxious, have strategies to use and know how to access help
- pupil absence indicator

- number of first time entrant to youth justice system
- number of 16-18 year olds not in education, employment or training
- number of finished admission episodes in children aged between 10 and 24 years where the main cause is intentional self-harm, available in **Child Health Profiles** and in the **Young People's Profiles**
- number of hospital admissions in children aged between 10 and 14 years where the main cause is intentional self-harm, available in Young People Profiles
- hospital admissions in children aged between 15 and 19 years where the main cause is intentional self-harm, available in Young Peoples Profiles
- average 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 as of 31 March, 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** accreditation and local service surveys

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 eg 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
- revised **commissioning guidance service specification 0-19** and **high impact areas** and delivery of the Healthy Child Programme (5-19) - Information sharing agreements in place across all agencies
- integrated commissioning of services
- partnership working with schools 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
- improved engagement with children and young people and co-production of services to make them young people friendly
- integrated IT systems and information sharing across agencies
- development and use of integrated multi-agency pathways
- systematic collection of user experience eg **NHS Friends and Family Test**, You're Welcome, local authority engagement and consultations with young people and families to inform action
- increased use of evidence-based interventions and links to other early years performance indicators

- improved partnership working eg schools, GPs, Child and Adolescent Mental Health Services, oral health teams, children and young people
- consistent health and wellbeing messages and information for children, young people, parents and carers
- early identification of strengths and risks of the child or young person

Professional/partnership mobilisation

- multi-agency training and supervision to identify strengths and risk factors and early signs of health and wellbeing issues
- multi-agency training in approaches for young people friendly services and interaction with children and young people
- 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 services for children, young people, parents and families - this includes effective joint working with specialist substance misuse services, Child and Adolescent Mental Health Services, sexual health services and Troubled Families teams
- identification of the necessary skills and competencies to inform integrated working, workforce development and skill mix
- Increased integration and working with schools to ensure a whole school approach (ie all parts of the school working coherently together) to provide a range of services/activities to promote health, emotional wellbeing and resilience

Associated tools and guidance

(including pathways)

Information, resources and best practice to support school nurses

Policy

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

[Improving young people's health and wellbeing: a framework for public health](#), Public Health England, 2015

[Local action on health inequalities: Building children and young people's resilience in schools](#), Public Health England and UCL Institute of Health Equity, 2014

Research

[An RCN toolkit for school nurses: Developing your practice to support children and young people in educational settings](#), Royal College of Nursing, 2014

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

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

[Mental health promotion and mental illness prevention: The economic case](#), Department of Health and Social Care, 2011

[National household survey of adverse childhood experiences and their relationship with health-harming behaviours in England](#), Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. *BMC Medicine* 2014, 12:72

[Rise Above](#), accessed September 2018

[Strengths and Difficulties Questionnaire](#), accessed September 2018

[The Incredible Years](#), accessed September 2018

[Wave Trust](#), accessed September 2018

Guidance

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

[Prevention concordat for better mental health](#), Public Health England 2017

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

Lifestyle

[Alcohol and tobacco Joint Strategic Needs Assessment \(JSNA\) support pack](#), Public Health England, accessed September 2018

Mental Health

Best start in life: Promoting good emotional wellbeing and mental health in children and young people, Local Government Association, 2016

Bright Futures: CAMHS, Local Government Association, accessed September 2018

Commissioning a brighter future: Improving Access to Psychological Therapies: Positive practice guide, NHS, 2007

Confident Communities, Brighter Futures: A framework for developing well-being, HM Government, 2010

Delivering race equality in mental health care: an action plan for reform inside and outside services and the Government's response to the independent inquiry into the death of David Bennett, Department of Health and Social Care, 2005

Five ways to wellbeing: New applications, new ways of thinking, National Mental Health Development Unit and New Economics Foundation, 2011

Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health and Social Care, 2015

Local transformation plans, NHS England, accessed September 2018

Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges, Public Health England, 2016

Meeting the health and wellbeing needs of young carers, Local Government Association, 2018

Mental health and behaviour in schools: Departmental advice for school staff, Department for Education, 2016

Mental health of children and young people in Great Britain, 2004. Green. H, McGinnity. A, Meltzer. H, Ford. T, Goodman. R. Basingstoke: Palgrave MacMillan 2005.

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Parental mental illness: The impact on children and adolescents: Information for parents, carers and anyone who works with young people, accessed September 2018

Preventing suicide in England: One Year on: First report on the cross government outcomes strategy to save lives, Department of Health and Social Care, 2014

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Promoting children and young people's emotional health and wellbeing: A whole school and college approach, Public Health England, 2015

Resources and publications, National Children's Bureau, accessed September 2018

Solihull approach, accessed September 2018

Step 2 (CAMHS), Hertfordshire Community NHS Trust, accessed August 2018

Subjective wellbeing in adolescence and teacher connectedness, Garcia-Moya, Brooks, Morgan, Moreno, Health Education Journal, Volume: 74 issue: 6, page(s): 641-654, 2014

Suicide prevention strategy for England: Policy paper, Department of Health and Social Care, 2012

[Tackling the health and mental health effects of domestic and sexual violence and abuse](#), Department of Health and Social Care, Home Office, National Institute of Mental Health in England and Care Services Improvement Partnership, 2006

[The Brain Box](#), accessed September 2018

[The Good Childhood Report 2012: A review of our children's wellbeing](#), The Children's Society, 2012

[The Five Year Forward View for Mental Health](#), The Mental Health Taskforce, 2016

[Time to Change](#), accessed September 2018

[Transforming children and young people's mental health provision](#), Department of Health and Social Care and Social Care and Department for Education, 2017

[Working with schools to improve the health of school aged children](#), Local Government Association, 2017

[Young Minds](#), accessed September 2018

[Youth MHFA courses](#), Mental Health First Aid, accessed August 2018

NICE Guidance

[Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults](#), NICE Clinical Guideline [CG72], 2008

[Depression in children and young people: identification and management in primary, community and secondary care](#), NICE Clinical Guideline [CG28], 2005

[Health and wellbeing of looked-after children and young people](#), NICE Quality Standard [QS31], 2013

[Self harm in over-8s: Short term management and prevention of recurrence](#), NICE Clinical Guideline [CG16], 2004

[Social anxiety disorder: recognition, assessment and treatment of social anxiety disorder](#), NICE Clinical Guideline [CG159], 2013

[Social and emotional wellbeing: early years](#), NICE Public Health Guideline [PH40], 2012

[Social and emotional wellbeing in primary education](#), NICE Public Health Guideline [PH12] 2008

[Social and emotional wellbeing in secondary education](#), NICE Public Health guideline [PH20], 2009