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Every Child Matters
Change For Children

School Nurse: Practice Development Resource Pack

Specialist Community Public Health Nurse

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The Chief Nursing Officer-led programme

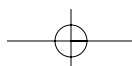
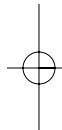
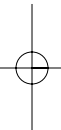
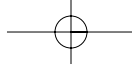
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2006

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Note: Throughout this document we have used the term 'parents' to include both parents and other carers.

Foreword

Recent Government policies have acknowledged the importance of investing in the health of children and young people. Health improvement and tackling inequalities remain high on the priorities to be achieved. We have recognised that school nurses are well-placed to deliver on a range of outcomes in *Every Child Matters*, the *National Service Framework for Children, Young People and Maternity Services* and *Choosing Health*. These include the Public Service Agreement (PSA) targets on obesity, mental health, sexual health, accidents and substance misuse and the key role that school nurses will play in initiatives such as extended schools, Healthy Schools and in contributing to meeting education targets for attendance and achievement.



Choosing Health, the Government's White Paper on public health, has called for a new and relevant role for school nurses on a wider scale than in recent years. In addition to announcing new funding for the service, I was invited to work with nurse leaders and the Department for Education and Skills (DfES) to modernise and promote school nursing and develop a programme for best practice (see Annex 1). In considering a framework of principles for a modern role for school nursing we have built on the extensive consultation with children and young people and other key stakeholders undertaken by my predecessor in publishing the Chief Nursing Officer's *Review of Nursing, Midwifery and Health Visiting Contribution to Vulnerable Children, Young People and their Families* (DH, DfES, 2004).

We are publishing two documents to support the expansion and development of the school nurse in terms of scope and capacity. *Looking for a School Nurse?* is a guide aimed primarily at schools and has been modelled on a publication on school bursars. This updated version of the *School Nurse Practice Development Resource Pack*, originally published by the Department of Health in 2001, offers a framework for practitioners, their colleagues, managers and commissioners to support the development of a modern school nurse role.

In developing this work we have drawn on many good examples of innovative practice that are already meeting the policy agenda. We have also recognised that the introduction of new programmes of higher education preparation for school nursing leading to entry on to the specialist community public health nurse (school nursing) part of the Nursing and Midwifery Council register will support continuing developments in practice. I am delighted to commend this updated pack to you.

A handwritten signature in dark ink, appearing to read 'Beasley'.

Christine Beasley
Chief Nursing Officer
London, 2006

1. A modern role for school nursing

1

'Improving the health and welfare of parents and their children is the surest way to a healthier nation' (NSF, 2004)

Introduction

This revised school nurse practice development resource pack is one product of the work led by the Chief Nursing Officer to promote a modern role for school nurses. It identifies the key national policies that are currently shaping developments in children's services and sets out a child-centred public health approach for school nursing teams. In this way, school nurses will be able to contribute fully to multi-agency programmes to enable children and young people to reach their full potential. The pack assumes that the reader already has an understanding of the theory and practice of school nursing. Like the original pack, published in 2001, it will inform, support and encourage individual and team approaches to developing practice.

Key policy drivers

The CNO Review (DH, 2004) defined the role that school nurses can play with children and young people, parents and carers, teaching staff and others:

- review health at key stages and support the development of children's personal health guides
- provide general information, advice and support about health issues such as diet and nutrition, physical activity, emotional wellbeing, puberty, smoking and sexual health and about where to get further help and advice
- support learning about healthy choices and managing risk.

School nurses have, in recent years, addressed significant threats to the health and wellbeing of children and young people. Many innovative new practices have emerged and the school nursing role continues to grow and develop. However, despite real improvements, health inequalities persist. *Choosing Health* (DH, 2004) recognises that new approaches are required to enable individuals to become 'fully engaged' in improving their health. It acknowledges that health

improvement rests on people having the support they want to help them make healthy choices. Lifestyle choices are formed in early childhood so health promotion must begin as soon as possible to influence healthy behaviours.

School nurses may need to work differently to contribute effectively to the health improvement agenda. Typically, there will be a school health team led by specialist community public health nurses (school nursing) working with registered nurses, trained support staff and others such as health promotion specialists, youth workers and nurse specialists in CAMHS.

Every Child Matters: Change for Children (HM Government, 2004) outlines national and local priorities for children's services. It sets out an outcomes framework which includes the five outcomes for children and young people given legal force in the Children Act 2004 to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing.

Working in partnership with others, school nurses will continue to make a significant contribution to the achievement of these outcomes, particularly to being healthy and staying safe.

The *Every Child Matters* outcomes framework dovetails with the National Service Framework (NSF) for Children, Young People and Maternity Services (DH, 2004) which is a major part of the Change for Children programme in helping to drive up standards and improve outcomes. The NSF establishes clear standards for promoting the health and wellbeing of children and young people; and for providing high quality services that meet their needs. The child health promotion programme provides an important framework for the delivery of health and social care services to ensure the promotion of the health and wellbeing of individual children and young people.

A new *Framework for the Inspection of Children's Services* (Ofsted, 2005) will focus on the experiences and achievements of children and young people and evaluate the contributions that services make to their wellbeing. *Higher Standards, Better Schools for All: More choice for parents and pupils* (DfES, 2005) recognises the wider responsibilities that schools have to ensure that children and young people achieve better outcomes. *Youth Matters* (HM Government, 2005) is a consultation document on a new strategy for providing opportunities, challenge and support to young people. It outlines the Government's vision of a system in which integrated services help all young people achieve the five *Every Child Matters* outcomes. School nursing clearly has an important contribution to make to the new agenda.

The development of children's trusts will offer more opportunities for integrated and multi-agency working and help to target work on children and young people with additional needs, including those in Pupil Referral Units or not in education, employment or training (NEETs). School nurses have been key contributors to the *Healthy Schools* programme which is being rolled out to all schools by 2009 (see Annex 2). This programme aims to:

- support children and young people in developing healthy behaviour
- help to raise pupil achievement
- help to reduce inequalities
- promote social inclusion.

All the policy and strategic documents have a common overriding concern: to coordinate services around the needs of children, young people and their families so they are able to maximise their potential. As a small but skilled resource, it is vital that school nurses are able to prioritise and plan their work within the context of national and local frameworks. New commissioning arrangements bring opportunities for school nurses to promote their services and secure agreement with commissioners regarding local needs, plans and appropriate resource levels. This will clarify the role of school nursing, raise its profile and improve opportunities for working with those in other sectors.

2. A child-centred public health approach

Liberating the Talents (DH, 2002) identified three core functions for community nurses:

- first contact care: acute assessment, diagnosis, care treatment and referral
- chronic disease management, continuing care and rehabilitation
- public health: health protection and promotion programmes that improve health and reduce inequalities.

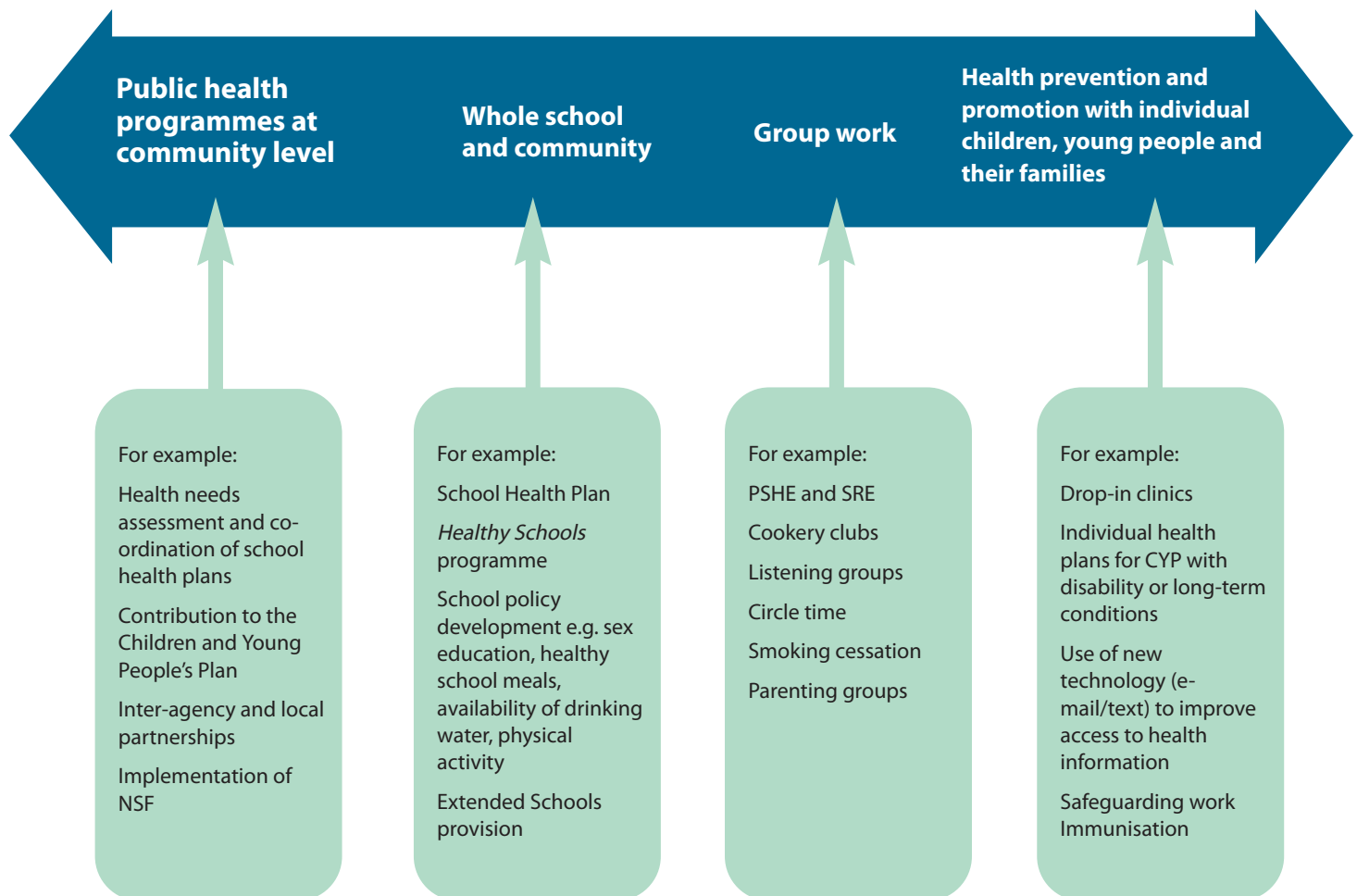
These functions are inter-related and influenced by each other. However, taking a public health approach and planning work around the needs of a specific population is an essential starting point for all nurses working within a community setting. School nurses are expected to place a considerable emphasis on public health practice.

What is a public health approach?

Public health is a way of looking at health that takes the population as its starting point. Public health nursing is about building relationships with individuals, groups and communities so that health needs can be effectively assessed and agreed priorities identified. In this way a programme of activities designed to address health inequalities and promote and protect the wellbeing of all children and young people, can be agreed. School nurses are particularly well placed to build effective relationships with a wide range of others, including school staff, youth workers, Connexions workers, social care staff, voluntary agencies, mental health workers, community leaders, parents, carers, children and young people. As such, they have the potential to be highly effective public health workers.

The following diagram, adapted from the original pack, illustrates how public health practice can usefully be seen as a continuum of activities at a range of population levels, from individual to community.

A continuum for public health practice in school nursing



As can be seen from this diagram, a wide range of activities are encompassed in public health practice and these include individual and community empowerment, public policy reflective of tackling the wider determinants of health, as well as health promotion, protection and prevention. A child-centred public health approach sees practice on this continuum and recognises the assessed needs of its population as a starting point for joint planning of services. 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. Placing practice within a population context enables school nurses to address health inequalities by seeking out and prioritising those children and young people likely to experience greatest health threats and poorest access to services. Working with others offers the best opportunity for the mobilisation of all community resources to address needs and improve health.

In summary, taking a public health approach means:

- tackling the causes of ill health, not just responding to the consequences
- assessing the health needs across the school age population and developing programmes to address these needs 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 Area Agreement 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 to inform agreements with commissioners and local programmes of activity
- multi-agency working to plan services and promote wellbeing
- identifying 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 uni-disciplinary team
- influencing policies that affect health and learning locally and nationally
- evaluating the impact of your work.

What does a public health approach mean for your practice?

Current policy offers an opportunity for school nurses to develop their child-centred public health role. In response to the *Choosing Health* commitment, the Chief Nursing Officer worked with nurse leaders and the Department for Education and Skills to promote a modernised school nursing service. The work recognised that child-centred public health practice is the underpinning framework for school nursing and identified modern school nursing practice as encompassing:

- work with children, young people, parents/carers and colleagues from other sectors to assess the needs of a school population and develop a school health plan
- provision and evaluation of services for children, young people, families and school staff that are accessible, flexible and offer opportunities for choice
- assessing individual health needs and agreeing personalised health plans

- an understanding of the national and local policy agenda and making an explicit contribution to meeting targets and priorities for health improvement (e.g. childhood obesity, mental health, sexual health, accidents and substance misuse)
- the planning and delivery of personal, social health education (PSHE) and engagement with the *Healthy Schools* programme
- work with health organisations and other agencies to plan, implement and evaluate programmes and projects to improve health and wellbeing and reduce inequalities
- engagement in multi-agency and integrated working and processes such as common assessment framework, lead professional and information-sharing
- strategic leadership to promote and support evidence-based practice
- promotion of the school health team's contribution to the health and wellbeing of children and young people and influencing commissioning
- contributing to the child health promotion programme (in line with the NSF) and identification of individuals, families and groups who are at risk and in need of further support
- targeted support to children with complex health needs or disabilities and those who are 'looked after', in Pupil Referral Units or not in education, employment or training (NEETs).

The *Looking for a School Nurse?* guide builds on these principles in practice and outlines how school nurses can play a significant role in promoting and maintaining the health and wellbeing of pupils and staff.

The challenge for school nurses, who are a scarce and valuable resource for the health and wellbeing of children and young people, is to continue to develop their skills and target their efforts appropriately. Section 4 of this pack provides a public health skills audit tool, which will enable individual school nurses or teams to assess their skill levels and plan a tailored development programme.

The remainder of this pack aims to support the development of a modern role for school nurses by providing updates on current health priorities and suggested activities in these areas to improve outcomes for children and young people.

3. Delivering on health priorities

This section has been updated from the original pack to reflect national priority targets and other indicators outlined in the *Every Child Matters* framework. Services will be expected to ensure that the needs of vulnerable groups such as looked-after children, refugee children, those with mental health difficulties and learning disabilities are explicitly addressed. *Every Child Matters* also recognises the importance of supporting parents, carers and families in achieving the best outcomes for children and young people.

Accidents

The issue

Accidents are the leading cause of death among children and young people. Major causes include:

- **Road traffic accidents:** In Britain in 2000 police reported over 16,000 child pedestrian casualties including more than 3,000 serious injuries and more than 100 deaths. Casualty rates increase as children get older, in 1998 the annual fatality rate of the 12-15 age group was twice that of those aged 0-4. Almost twice as many boys as girls are killed or seriously injured. The highest rate of accidents occurs on busy roads near the children's home rather than school. Children in the lowest socio-economic group are five times more likely to die in a pedestrian road accident than children from the highest social class. Children from some ethnic minorities may be more at risk and children with visual impairments and those with Attention Deficit Hyperactivity Disorder (ADHD) are also over-represented.
- **Accidents in the home:** About half of all deaths among children under five 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.

Priority national targets and indicators

Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40%, and the number of children killed or seriously injured by 50%, by 2010 compared with the average for 1994-98, tackling the significantly higher incidence in disadvantaged communities. (PSA target, cited in *Delivering Choosing Health*, 2004 and owned by the Department for Transport)

Why should you be involved?

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

What can you do?

- Work with parents, young people, and schools to influence school travel plans and local strategic planning in relation to identified safety issues, for example, provision of traffic calming measures, pedestrian crossings and safer routes to schools (e.g. use of 'walking buses').
- Ensure services developed are inclusive of vulnerable and hard to reach groups.
- 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 Personal, Social and Health Education (PSHE) programmes, for example, medicines policy, baby sitting courses, appropriate use of emergency services.
- Work with local authority housing, schools, leisure and environmental health, police and fire services to promote safer homes, schools and play areas.

Alcohol and drugs

The issue

Alcohol is a factor in many of the priority health issues that school nurses need to address, including mental health, teenage pregnancy vulnerable groups and accidents. Drug misuse is a serious problem in

the UK; illegal drugs are widely available and children and young people are increasingly exposed to them.

- The Smoking, Drinking and Drug Use Survey among young people in England in 2004 found that the average reported weekly consumption among pupils who drank in the last seven days was 10.7 units compared with 9.5 units in 2003 and 10.6 units in 2002.
- When questions about drunkenness and other consequences of drinking were asked of pupils who had drunk in the previous week, under 10% had deliberately tried to get drunk. Other adverse effects of alcohol usage included feeling sick or vomiting, getting into arguments (mainly girls) or fights (mainly boys) and damage to clothes or belongings.
- Young people such as those who truant, young offenders, looked-after children and homeless young people are at particular risk for problem drug use, as are those from drug using families.

Priority national targets and indicators

Home Office Action against illegal drugs PSA – Part 3 - Reduce drug use by young people. Reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people.

(PSA target, cited in *Delivering Choosing Health*, 2004 and owned by the Home Office and DfES)

Why should you be involved?

School nurses in their work with children and young people are in a key position to contribute to the development of school-based preventive programmes, give advice and identify those who may be or are at risk of developing problems related to alcohol and drugs. Many parents accept that it is their responsibility to be able to understand the pressure and temptation to use drugs and alcohol but are unsure of the best way to approach the subject.

What can you do?

- Ensure that you are up to date with latest drug and alcohol information including legal considerations.
- 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.
- 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 children and young people who experience problems relating to alcohol and drug use.
- Use individual health plans and health surveys to identify and address alcohol related behaviour or drug use.
- Work with others to establish extended school leisure and relaxation activities, for example, media skills, art, under-18 discos.

Helping young people to stop smoking

The issue

Smoking kills, it is the single greatest cause of preventable illness and premature death in the UK and is responsible for 1 in 5 of all deaths. Evidence confirms that many young smokers show signs of nicotine dependence.

- Smoking related diseases include coronary heart disease, lung cancer, chronic bronchitis and emphysema.
- Second hand (passive) smoking is also a direct hazard to health and linked to an increased risk of sudden infant death syndrome, lower respiratory illness, asthma and middle ear disease.

Priority national targets and indicators

Reduce the number of 11- 15 year olds who smoke from 13% to 9% by 2010, with a fall to 11% by 2005. (DH, 2002)

Why should you be involved?

School nurses have a key role in achieving the above targets through health promotion activity to prevent children and young people starting to smoke and in supporting those who do, to stop.

What can you do?

- Press for no-smoking policies in schools, colleges and youth groups. Challenge adults who smoke in front of pupils.
- Work with the local stop smoking coordinator to set up a stop smoking group and encourage peer group strategies.
- Support No Smoking Day which is held in March each year. Get children and young people to help you put up a display and run school activities.

- Ensure excluded and vulnerable young people are targeted and aware of the stop smoking services available in the community.
- Provide details of the NHS Smoking helpline (0800 169 0169).

Smoking cessation

A partnership approach between Fresh Start [smoking cessation], *Healthy Schools* programme and school nursing to provide services for 12-17 year-olds was developed in recognition that existing services were adult-oriented. The PCT developed a patient group directive which enabled school nurses to prescribe nicotine replacement therapy (NRT) to young people in a school setting. Parents were sent letters outlining the initiative, although the service was confidential to users.

The project, which ran for three months, targeted three schools that fell within the PCT's recognised areas of deprivation. More than 70% of those attending the group either stopped altogether or reduced their cigarette smoking considerably. The majority of those using NRT said that they would not have seen their GP for this treatment. Support was gained from the peer group and access to the school nurse via text messaging.

Mental health and psychological wellbeing

The issue

One in five children have mental health problems and as many as 1 in 10 have a mental disorder serious enough to require professional help. This means that in an average secondary school with 1,000 pupils, 50 will be depressed, between 10 and 20 will be anxious and between 5 and 10 will have an eating disorder.

- There are strong links between untreated childhood mental health problems and educational failure, alcohol and substance misuse and offending behaviour.
- Mental health and psychological wellbeing has been identified as a priority area in the Government's *Change for Children Programme: Every Child Matters* and *National Service Framework for Children, Young People and Maternity Services*.
- *Choosing Health*, the Public Health White Paper sets out priorities for action which have close links to low self-esteem and mental ill health. These include reducing obesity, drug and alcohol misuse and teenage pregnancy.

Priority national targets and indicators

The Public Service Agreement target for child and adolescent mental health services (CAMHS) has been set to improve life outcomes for children with mental health problems, by ensuring that all those who need them have access to comprehensive CAMHS, as defined in the NSF for children young people and maternity services. (PSA target cited in *Delivering Choosing Health*, 2004)

Substantially reduce mortality rates by 2010 from suicide and undetermined injury by at least 20%. (PSA target cited in *Delivering Choosing Health*, 2004)

Why should you be involved?

- Children's mental health is everyone's business. School nurses share a responsibility for ensuring that every child is given every opportunity to develop good emotional health and psychological wellbeing.
- Good emotional health and psychological wellbeing underpins academic achievement and enjoyment at school. Children with mental health programmes are less likely to enjoy and achieve, and may find difficulty in making a positive contribution to their school, local community and wider society.
- Through the PSHE curriculum and national *Healthy Schools* programme, school nurses are in key positions to help deliver the Government's mental health objectives by promoting emotional health and psychological wellbeing and providing early intervention services for children at risk of developing mental disorders.
- Signpost children and families to other organisations in the community which may be able to offer support to children and young people, such as counselling projects, childhood bereavement services and peer support groups.

What can you do?

- Help raise the profile of emotional health and psychological wellbeing and reduce stigma associated with mental health problems.
- Be aware of groups of children who are at increased risk of developing mental health problems such as 'looked after' children, asylum seekers, children separated from parents and those from homeless families.
- Be aware of the impact of transitions such as bereavement, illness in the family, divorce and family change and offer support to children and young people in these circumstances.
- Work with Behaviour and Education and Support Teams (BESTs) to help improve standards of behaviour and attendance at schools.
- Run groups and provide individual support for children and young people involved in bullying.

- Run groups and provide individual support to help parents to cope with managing behaviour problems and the effects of bereavement and other issues.
- Sign-post children with significant mental health problems to specialist child and adolescent mental health services.
- Work with schools to provide help at vulnerable times, such as transition stages at school and exams, or when a pupil, staff member or parent has died, to increase self-confidence, stress management and problem-solving skills.

Excluded young people

This scheme centres on a health promotion programme specifically designed to meet the needs of young people who are not attending school. The programme provides vocational and academic experiences with an emphasis on raising self-esteem and self-efficacy. The content reflects both national and local need, including student negotiation. Team-building days are incorporated with visits to 'outward bound' activities involving students, education staff, Connexions staff and the school health advisor (school nurse). A drop-in session for individual advice follows the sessions. Immunisations can be arranged and the scheme also facilitates referral to other services such as specialist CAMHS and Young Citizens projects.

This has been described as a most successful and innovative programme.

Nutrition, childhood obesity and physical activity

The issue

Nutrition is a key area in the Government's public health strategy, with obesity being a major concern. Recent studies have shown that the prevalence of obesity and overweight is increasing in children. The Health Survey for England (HSE) 2002 found 16.6% boys and 16.7% of girls aged 2-15 were obese, compared to 10.4% and 11.7% respectively in 1995. A further 13.6% boys and 14.3% girls were estimated to be overweight, compared to 13.4% and 13.6% respectively in 1995. There is evidence that there are declining levels of physical activity, particularly among children and young people.

- Diet is central to health, and children's diet can be an important influence on their health now and in the future. A good diet in childhood can track to adulthood and can help protect against

chronic diseases in later life.

- Children on average eat only around two of the recommended five portions of fruit and vegetables a day and children from the lowest social group tend to eat 50% less fruit and vegetables than those from the highest social group. (National Diet and Nutrition Survey, 2000)
- Most children in the UK eat too much fat, particularly saturated fat, added sugars and salt. Average salt intakes are up to 50% higher than recommended and only around 15% of all children's diets meet the recommendations for added sugars, around 8% meet the recommendations for saturated fat and around 42% meet the recommendations for total fat. (National Diet and Nutrition Survey, 2000)
- As well as improving health, physical activity enhances academic performance and provides opportunities for skills and achievement other than academic to be recognised. These include leadership skills, self-confidence and improvements in behaviour.
- Sport and physical activities can provide important social opportunities and skills and physical activity established in youth tend to continue into adult life.
- Exercise plays a significant role in controlling obesity and improving emotional wellbeing.

Priority national targets and indicators

To halt the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole. (PSA target 2005-2008, jointly owned by the DH, DfES and Department for Culture, Media and Sport)

Enhance the take-up of sporting opportunities by 5 to 16 year olds so that the percentage of school children in England who spend a minimum of two hours each week on high quality PE and school sport within and beyond the curriculum increases from 25% in 2002 to 75% by 2006 and to 85% by 2008, and to at least 75% in each School Sport Partnership by 2008. (PSA target 2005-2008, jointly owned by the DH, DfES and Department for Culture, Media and Sport)

Why should you be involved?

School nurses can play a significant role in improving nutrition and contributing to physical activity as part of the *Healthy Schools* programme. They have an essential role to play in helping to tackle the childhood obesity epidemic by engaging in activities to monitor the obesity target in their schools and developing and supporting whole school interventions according to need.

What can you do?

- Become familiar and draw on the *Food in Schools Toolkit*, which provides guidance and resources to support schools in developing healthy eating and drinking activities throughout the school day.
- Run programmes that focus on diet, physical activity, or both and encourage children to identify their own problems and solutions (as part of the creation of individual health plans), ensuring that your interventions are sensitive to different cultures and needs.
- Establish a School Nutrition Action Group involving children, parents, caterers, governor and school staff with other agencies to develop a 'whole school food and drink policy' (see *Food in Schools Toolkit*).
- Utilise the support or work alongside your local Healthy School Coordinator and other appropriate agencies and individuals in your community.
- Work with parents and carers at school events, identify what is important to them and seek their support for changes at school. Look at ways to engage them in healthy eating, drinking and physical activities, for example, establishing a lunch box policy workshop, after school cookery clubs as part of extended schools provision.
- 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 to offer healthy foods and drinks (see *Food in Schools Toolkit*).
- 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, skate-board or cycle tracks and secure cycle parks at schools and leisure centres.
- Work with healthy schools and lunch time organisers on how to promote an environment that encourages pupils to be active, using zoned activity areas, for example, access to balls, skipping ropes, hoops; basket balls nets or facilities for badminton or short tennis.
- Work with local authority and the community to establish walking buses, safe routes to school and provide opportunities for alternative exercise, dance sessions, pop agility, roller skating or weight training.

Tackling obesity

As obesity and its effects are a real and current concern, Archbishop Sumner School set up the Fit4Kids programme led by school nurses. The aim is to increase awareness of what can be done to maintain a healthy lifestyle and to further promote the *Healthy Schools* initiative by providing exciting and fun after school activities such as weekly exercise, cooking and gardening. Parents are encouraged to participate by accompanying their child on a half termly basis, thus enabling the family as a whole to understand the issues around living healthily. Although the programme is fairly new, feedback has been good. One year 5 child has said '**it is great fun and I will learn about things to keep me healthy**'.

Safeguarding and promoting the welfare of children

The issue

All those who work with children and young people have a responsibility to safeguard and promote their welfare. Safeguarding and promoting the welfare of children, particularly protecting them from significant harm, depends on effective joint working between agencies and professionals with different roles and expertise. Although most children grow up in families which ensure their safety and protection, a significant minority may experience one or more types of maltreatment.

- A study commissioned by the NSPCC (Cawson et al., 2000) found that: 7% of children experienced serious physical abuse at the hands of their parents or carers during childhood; 1% of children experienced sexual abuse by a parent or carer and an additional 3% by another relative during childhood, 11% of children experienced sexual abuse by people known but unrelated to them and 5% of children experienced sexual abuse by an adult stranger or someone they had just met; 6% of children experienced frequent and severe emotional maltreatment during childhood.
- Disabled children are three times more likely to suffer child maltreatment than their able-bodied peers
- Risk factors for child maltreatment include domestic violence.
- In 2004 there were 26,300 children on child protection registers in England (DfES, 2005).

Priority national targets and indicators

Reductions in:

Re-registrations on the child protection register (DfES)

% 11-15 year olds who state that they have been bullied in the last 12 months.

(PSA target DfES)

Why should you be involved?

School nurses have regular contact with school age children who spend a significant proportion of their time in school. Your skills and knowledge of child health and development mean that, in your work with children in promoting, assessing and monitoring health and development, you have an important role in all stages of the child protection process.

What can you do?

- Be alert to potential indicators of abuse or neglect, and help colleagues in the school be aware of them.
- Provide ongoing preventative support and work with children, young people and their families.
- Be aware of local and national child protection policy and guidance; know how to access expert help and advice, and undertake regular training and updating.

Where a child is identified as being at risk of/suffering from maltreatment:

- Contribute to whatever actions are needed to safeguard and promote the child's welfare.
- Participate in child protection conferences, family group conferences and strategy meetings.
- Take part in regularly reviewing the outcomes for the child against specific plans.
- Work co-operatively with parents unless this is inconsistent with ensuring the child's safety.
- Provide specialist advice and support to teachers and other staff who undertake those tasks.

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.

- Teenage parents are more likely than their peers to live in poverty and unemployment and be trapped through lack of education, childcare and encouragement.
- Up to 10% of young women aged under 25 may be infected with chlamydia leading to pelvic inflammatory disease, ectopic pregnancy and infertility. There is evidence that areas which achieve high volumes in screening programmes have the highest reductions in these diseases.
- The *Social Exclusion Unit Report on Teenage Pregnancy* 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.

Priority national targets and indicators

Reduce the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health. (PSA target jointly owned by DH and DfES cited in *Delivering Choosing Health*, 2004 and originated from Social Exclusion Unit's *Report on Teenage Pregnancy*, 1999)

Why should you 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 you do?

- Work with other professionals, agencies and teenage pregnancy coordinators to assess need locally and plan integrated services.
- 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 (GUM) services. Consider the use of new technologies such as texting or e-mail to improve access.
- Identify and support vulnerable young people who may be at risk of prostitution, exploitation or abuse.
- Explain the consequences of sexually transmitted infections including HIV, promote prevention and access to appropriate screening and treatment.
- Be aware of confidentiality issues and Fraser competency. Ensure the school policy on confidentiality is clear, meets the best interests of young people and is workable by staff.
- Ensure that sex and relationship education programmes and services meet the needs of ethnic minority, disabled, bisexual, transgender, gay and lesbian young people. Confront discrimination and challenge prejudice such as homophobia.
- 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 Sex and Relationship Education (SRE) Guidance (DfES, 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 meaning of love and the effects of bullying in relationships. Provide the opportunity to practice skills and resist pressure through role play, drama, hot seating or scenario discussion.
- 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.
- 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.
- Contribute to sexual health services provided for juveniles (15-18 years) accommodated in young offender institutions and secure colleges of learning by offering a broader public health emphasis on sexual health around relationships, decision making and healthy lifestyle choices within and outside prison settings.

Improving accessibility to health services

'Ru in school 2moz as would like 2 speak 2u my life has met n all tme low'

'my friend needs emergency contraception but she is working all day from 9-6 so i sed i wud pick it up for her where can i get it for her please txt bk'

School nurses in a PCT that covers a rural area have developed innovative ways of improving accessibility to services. In one example, a 14-year old girl who had had unprotected intercourse and oral sex with a partner (known to have gonorrhoea) developed symptoms of possible infection and was unable to access the GUM clinic as it was only open during school hours. An arrangement is now in place with a general practice near the school so the school nurse can undertake screening for STIs and offer emergency contraception on a 'patient group directive' arrangement.

Texting is also used to improve accessibility to services and maintain privacy and confidentiality. Pupils may text the nurse asking to meet at a certain time and place.

In another example a girl who had been self-harming started to text the school nurses anonymously. It was not until a week later that the girl felt that she could trust the school nurse enough to meet up with her. The school nurse was then able to facilitate a referral to an adolescent mental health service.

4. Modern school nurse role: audit tool and development plan

4

We have suggested 10 components of the modern school nurse role. These are presented as a series of statements and each is illustrated by a fictitious scenario, which is intended to represent potential future approaches to school nursing as presented within this pack. As such, a number of the scenarios will be representative of current practice, whereas others will be more aspirational.

Identifying your current competence

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

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 undertaking this exercise as a team use the development proforma to identify the strengths of team members and to identify areas for development.

Competency

1. Work with children, young people, parents/carers and colleagues from other sectors to assess the needs of a school population and develop a school health plan

Scenario

The school nurse team working within a cluster of schools brings together a small work group of pupils, parents/carers, governors and school staff. Working together, this group gather and generate data from a variety of sources to enable them to assess the health needs of the school's population. This is shared widely and priorities for action arising from the identified needs are agreed. A draft plan detailing a proposed programme of activities is developed.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Ability to gather and analyse data to construct a profile of the local school-aged population	1	2	3	4	5
Ability to engage a wide range of stakeholders, including children and young people and children's trust partners to establish local health priorities	1	2	3	4	5
Experience of running focus groups with children, young people and their parents	1	2	3	4	5
Experience of the development of questionnaires to gather data regarding health issues	1	2	3	4	5
Knowledge of a range of methods to evaluate the effectiveness of school health programmes	1	2	3	4	5
Drawing up action plans to deliver services to meet assessed health needs of individual children and young people	1	2	3	4	5

Competency

2. An understanding of the national and local policy agenda and making an explicit contribution to meeting targets and priorities for health improvement (e.g. childhood obesity, sexual health, accidents and substance misuse)

Scenario

Having assessed population-level needs and developed a draft action plan, the school nurse considers the plan's concurrence with local and national priorities. As many of the priorities coincide she explores the possibility of joint working with other agencies and accessing the further funding which accompanies a number of these priorities.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge and understanding of current national and local policies, priorities and targets	1	2	3	4	5
Experience of partnership working to achieve agreed outcomes	1	2	3	4	5
Ability to concisely describe the school nursing service's contribution to national and local priorities and targets	1	2	3	4	5
Familiarity with the local children and young people's plan	1	2	3	4	5
Ability to act as an advocate for children and young people's health needs and influence local policy makers	1	2	3	4	5

Competency

3. Promoting the school health team's contribution to the health and wellbeing of children and young people and influencing commissioning

Scenario

Having worked with others to assess the needs of the local school-aged population; the school nurse team leader wants to formally agree a programme of activities with a cluster of schools and the service commissioner. She summarises the needs and the proposed activities to address them within a service proposal document which highlights national and local targets to which the proposed activity will contribute. The school nurse then meets with headteachers and commissioners to share and agree the proposals. A service level agreement with explicit inputs and outcomes is then written to formally establish the agreed programme of work.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge and understanding of the process of commissioning health and social services	1	2	3	4	5
Understanding of, and ability to contribute to, multi-agency strategic planning	1	2	3	4	5
Experience of multi-agency bid development to gain funds for new services/posts/developments	1	2	3	4	5
Ability to articulate the contribution of school health services to meeting targets and indicators	1	2	3	4	5
Contribution to the Joint Area Review of children's services	1	2	3	4	5

Competency

4. Working with health organisations and other agencies to plan, implement and evaluate programmes and projects to improve health and wellbeing and reduce inequalities

Scenario

Having agreed a programme of activities with local head teachers and commissioners, the school nurse assesses each area of activity for the possibility of partnership working. From her wide range of informal networks she approaches a range of people including teachers, CAMHs workers, youth workers and Drug Action Team staff to plan specific projects for particular target groups.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge and understanding of relevant research and policy	1	2	3	4	5
Understanding of the main determinants of health	1	2	3	4	5
Experience of working with those who find it difficult to access services (e.g. those excluded from school)	1	2	3	4	5
Negotiating with others to move resources in order to reduce health inequalities	1	2	3	4	5
Monitoring the uptake of services by disadvantaged and/or vulnerable children, young people and their families	1	2	3	4	5
Working with other agencies including the voluntary sector on programmes and projects to improve health and wellbeing	1	2	3	4	5
Health advocacy work for disadvantaged children, young people and families to improve health and access to services	1	2	3	4	5

Competency

5. Providing and evaluating services for children, young people, families and school staff that are accessible, flexible and offer opportunities for choice. Making an assessment of individual health needs and agreeing personalised health plans

Scenario

As agreed in the service level agreement the school nursing team runs an open access 'drop-in' service within each of the schools in the cluster. Pupils, parents/carers and staff are able to access any of these sessions and the school nursing team respond to each issue as raised by the child, young person or parent/carer.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Experience of involving children, young people and parents in 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
Knowledge and understanding of relevant policy and legislation underpinning personalisation and choice	1	2	3	4	5
Use of personal health plans	1	2	3	4	5
Knowledge of a range of methods to evaluate the effectiveness of health interventions	1	2	3	4	5
Ability to contribute to a health impact assessment	1	2	3	4	5

Competency

6. Planning and delivery of personal, social health education (PSHE) and engagement with the *Healthy Schools* programme

Scenario

As part of her work on the PSHE programme the school nurse works with groups of children to develop their understanding of personalised health plans. A group of interested pupils then come together to develop a format for these plans, which the school then adopts and promotes with pupils, parents and staff. Consideration of personal health needs by many of the school population results in pressure on the school to introduce increased access to drinking water within the school.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge and understanding of the new <i>Healthy Schools</i> programme	1	2	3	4	5
Experience of delivering a range of health promotion programmes to school-aged children and young people	1	2	3	4	5
Experience of involvement in peer education programmes for children and young people	1	2	3	4	5
Understanding of learning theories relevant to children and young people aged 5-16	1	2	3	4	5
Experience of working jointly with education to deliver PSHE 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
Knowledge of a range of methods to evaluate the effectiveness of school health programmes	1	2	3	4	5

Competency

7. Engagement in multi-agency and integrated working and processes such as common assessment framework, lead professional and information-sharing

Scenario

A young person comes to the school-based drop-in service and outlines a complex set of health and social care issues, to the school nurse, including potential child protection risks,. The school nurse makes enquiries with other agencies and establishes that the young person is not known to them. As a result she takes the lead professional role and instigates an assessment of the young person's circumstances within the common assessment framework (CAF).

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge of the organisational structure and culture of local children's trust partners	1	2	3	4	5
Joint working with other agencies to support a child, young person or their family	1	2	3	4	5
Knowledge and understanding of CAF	1	2	3	4	5
Experience of undertaking a CAF	1	2	3	4	5
Knowledge and understanding of the lead professional role	1	2	3	4	5
Experience of undertaking the lead professional role	1	2	3	4	5
Knowledge and understanding of information-sharing processes within and across agencies	1	2	3	4	5

Competency

8. Providing leadership for a team that supports the delivery of programmes

Scenario

As leader of a small team which includes staff nurses and support workers, the school nurse is responsible for leading the development of agreed programmes of work. As part of that process she ensures that her team members have the necessary understanding and skills to undertake the work delegated to them.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Ability to formally assess the clinical competencies of your team	1	2	3	4	5
Accessing and critically appraising research reports	1	2	3	4	5
Ability to delegate work to others	1	2	3	4	5
Experience of leading and supervising others	1	2	3	4	5

Competency

9. Contribution to the child health promotion programme (in line with the NSF) and identification of individuals, families and groups who are at risk and in need of further support

Scenario

The support worker within the team undertakes a check of the height and weight of each child at school entry, in line with the NSF. Working to a protocol she identifies all children with a significantly raised body mass index and refers them onto the school nurse for further individualised support.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Knowledge and understanding of the Child Health Promotion Programme and provision for school-aged children and young people	1	2	3	4	5
Knowledge and understanding of the evidence-base about childhood immunisations, including contra-indications	1	2	3	4	5
Understanding of ways to encourage participation of disadvantaged or vulnerable children, young people and their families in planning and provision of services	1	2	3	4	5
Ability to advise parents on effective behaviour management approaches for children and young people	1	2	3	4	5
Ability to safeguard children and promote their welfare	1	2	3	4	5
Knowledge and understanding of national and local safeguarding policies and procedures	1	2	3	4	5

Competency

10. Targeted support to children with long-term conditions, special educational needs, mental health difficulties, physical or learning disabilities and those who are 'looked after', in Pupil Referral Units or not in education, employment or training (NEETs)

Scenario

A teacher who is concerned about the weight loss of a pupil and fears she may be suffering from anorexia approaches the school nurse. They agree that the teacher, who has a good relationship with the girl, will approach her and encourage her to speak to the school nurses within her drop in session. The girl attends the drop in and discloses her unhappiness and erratic eating patterns. The school nurse then agrees a joint visit with a CAMHS worker to discuss treatment options with the young woman and her parents.

Competency statements	Novice	Advanced beginner	Competent	Proficient	Expert
Ability to jointly work with CAMHS and evaluate effectiveness of services	1	2	3	4	5
Ability to provide nursing care to children and young people with long-term conditions (e.g. diabetes, asthma, cystic fibrosis)	1	2	3	4	5
Ability to provide support and learning opportunities to adults caring for children and young people with long-term conditions, including parents, teachers and support staff	1	2	3	4	5
Provision of care to children and young people with learning difficulties and/or disabilities	1	2	3	4	5
Knowledge and understanding of the additional needs of children and young people who are 'looked-after'	1	2	3	4	5
Promotion of self-care	1	2	3	4	5
Ability to facilitate health promoting groups Supporting transition to adult services	1	2	3	4	5

Personal development plan

Having worked through the 10 competencies, you are now in a position to complete a development plan. 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.

Part 1

My key public health development and/or training needs

My most pressing development/training needs in relation to **working with children, young people and their parents** are:

My most pressing development/training needs in relation to **understanding the national and local policy agenda** are:

My most pressing development/training needs in relation to **promoting health and wellbeing and influencing commissioning** are:

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

My most pressing development/training needs in relation to **assessment of health needs** are:

My most pressing development/training needs in relation to **planning and delivery of PSHE and *Healthy Schools* contribution** are:

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

My most pressing development/training needs in relation to **strategic leadership** are:

My most pressing development/training needs in relation to **child health promotion programme** are:

My most pressing development/training needs in relation to **children with additional needs** are:

Part 2

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			

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Useful websites

www.5aday.nhs.uk

This is the main portal for 5 A DAY, including information on the School Fruit and Vegetable Scheme.

www.ash.org.uk

Action on Smoking and Health produces a comprehensive range of fact sheets and has a section on schools resources.

www.continyou.org.uk

Creates learning programmes and services that offer fresh opportunities to people who have gained least from formal education and training.

www.eatwell.gov.uk

Eatwell is the Food Standards Agency's consumer advice and information site. It is packed with reliable and practical advice about healthy eating, understanding food labels and how what we eat can affect our health.

www.foodinschools.org

The Food in Schools site provides resources and guidance on implementing healthy eating and drinking activities throughout the school day, including school meals. Copies of the Toolkit are freely available from the DH orderline on 08701 555 455 and dh@prolog.uk.com (quote 267050).

www.givingupsmoking.co.uk

The Department of Health's Campaign website for all the advice, information and support you need to stop and stay stopped.

www.gasp.org.uk

Gasp produce hundreds of resources and materials for schools that can be ordered on-line.

www.healthedtrust.com/pages/snag.htm

Health Education Trust is a UK registered charity, formed to promote the development of health education for young people in the UK. The site contains information about whole school food policies and School Nutrition Action Groups (SNAGs).

www.healthforallchildren.co.uk

Originally created to provide support for the publication of the same name, it has subsequently evolved to provide the latest products, information and developments in child health to parents and health professionals, whilst continuing to support references details in the publication.

www.ich.ucl.ac.uk

This is a joint website of Great Ormond Street Hospital for Children NHS Trust (GOSH) and UCL Institute of Child Health (ICH) – They form an international centre of excellence for treating sick children and teaching children's specialists.

www.kidshealth.org.uk

Provides doctor-approved health information about children

from before birth through adolescence.

www.nelh.nhs.uk

The National Electronic Library for Health programme provides a digital library for NHS staff, parents and public.

www.nosmokingday.org.uk

No Smoking Day website.

www.nspcc.org.uk

The UK's leading charity specialising in child protection and the prevention of cruelty to children.

www.publichealth.nice.org.uk

The new National Institute for Health and Clinical Excellence (NICE) has taken on the functions of the Health Development Agency to create a single excellence-in-practice organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. Guidance is for those working in the NHS, local authorities and the wider public, private and voluntary sectors.

www.raisingkids.co.uk

Offers practical advice, whether you're a parent of a baby, toddler or troublesome teenager.

www.schoolsonthemove.co.uk

Schools on the Move is a school based pedometer promotion for pupils in years 6-9, designed to encourage young people to be more active.

www.thesource.me.uk

Thesource has been designed by young people for young people. There is information and advice on school choices, careers, health and whatever else you decide you want to see.

www.wiredforhealth.gov.uk

Wired for Health is a series of websites providing health information for a range of audiences that relates to the National Curriculum and the *Healthy Schools* programme.

Annex 1

Choosing Health recommendations

Choosing Health (DH, 2004) made two specific recommendations pertaining to school nursing. *'We see a new and relevant role for school nurses on a wider scale than in recent years. The Chief Nursing Officer will work with nurse leaders and the DfES to:*

- *modernise and promote school nursing*
- *develop a national programme for best practice that includes reviewing children's and young people's health and supporting the use of children's personal health guides.*

We are providing new funding so that by 2010 every PCT – working with children's trusts and local authorities – will be resourced to have at least one full-time, year-round, qualified school nurse working with each cluster or group of primary schools and the related secondary school, taking account of health needs and school populations. School nurses and their teams will be part of the wider health improvement workforce.'

Annex 2

Health Schools programme: National Healthy School Status

National healthy school status requires schools to meet criteria in four core themes that relate to the taught curriculum and the emotional, physical and learning environment that the school provides. The four core themes are personal, social and health education (PSHE), healthy eating, physical activity and emotional health and wellbeing.

In schools, the role of the school nurse in supporting PSHE is complementary to that of teachers. It should not replace the teacher's responsibility to plan, manage, deliver and evaluate PSHE provision.

Personal, social and health education, including sex and relationship education (including alcohol, tobacco and volatile substances)

PSHE provides pupils with the knowledge, understanding, skills and attitudes to make informed decisions about their lives.

A healthy school:

1. uses the PSHE framework to deliver a planned programme of PSHE, in line with DFES/Qualifications and Curriculum Authority (QCA) guidance
2. monitors and evaluates PSHE provision to ensure the quality of teaching and learning
3. assesses pupils' progress and achievement in line with QCA guidance
4. has a named member of staff responsible for PSHE provision with status, training and appropriate senior management support within the school
5. has up-to-date policies in place – developed through wide consultation, implemented and monitored and evaluated for impact – covering sex and relationship education, drug education and incidents, child protection and confidentiality
6. has an implemented non-smoking policy or is working towards being smoke free by September 2007
7. involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisers

8. has arrangements in place to refer pupils to specialist services who can give professional advice on matters such as contraception, sexual health and drugs
9. uses local data and information to inform activity and support important national priorities such as reducing teenage pregnancy, sexually transmitted infections and drug/alcohol misuse
10. ensures provision of appropriate PSHE professional development opportunities for staff- such as the Certification Programmes for teachers and nurses offered by DfES/DH; and
11. has mechanisms in place to ensure all pupils' views are reflected in curriculum planning, teaching and learning, and the whole school environment, including those with special educational needs and specific health conditions, as well as disaffected pupils, young carers and teenage parents.

Healthy eating

Pupils have the confidence, skills and understanding to make healthy food choices. Healthy and nutritious food and drink is available across the school day.

A healthy school:

1. has identified a member of the senior management team to oversee all aspects of food in the school
2. ensures provision of training in practical food education for staff, including diet, nutrition, food safety and hygiene
3. has implemented a whole-school food policy developed through wide consultation, implemented, monitored and evaluated for impact
4. involves pupils and parents in guiding food policy and practice within the school, enables them to contribute to healthy eating and acts on their feedback
5. has a welcoming eating environment that encourages the positive social interaction of pupils (see *Food in Schools* guidance)
6. ensures healthier food and drink options are available and promoted in breakfast clubs, at break if established or planned) and at lunchtimes- as outlined by *Food in Schools* guidance
7. has meals, vending machines and tuck shop facilities that are nutritious and healthy (see *Food in Schools* guidance) and meet or exceed national standards, and is working towards the latest DfES guidance on improving school meals services
8. monitors pupils' menus and food choices to inform policy development and provision

9. ensures that pupils have opportunities to learn about different types of food in the context of a balanced diet (using the Balance of Good Health) and how to plan, budget, prepare and cook meals, understanding the need to avoid the consumption of foods high in salt, sugar and fat and increase the daily consumption of fruit and vegetables
10. has easy access to free, clean and palatable drinking water, using the *Food in Schools* guidance; and
11. consults pupils about food choices throughout the school day using school councils, healthy schools task groups or other representative pupil bodies.

Physical activity

Pupils are provided with a range of opportunities to be physically active. They understand how physical activity can help them be more healthy and how physical activity can improve and be a part of their everyday life.

A healthy school:

1. provides clear leadership and management to develop and monitor its physical activity policy
2. has a whole-school physical activity policy developed through wide consultation, implemented, monitored and evaluated for impact
3. ensures a minimum of two hours of structured physical activity each week to all its pupils in or outside the school curriculum
4. provides opportunities for all pupils to participate in a broad range of extracurricular activities that promote physical activity
5. consults with pupils about the physical activity opportunities offered by the school, identifies barriers to participation and seeks to remove them
6. involves schools sports coordinators (where available) and other community resources in provision of activities
7. encourages pupils, parents/carers and staff to walk or cycle to school under safe conditions, utilising the school travel plan
8. gives parents/carers the opportunity to be involved in the planning and delivery of physical activity opportunities and helps them to understand the benefits of physical activity for themselves and their children
9. ensures that there is appropriate training provided for those involved in providing physical activities; and
10. encourages all staff to undertake physical activity.

Emotional health and wellbeing

Promoting positive emotional health and wellbeing to help pupils to understand and express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn.

A healthy school in relation to emotional health and wellbeing:

1. identifies vulnerable individuals and groups and establishes appropriate strategies to support them and their families
2. provides clear leadership to create and manage a positive environment which enhances emotional health and wellbeing in school – including the management of the behaviour and rewards policies
3. has clear, planned curriculum opportunities for pupils to understand and explore feelings using appropriate learning and teaching styles
4. has a confidential pastoral support system in place for pupils and staff to access advice – especially at times of bereavement and other major life changes – and that this system actively works to combat stigma and discrimination
5. has explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination
6. has a clear policy on bullying, which is owned, understood and implemented by the whole school community
7. provides appropriate professional training for those in a pastoral role
8. provides opportunities for pupils to participate in school activities and responsibilities to build their confidence and self-esteem; and
9. has a clear confidentiality policy.

The way in which schools achieve the criteria is also specified and that is through 'a whole school approach'. This is an effective, evidence-based model for stimulating and managing organisational change. Following the process brings about and embeds cultural change, through supporting the participation of all within the school community. The model requires school communities to consider ten aspects of school life in relation to the changes they want to make.



Annex 3

Nursing and Midwifery Council regulations

The Nursing and Midwifery Council (NMC) is the UK regulatory body for nurses and midwives, its primary aim is to protect the public. The NMC is required by the Nursing and Midwifery Order 2001 to keep a register of practitioners eligible to work in the UK. The new register opened on the 1st August 2004 and now consists of three parts, nursing, midwifery and specialist community public health nursing. School nurses who have undertaken a programme of educational preparation and work at specialist level are eligible for registration as specialist community public health nurses and are registered as such RSCPHN (SN).

This part of the register recognises those nurses who work with populations (in this case the school-aged population) and whose role is primarily public health focused. There is great diversity in the practice of nurses who work at this level and with this population, it is important as is the case for all nurses that they work within their level of competence at all times. The standards for entry can be accessed via the NMC website www.nmc-uk.org

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