School aged years high impact area 2: Keeping safe: Reducing risky behaviours.
School nurses leading the Healthy Child Programme 5-19

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This guidance has been developed with our key partners, including Department of Health and Social Care, NHS England, Health Education England and Local Government Association. NHS England supports this work and has advised on key areas.

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Keeping safe: Reducing risky behaviours

Context

Children and young people face many new challenges and experiences as they grow and develop; part of growing up includes experimenting and trying new things. Risky behaviours are those that potentially expose young people to harm, or significant risk of harm, which will prevent them reaching their full potential. Some risky behaviour is normal and part of growing up and may be influenced by peer pressure, social media, friends and family and the wider community (Cabinet Office and Department of Health and Social Care, 2015).

Children and young people exposed to adverse childhood experiences have an increased risk of poor health outcomes and health-harming behaviours across the life course. Poor health outcomes include death or injury in childhood, increased risk of disease and poor mental health. Health-harming behaviours increased by adverse childhood experiences include binge drinking, poor diet, smoking, violence perpetration, substance misuse, unintended teenage pregnancy and increased risk of interface with criminal justice.

Some contributing factors:

- whilst the immediacy and reach of social media has opened many positive opportunities for children and young people it has also increased the possibility of harm such as bullying and sexual grooming (UK Council for Child Internet Safety, 2015)

- increasing sexual pressures and early sexualisation can throw young people into an adult world they don't understand - the Sex Education Forum survey (2016) found a third (34%) of young people said they had learned nothing about sexual consent at school and 4 in 10 said they had not learned about healthy or abusive relationships

- young people are at the highest risk of experiencing sex against their will, with non-volitional sex associated with diagnosis of sexually transmitted infections and pregnancy before the age of 18 (Macdowell et al., 2013)

- radicalisation of children and young people is a real threat if they are exposed to extremist views (Department for Education, 2015)

- mental health problems in children and young people are associated with increased risk of drug and alcohol use and an increased risk of teenage pregnancy (DHSC, 2015)

The overarching rationale of this document is to keep young people safe and to provide consistent, seamless support and care for young people to improve their sexual, physical, emotional and mental health and wellbeing. This includes ensuring they are prepared for adulthood and supported to make healthy and positive decisions. Young people may engage in risk taking, including early or risky sexual behaviour, drug and alcohol misuse.

Key facts:

Sexual health

The under 18 conception rate has fallen by 60% since 1998 with the rate at its lowest level since 1969. However, there remain significant differences in rates between local authorities and inequalities remain between wards. England's teenage birth rate remains high in comparison with other western European countries and more needs to be done to sustain and accelerate progress. Despite improvements, the outcomes for young parents and their children remain disproportionately poor, including higher rates of low birthweight, postnatal depression and poor mental health for up to 3 years after birth.

Chlamydia remains the most prevalent sexually transmitted bacterial infection in England with rates substantially higher in the 15-24 age group than any other age group (AYPH, 2015).

Child Sexual Exploitation/Child Sexual Abuse

- it is estimated that 60,000 girls aged 0-14 in 2011 were born to mothers with Female Genital Mutilation (FGM) in England and Wales, meaning that it must be considered if these girls are also at risk of FGM as they grow up (McFarlane et al., 2015)
- an estimated 10,000 girls born overseas and now living in England and Wales have FGM, and the NHS treated 106 girls aged under 18 with FGM between April 2015 and March 2016
- 2,409 children and young people were victims of sexual exploitation by groups and gangs between August 2010 to October 2011 (Children's Commissioner, 2013)

Alcohol and substance misuse

The proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most European countries (ESPAD, 2015).

Some young people are particularly vulnerable to misusing drugs and alcohol, including young offenders, those with poor mental and emotional health and those experiencing child sexual exploitation and abuse (CCQI 2012)

Smoking and tobacco

Whilst electronic cigarettes cannot be legally sold to anyone under the age of 18 in the UK, 17% of 11-16 year olds have reportedly ever tried these products (YTPS survey, 2016). However, regular use amongst young people remains low, especially amongst those who do not already smoke tobacco. Therefore, there is no evidence that electronic cigarettes are acting as a gateway into smoking, but this remains an area for vigilance. There was a rise in the number of child (15 years or under) road deaths in 2017, an increase of 28% (Department for Transport, 2017).

Poverty and inequalities

Children and young people (10-14 years old) living in deprived areas are 3.7 times more likely to be killed or seriously injured on the roads (PHE, 2014).

Health behaviours and lifestyle

Accident prevention

School nurses and other professionals have an important role to play in reducing unintentional injuries. There are significant health inequalities to child injury, with children and young people who live in more deprived areas at greater risk than children from the most affluent. There would be fewer serious or fatal injuries to pedestrians annually, and fewer serious or fatal injuries to cyclists, if all children and young people had a risk of injury as low as those in the least deprived areas (PHE, 2018).

Data from 2012-2016 highlights that the rates of children and young people killed or seriously injured in road traffic collisions have fallen by 16%. Over the 5 year period this equates to a total of 32,607 children and young people killed or seriously injured, around 5,500 fewer than the previous analysis, suggesting an average of 1,100 fewer per year (PHE, 2018).

Preventing unintentional injuries in the home and on the roads requires a whole system approach that maximises the contribution of all staff working with children and young people and their families.

Physical activity

Adolescence and early adulthood is a time when life-long health behaviours are set in place. Physical activity declines across adolescence, 1 in 5 school pupils aged 11-15

are obese and teenagers consume on average 8 times the recommended daily sugar allowance.

Physical inactivity is responsible for 1 in 6 UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone). The number of children meeting the recommended amount of physical activity for healthy development and to maintain a healthy weight, which is 60 minutes a day, drops by 40% as they move through primary school.

The effects of physical activity on children's emotional wellbeing:

- being active made the majority of 5-11 year olds feel happier (79%), more confident (72%), and more sociable (74%), according to their parents
- nearly all children said they liked being active (93%)
- the main motivations for children to be more active were having friends to join in (53%) and having more activities they liked to choose from (48%)
- children's overall happiness declines with age; 64% of 5-6 year olds said they always feel happy, compared to just 48% of 11 year olds
- 19% of children said they were less active due to a lack of sports or activities they enjoyed

All children have access to the universal Healthy Child Programme 5-19, which is led by school nurses but delivered in partnership with others; there are some children and young people who are particularly vulnerable, and require additional support.

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. They can provide confidential and accessible services for young people attending secondary education or college.

School nursing teams and partner agencies are well placed to work collaboratively to offer health and wellbeing services. Individualised plans and support are developed following early identification of physical, emotional or mental health needs. They are in a position to identify cultural and individual risk and vulnerability factors and issues that may benefit from intervention, and to provide targeted support and onward referral to specialist services.

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

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

They have a clear, easily understood, national framework on which local services can build. The school nursing 4-5-6 model sets out the four 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
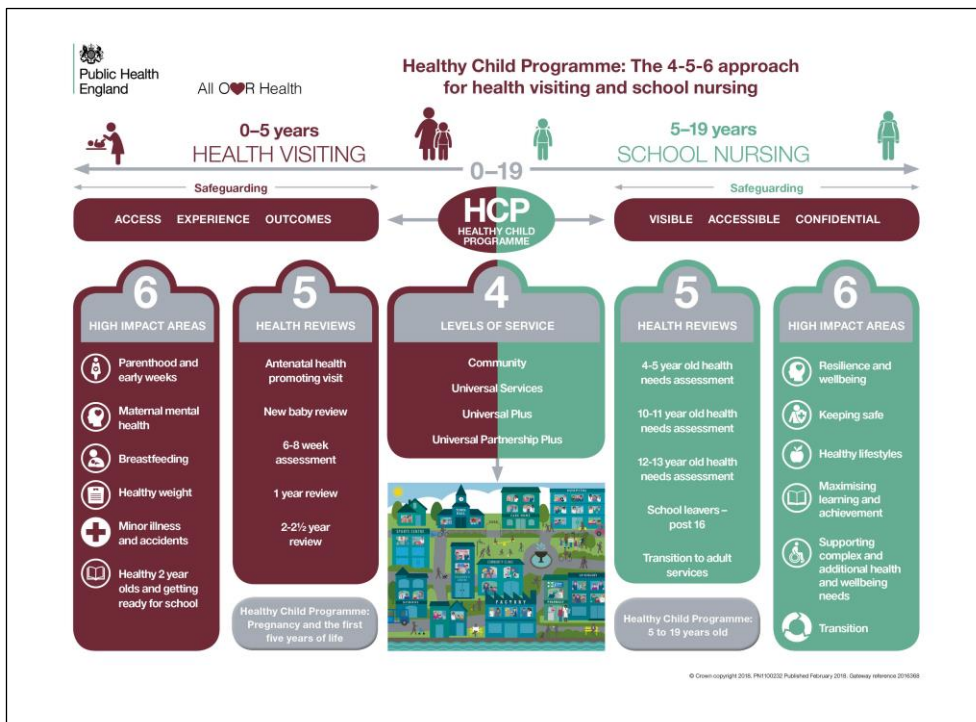
This high impact area interfaces with the other high impact areas and incorporates school nurses working in partnership with education, primary care, oral health services, GPs, Child and Adolescent Mental Health Services, Troubled Families services, children's safeguarding services, local authorities, 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 of the Healthy Child Programme (5-19), are well placed to support families and communities to engage in this approach. They are essential to the leadership and delivery of integrated services for individuals, communities and population to provide RightCare that maximises place-based systems of care.

 Individual and family

School nurses can carry out health assessments as part of the Healthy Child Programme (5-19) and, when appropriate, a structured assessment to identify risk taking behaviours.

School nursing teams have a role in raising awareness and supporting children to keep safe. School nurses provide an accessible, confidential service that is conducive to building rapport and trust between practitioners and children and young people. School nurses can raise awareness of risk taking behaviours with children and young people, carers, families and other professionals, particularly within the school community. This may be opportunistic or planned, and will be in partnership with specialist services.

School nurses can support children and young people to improve resilience by building skills and promoting good mental health and wellbeing, as well as focusing on mental illness and diagnosis.

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, lesbian, gay, bisexual or transgender children, children with gender issues or

children whose parent(s) suffer from mental health problems. They can make a vital contribution to developing resilience and good mental health and emotional wellbeing.

School nurses can help children and young people to build knowledge and skills about their health and wellbeing to provide them with skills for life. Health literacy has a vital role for young people who are at a life stage where they are increasing their independence and becoming less reliant on parents and carers. It empowers them to make decisions about their own health and to access and use health services appropriately. This includes measures to reduce sexually transmitted infections and to use antibiotics appropriately.

Antimicrobial resistance is an important issue and school nurses can educate children so that they can prevent antimicrobial resistance through good infection prevention, particularly hygiene when they are unwell and using antibiotics only when they are needed.

Community

School nurses can:

Lead and support delivery of preventative programmes for children and young people through the Healthy Child Programme (5-19). They have a key role in educating children, including providing support and advice on risk taking behaviours, for example smoking or substance abuse.

Raise awareness of risk taking behaviours with children and young people, families and carers, and other professionals, particularly within the school community. This may be opportunistic or planned, and will be in partnership with specialist services, including substance misuse, alcohol, sexual health, sexually transmitted infections, accident prevention and links to safety schemes and wider community resources.
support development and delivery of relationships and sex education in schools and other settings.

They can support schools introduce and deliver the new compulsory relationships education in all primary schools and compulsory relationships and sex education in all secondary schools (Children and Social Work Act, 2017).

School nursing teams have a role in:

- raising awareness and supporting children to keep safe - school nurses provide an accessible, confidential school nursing service that is conducive to building rapport and trust between practitioners and children and young people
- providing health leadership, working with education staff and other partners and young people to develop a whole school approach to safeguarding children, influencing the Personal, Social, Health and Economic Education (PSHEE), Relationship and Sex Education (RSE) and Relationship Education (RE) curriculum

 Population

School nurses can make links and work with the local authorities and other agencies on wider determinants of health, such as planning, licensing, law enforcement and health and safety. Their leadership can support the development of local partnerships and pathways aimed at keeping children and young people safe in the community, playing a vital role in primary and secondary prevention, for example, working with community leaders and police to address child sexual exploitation through the provision of sexual health community clinics and joined up responses to alcohol related crime.

As leaders and key deliverers of the Healthy Child Programme (5-19), school nurses have a key role to play in establishing good working relationships with all local partners. They can influence the alignment of wider prevention and community based programmes and services which promote health and wellbeing, for example sexual health and contraception, reducing obesity and smoking cessation. This can provide a whole-systems approach to prevention and supporting the provision of early universal access to information for health issues.

School nurses can:

Work with local authority and NHS commissioners to ensure that clear care pathways exist between school nursing teams and key services that young people access, such as mental health and wellbeing services, substance misuse and sexual or reproductive health services, child sexual exploitation, child sexual abuse, teenage pregnancy, substance misuse prevention and oral health services.

Act as advocates for children and young people at a strategic level, working in partnership with other agencies, developing approaches, pathways and interventions that promote resilience. Through their advocacy role, school nurses can promote the voice of the child, ensuring children and young people are listened to, and contribute to the development and design of changes to service delivery.

Work with local authorities to develop injury prevention strategies. Injuries are preventable, and action can save lives. Once effective action to prevent injury has begun, the results can be seen quickly.

Using evidence to support delivery

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

Figure 2: All Our Health: Community and placed-based approach to health and wellbeing
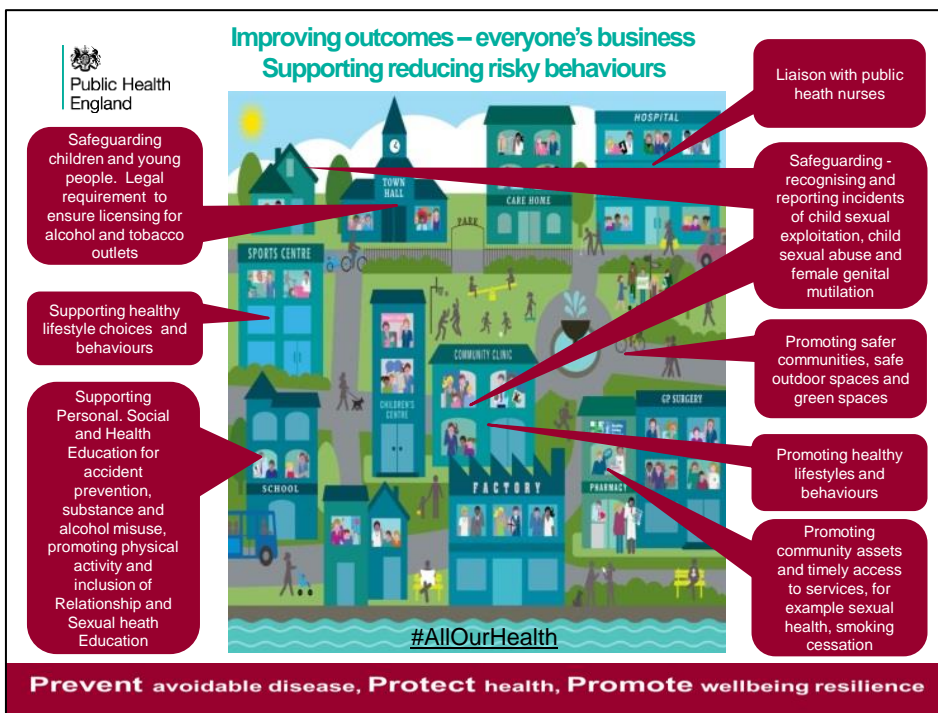
The All Our Health framework brings together resources and evidence that will help to support evidence-based practice and service delivery, Making Every Contact Count and building on the specialist public health skills of school nurses.

Figure 3: All Our Health (AOH) – model where action builds on 'Relationships and Reach'
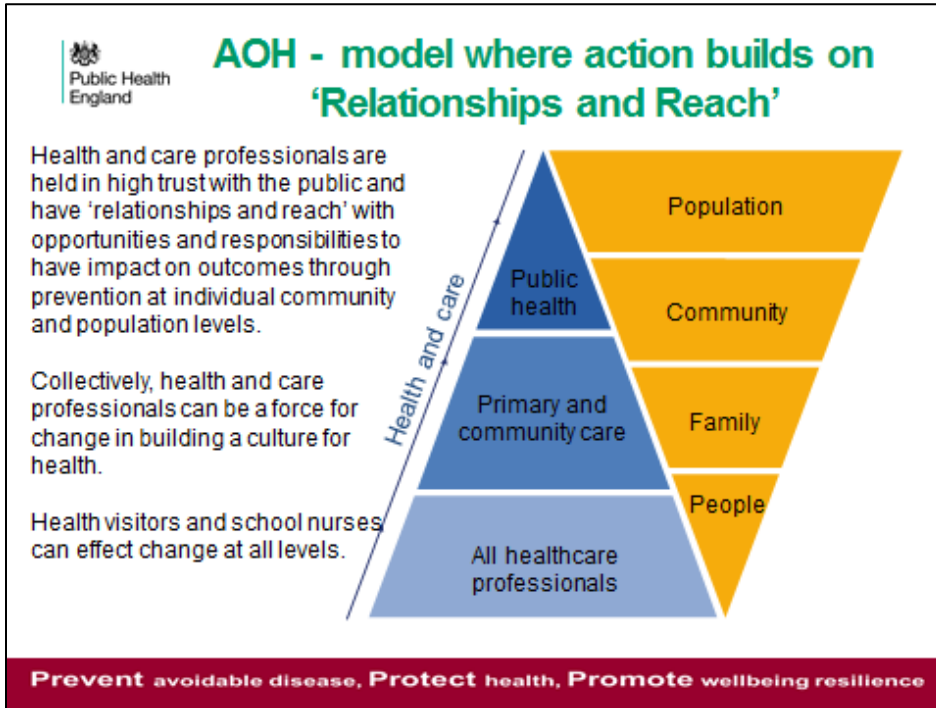
School nurses' contribution to the Healthy Child Programme (5-19) using the 4-5-6 model and incorporating the evidence base through All Our Health, is achieved from individual to population level.

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 young people who have access to the school nursing service
- number of children and young people receiving an intervention from school nurse, including immunisations
- number of children and young people who receive a health needs assessment from school nursing in accordance with the Healthy Child Programme (5-19)

Effective delivery:
- reduced social isolation and targeted support to meet local needs

Outcomes:
- 1.03 Pupil absence indicator
- 1.04 First time entrant to youth justice system
- 1.05 16-18 year olds not in education, employment or training
- 2.04 Under 18 conceptions
- 3.03xii Population vaccination coverage HPV
- 2.08 Emotional wellbeing of looked after children
- 2.09 Smoking prevalence at age 15
- 2.18 Alcohol related admissions to hospital

User experience:

- feedback from children, young people and families via the NHS Friends and Family Test, You're Welcome quality criteria, local service surveys and local authority consultations
- 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 non-compliant vulnerable children and young people with services eg school nursing led sexual health services, evidence based assessment tools, identification of young carers and unaccompanied asylum seeking children

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, for example 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 use of the high impact areas model and delivery of the Healthy Child Programme
- information sharing agreements in place across all agencies
- integrated commissioning and delivery of services
- partnership working with schools to support integrated planning, delivery, monitoring and review
- information sharing (including health information about individuals and families) to identity and respond to safeguarding issues
- targeted services, using data and information from Joint Strategic Needs Assessment to inform 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 quality criteria accreditation to inform action and engagement with children, young people and families on their views to help design young people friendly services
- increased use of evidence-based interventions and links to other 5-19 performance indicators

- improved partnership working, eg schools, GPs, oral health services, sexual health, alcohol and drug services, secondary care, children, young people and families
- consistent information for children, young people, parents and carers
- early identification of risk, eg young people not in education, employment or training
- improved engagement of previously disengaged children and young people and those who disengage with treatment

Professional/partnership mobilisation

- multi-agency training and supervision to identify risk factors and early signs of health and wellbeing issues
- multi-agency training, working in partnership with young people to identify strengths and needs to inform a holistic assessment
- 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, young people, parents and families - this includes effective joint working with specialist services, including alcohol and drug services, child sexual exploitation, mental health and oral health services
- identification of skills and competencies to inform integrated working and skill mix
- increased integration and working with schools and community health and social care services 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

Building children and young people's resilience in schools, Public Health England and UCL Institute of Health Equity, 2014

Children and Families Act 2014, accessed September 2018

Safeguarding children and young people, Department of Health and Social Care, 2012

Research

A Framework to support teenage mothers and young fathers, Public Health England and Local Government Association, 2016

An RCN toolkit for school nurses: Developing your practice to support children and young people in educational settings, Royal College of Nursing, 2016

Antibiotic guardian, accessed September 2018

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

Child safety online: A practical guide for providers of social media and other services, UK Council for Child Internet Safety, 2015

e-Bug, accessed September 2018

ESPAD report 2015: Results from the European School Survey Project on Alcohol and Other Drugs, ESPAD, 2016

Heads or tails: What young people are telling us about SRE, Sex Education Forum, 2016

Improving support for young carers: Family-focussed approaches, Department for Education, 2011

Junior and family antibiotic guardian, accessed September 2018

Key data on young people, Association for Young People's Health, 2017

Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET), Public Health England, 2014

Reducing antimicrobial resistance, e-Learning for Healthcare, accessed September 2018

Rise Above, accessed September 2018

The drug strategy 2017, Home Office, 2017

The role of school nurses in supporting young carers, Carers Trust, 2014

Vulnerable children, National Children's Bureau, accessed September 2018

Young people: Substance misuse commissioning support pack 2018-19: Principles and indicators: Planning comprehensive interventions for young people, Public Health England, 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

Helping school nurses to tackle child sexual exploitation, Department of Health and Social Care, 2015

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

Reducing unintentional injuries on the roads among children and young people under 25 years, Public Health England 2018

Relationships and sex education: contributing to the safeguarding, sexual & reproductive health of children and young people – what role can councillors play? Public Health England, Local Government Association, RSE Hub and Sex Education Forum, 2018

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

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

Teenage Pregnancy Prevention Framework: supporting young people to prevent unplanned pregnancy and develop healthy relationships, Public Health England and Local Government Association, 2018

Lifestyle

Alcohol and Drug Education and Prevention Information Service, accessed September 2018

Change4Life, accessed September 2018

Childhood obesity: A plan for action, Department of Health and Social Care, Prime Minister's Office, 10 Downing Street, HM Treasury and Cabinet Office, 2016

Smoking, drinking and drug use among young people in England – 2016, NHS Digital, 2017

Mental Health

Effects of parental mental health on children, Manning and Gregoire, 2008

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

Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study, HBSC, 2015

Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care, Morgan et al, 2017

Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication, Kessler et al, 2005

Mental health statistics, Young Minds, accessed September 2018

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

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

The Five Year Forward View for Mental Health, The Mental Health Taskforce, 2016

Transforming children and young people's mental health: a green paper, Public Health England, 2016

Understanding provision for students with mental health problems and intensive support needs, Institute for Employment Studies and Researching Equity, Access and Partnership, 2015

Working with schools to improve the health of school aged children, Local Government Association, 2017

NICE Guidance

Alcohol: school based interventions, NICE Public Health guideline [PH7], 2007

Antimicrobial stewardship: Changing risk-related behaviours in the general population, NICE Guideline [NG63], 2017

Behaviour change: individual approaches, NICE Public Health guideline [PH49], 2014

Behaviour change: the principles for effective interventions, NICE Public Health guideline [PH6], 2007

Contraceptive services under 25s, NICE Public Health guideline [PH51], 2014

Obesity in children and young people: prevention and lifestyle weight management programmes, NICE Quality Standard [QS94], 2015

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

Sexually transmitted infections and under 18 conceptions: Prevention, NICE Public Health guideline [PH3], 2007

Smoking prevention in schools, NICE Public Health guideline [PH23], 2010

Substance misuse interventions for vulnerable under 25s, NICE Public Health guideline [PH4], 2007

Smoking: Preventing uptake in children and young people, NICE Public Health guidance [PH14], 2008