

The RCN's UK position on school nursing



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Summary

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses, midwives, health visitors and health care assistants with over 410,000 members. Nurses and health care assistants make up the majority of those working in our health services, and their contribution is vital to delivery of the health policy objectives of all governments across the UK.

In this time of shifting political and economic priorities, the community health and social care landscape is changing rapidly in each of the four UK nations. Whilst each government is mandated to respond individually to the health needs of its population and structure its health services appropriately, the RCN's position is that there is a set of common core values in relation to the future of school nursing across all parts of the UK.

In August 2010 the RCN published *Pillars of the community: the RCN UK position on the development of the registered nursing workforce in the community*. This position statement builds on that document to describe in more detail what this might mean for the future of school nursing.

School nursing has changed dramatically over the last 25 years. Today's school nurse is a specialist practitioner working across education and health, providing a link between school, home and the community to benefit the health and wellbeing of children and young people. The school nurse functions as both health promoter and health educator, and works in collaboration with teachers, youth workers and counsellors. In view of the complex social and physical needs of children, school nurses must have advanced and specialist knowledge and skills to help meet the needs of children and their families.

School nursing is a universally accessible service that is non-stigmatising and accepted by most families and school communities. The key role played by the school nurse within the broader public health agenda is gaining increasing recognition from the general public and the media. Along with the need to counteract the poor investment in school health services in recent years, there is a need for further well thought out evaluative research studies to demonstrate the value of school nursing. The results of such research must be clearly articulated to service planners, commissioners, policy makers and other professionals such as teachers as it is not uncommon for the role of the school nurse to be misunderstood by these important stakeholders in school nursing services.

This paper sets out the RCN position for school nursing across the UK.

Foreword

Introduced in 2004, the new Nursing and Midwifery Council (NMC) Register brought school nurses into Part 3 of the Register under the title 'specialist community public health nurse' (SCPHN). In some areas of the UK the title 'school nurse' is still used by employers; in other areas, the term 'specialist community public health nurse' has been introduced. In Scotland the title 'public health nurse' is used by some health board areas, while in others the term 'school health advisor' may be used. However, the term 'school nurse' continues to be used by children, young people and their families, the general public and politicians. In common parlance it is the term usually used to describe those nurses working in a public health role with school-aged children. School nursing has also been described as the occupational health service for school-aged children and young people.

The NMC has recently announced that it will be undertaking a review of the specialist community nursing programmes in the future. It is essential this review is carried out within the framework of the introduction of the Department of Health's Modernising Nursing Careers programme.

Recent research highlights that school nurses are highly valued by children, education staff and parents when they are aware of who they are and what they do (University of London, 2009). Indeed, young people report that school nurses make a significant contribution in addressing health issues that are relevant to them, and confirm that they appreciate their clinical knowledge and the confidentiality afforded to them. In particular, young people expressed a preference for a nurse, rather than a teacher, when it comes to discussing the sensitive issues covered in Sex and Relationships Education (SRE) and Personal, Social, Health and Economics (PSHE) Education sessions.

As school nurses understand the cultures of both education and health, they have a key role to play in shaping and influencing policies across the school environment, especially in relation to issues such as bullying, the provision of safe drinking water and clean toilet facilities, as well as all health related issues. The current emphasis on educational attainment further highlights the value of the school nurse; a healthy child has an increased capacity to learn and achieve full potential. Teachers report that the lack of access to a school nurse inhibits their ability to address health issues across the school, including the tackling of unhealthy life styles issues such as obesity and

sexual health problems. However, service planners and commissioners often lack knowledge about the role and value of school nurses in promoting the health and wellbeing of children and young people, and as a result service planning often fails to take into account the full scope and potential impact of a school nursing service upon the long term health of the population.

Research undertaken by the RCN (RCN, 2005; RCN, 2009) has repeatedly highlighted that, despite some investment, the school nursing workforce is overstretched, with an increase in safeguarding and child protection work preventing nurses being able to undertake health promoting activities. National campaigns, such as the HPV immunisation programme and the National Child Measurement Programme in England, have also impacted on the time available for school nurses to undertake their wider public health role in schools.

Each of the four UK governments are pursuing policies that emphasise the value of support for children and young people. In addition, there is an increasing recognition of the importance of early intervention to prevent physical and mental health problems during childhood and adolescence which, if undetected, may subsequently have a lifelong impact throughout adulthood.

As economic pressures increase, it is essential that UK governments support and invest in public health and preventative measures focused on children and young people. When well planned and coordinated, school nursing interventions reduce problems throughout childhood and adolescence, promote self-care and resilience in communities, and prevent ill health occurring in the first place. This supports long term health and wellbeing and the increased likelihood of children growing up to be healthy adults.

A growing body of evidence highlights the significant contribution school nurses can have in breaking intergenerational cycles, facilitating behaviour change, and promoting healthy lifestyles and choices for the benefit of children, young people and their families. School nurses can, for example, help to tackle obesity, encourage children to stop smoking, reduce teenage conceptions and sexually transmitted infections, support teenage parents, and coordinate packages of care for vulnerable children and their families.

In common with other nursing colleagues, school nurses are feeling the impact of recent

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economic turmoil and uncertainty. In the 2011 RCN *Employment survey* (RCN, 2011), half of all school nurses reported they were increasingly concerned about their own financial situation and the prospect of job cuts and redundancies. Over three-quarters said that their household income had either decreased or remained static over the last 12 months, while expenditure had increased. Pay freezes, pension reforms and organisational change are clearly having an effect, with just one-third of all school nurses stating that nursing would provide a secure future in years to come, compared to two-thirds in 2009.

Their workplace experiences are feeding these concerns, with one-third (30 per cent) of school nurses reporting that recruitment freezes had been imposed in the last year, leading to posts being unfilled; a fifth (20 per cent) said that staffing levels had been reduced and one-in-six (16 per cent) said that posts had been cut. In addition, a fifth (21 per cent) said that they had transferred from one organisation to another in the previous year, adding to feelings of uncertainty.

Surveys reveal a steadily rising proportion of school nurses are working full-time; in the 2011 survey just over half (54 per cent) reported they are working full-time, compared to 37 per cent in 2009, and 17 per cent in 2007. The 2011 survey also suggests a rising age profile, with 51 per cent of school nurse respondents aged between 45 and 54 (compared to 38 per cent in 2009), and 17 per cent aged over 55 (compared to 11 per cent in 2009). The age profile for school nurses is higher than that for the general nursing population – 58 per cent are aged 45 or over, compared to 42 per cent of all qualified nursing staff (Sept, 2010).

Just over two-thirds of respondents (69 per cent) are employed on Agenda for Change pay bands, a small number (4 per cent) on clinical grades, and 27 per cent on internal school or local authority grades. Of those on Agenda for Change grades, just over half (54 per cent) are employed on pay band 6 – this proportion is unchanged from 2009. It appears that school nurses working directly for schools are more satisfied with their pay band or grade than those working in the NHS; 76 per cent of those working for schools stated it was appropriate, compared to 60 per cent of school nurses in the NHS. When asked why they felt their pay or grade to be inappropriate, most respondents described the failure to adequately reflect the level of autonomy, responsibility and experience they demonstrate in their working lives.

In other respects, however, school nurses working directly for schools appear to be less likely than those working in the NHS to have personal training and development plans (PTDPs) and appraisals. Eight-in-ten of all school nurses working for NHS employers reported they had a PTDP, and that they had received an appraisal or development review in the last year. Among those employed by schools, just a third (33 per cent) said they had a PTDP and just over half (54 per cent) had received an appraisal. However, nurses working directly for schools are more likely to have received continuing professional development (CPD) training, with twice as many school nurses working in the NHS reporting they had received no training at all in the last year.

Whilst strategies are being designed in parts of the UK to strengthen the school nursing workforce, there is still much to be done if we are to improve future service provision, particularly as we are aware that investment in some areas has been diverted to health visiting.

This RCN position statement intends to ensure that developments across the UK meet the needs of school aged children and their families effectively, efficiently and safely.

The NMC has recently announced that in the future it will be undertaking a review of the specialist community nursing programs. Key issues to be considered as part of the review include:

- whether there should be core SCPHN knowledge, skills and competences for all practitioners on Part Three of the NMC Register, and specialist ones for individual roles such as health visiting (primarily children aged 0-5), school nursing (children aged 5-19), sexual health and occupational health
- a need for consistency in titles, an issue that the NMC has already identified as being of concern from the public's perspective.

The RCN believes that school nursing education and practice should be recognised as a higher level of practice and, in keeping with the current NMC regulation, continue to be a registered qualification with the NMC. However, we recognise the review of Part Three of the NMC Register and support a review of the current curriculum to ensure that future school nursing graduates are prepared at a higher level of practice that is fit for purpose. The introduction of Modernising Nursing Careers will demand a different level of preparation for future school nurses than that which has been provided in the past, and we call on the NMC to provide clarity in the use of the title 'school nurse'.

The context for reform across the UK

School nurses and their skills and expertise are viewed as a vital element of the public health nursing and children's service workforce. School nurses work with school-aged children and young people to improve health outcomes and to support children with illness and disability in school. In many quarters there is a recognition of the need to develop a workforce to seamlessly support children aged between 0-19 years, with a growing expectation that nurses should work with the 'school age population' in a range of community settings in addition to schools. Throughout this paper, community settings refers to settings other than schools which are accessed by young people, such as youth services, pupil referral units, youth offending services, colleges of further education, drug and alcohol services, and so forth.

England

In 2004 the previous government's public health white paper *Choosing health: making health choices easier* committed to the provision of 'at least one full time, year round, qualified school nurse for each secondary school and its cluster of primary schools'. While there may be changes in policy that result from the recent change in government, there appears to be continued recognition that the school nurse has a key role to play in the delivery of the Healthy child programme (DH, 2009) and the importance of the role is also recognised in the new government's 2010 public health white paper *Healthy lives, healthy people*.

Until recently, however, the focus has predominantly been on health visiting. In 2011 the government's health visitor implementation plan outlined proposals to expand and rejuvenate the health visiting service across England. Since then there have been increasing expressions of concern that in some areas school nurses are being 'poached' to work as health visitors as services struggle to meet the government target to recruit an extra 4,200 health visitors by 2015.

In the spring of 2011 the Department of Health set out to address this situation and, with support from Anne Milton, Minister for Public Health, commenced a development programme for school nursing. The work programme includes a focus on service modelling, workforce development, commissioning, and the engagement of young people, practitioners and key stakeholders in raising awareness and the profile of school nursing.

The decision to develop a new vision for school nursing is seen to reflect the broad public health role of school and nurses alongside a growing

recognition that school nursing services are part of a seamless child-focused service, and are central to improving outcomes for children and young people. The outputs from the programme are expected to be released early in 2012. Young people's views on the role of the school nurse were sought to inform the programme and recommendations made to increase awareness, flexibility and access (British Youth Council, 2011).

Scotland

Getting it right for every child (GIRFEC) is the central policy to support children in Scotland. In response to *Equally well*, the report of a recent ministerial task force on health inequalities, the Scottish Government set up *The health and wellbeing in schools* project to develop an integrated school health team to address the needs of the most vulnerable children and young people within local communities in line with GIRFEC.

The project is closely linked with *Curriculum for excellence*, which is designed to enable children and young people to realise their full potential and fulfil the Scottish Government's vision of each child being a confident individual, successful learner, responsible citizen and effective contributor.

The health and wellbeing component of the curriculum will ensure that children and young people have the knowledge, skills and understanding to follow a positive, healthy lifestyle. New models of integrated health care developed by the *Health and wellbeing in schools* project supports teachers in meeting the learning outcomes of the health and wellbeing component of *Curriculum for excellence*. A range of good practice models have been developed through the project, particularly introducing effective models of skill mix which are expected to be rolled out across Scotland. The final report is available for download at www.scotland.gov.uk/publications.

Meanwhile, the Scottish Government's *Modernising nursing in the community* (www.mnic.nes.scot.nhs.uk) has a work stream dedicated to children, young people and families. Within this is a career framework for public health nurses working with children from pre-conception to age 19, which includes nurses working in schools. A universal pathway of care has also been developed to set out what is expected for all children in Scotland from the ages of 0-5, 5-11, and 11-19 years.

Other key policy drivers affecting health and wellbeing in schools in Scotland include:

- *Achieving our potential: a framework to tackle poverty and income inequality in Scotland* (2008)

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- *The early years framework* (2009)
- *The healthcare quality strategy for NHS Scotland* (2010).

Wales

In 2007 the Welsh Assembly Government made a commitment to 'provide a minimum of one family nurse per secondary school by the end of the Assembly term'. This role descriptor was subsequently changed from 'family nurse' to 'school nurse', and in 2009 the Welsh Assembly Government published A framework for a school nursing service for Wales, which outlined the minimum standard for the school nursing service.

Following elections in May 2011, the new Welsh Government has promised to honour the commitment outlined in the 2011 Welsh Labour Manifesto *Standing up for Wales* which states it would; "Continue our programme of a nurse for all secondary schools in Wales to help address the health, emotional and social needs of young people and promote healthy behaviour."

The Welsh Government has said that it will develop a public health bill during this term of office, and a pre-legislative consultation for this is anticipated in 2012; RCN Wales will actively contribute to this process.

The Office of the Chief Nursing Officer for Wales is currently leading reviews of public health nursing and health visiting services, as a result of recommendations made within the Community nursing strategy: revised recommendations following consultation (2009) which may impact on the way that services are designed to meet the needs of school-age children.

Northern Ireland

The Northern Ireland Assembly is the devolved legislature for Northern Ireland: in practice this means that Northern Ireland makes its own laws on almost all matters, including health. Northern Ireland is unique in the UK in having an integrated health and social care service.

Public health has recently been given high priority through the creation of new structures including a Public Health Agency, and strategic direction points to a shift from acute care to primary prevention. However, there is little evidence of a proportional shift in the nursing workforce, associated workforce planning, or new investment in community nursing services including school nursing. The impact of cuts, efficiencies and service changes are being felt across all areas of service delivery, and there is unprecedented pressure on frontline staff.

In March 2010 the Department of Health, Social Services and Public Safety (DHSSPS) published *Healthy futures 2010-2015 – the contribution of health visitors and school nurses in Northern Ireland* in which it recommends the establishment of teams to be led by health visitors or school nurses, with provision through a single point of access and contact for all children and young people aged 0-19. Within this model health visitors will focus on the 0-5 age group, primary school nurses on 5-11 year olds, and post primary school nurses on young people aged from 12-19 years.

Healthy futures outlines three key functions for health visiting and school nursing:

- to lead in delivering the child health programme
- to work at level 2 with most complex and challenging families, through increased intensive home visiting across the 0-19 age range with the implementation of appropriate evidence-based parenting programmes
- to identify and address potential mental health issues relating to parents, infants, children and young people through case managing interventions.

School nursing in Northern Ireland is experiencing significant challenges. For example, the RCN's *School nursing in 2009* report indicated that school nurses in Northern Ireland cover the highest number of pupils and schools per school nurse in the UK. Increasing demands following the introduction of additional health appraisals and new immunisations have squeezed the service, making it difficult for school nurses to develop individualised care plans for all pupils with long-term conditions such as diabetes or epilepsy, or to develop innovative wider public health programmes in collaboration with schools or communities. One very positive exception, however, is the highly evaluated Canadian *Roots of Empathy* programme to increase kindness and positive social behaviour in primary school children, which is being rolled out by the Public Health Agency in two health and social care trusts.

Conclusions

There is clearly a renewed focus on the importance of promoting the health and wellbeing of children and young people across the UK. School nursing teams are central to meeting current and emerging public health challenges. Whilst each of the four nations will respond individually to the health needs of its population, and structure its health services appropriately, the RCN's position is that there is a set of core values which must guide the development of school nursing across all parts of the UK. This paper sets out those value statements, applying the principles to school nursing.

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The RCN's UK position on the development of the school nursing workforce

The RCN believes strongly that the following statements must be applied in their entirety to developments taking place across the UK if the reforms of school health services are to be successful. These reiterate and develop the assertions set out in the RCN *Pillars of the community* position statement (RCN, 2010) and focus on the contribution of school nursing to children and young people.

Recognise the importance of the nursing voice

- As specialist nurses, school nurses hold a wealth of knowledge and experience in delivering successful public health care

interventions for school-aged children and young people, and in meeting the needs of the local school population. As such, all reforms to community nursing and nursing services must engage school nurses, as well as their unions and professional organisations, in developing, implementing and evaluating change from the very start of the process.

- All school nurses must be enabled to work safely and ethically, within the parameters of their professional code of practice. Local organisational structures should clearly enable them to raise concerns (NMC, 2010) when, in their professional judgement, quality or safety is being compromised. These concerns must be heard and acted upon appropriately.

Case study: child with attachment and behavioural problems

Clackmannanshire (Joan Gracie, School Nurse)

This little girl had problems with attachment and routine, arising from change of care from grandmother to mother, and was displaying anger towards her teachers and peers at school, and her sibling and parents at home. With long-term support from a health visitor, her mother was able to acknowledge the problem and engage with a family support worker.

The family support worker, supported by the public health nurse (schools) worked with the mother to develop strategies to manage the child's sleep problem and challenging behaviours. The mother was empowered to communicate the plan with education staff, who agreed to follow the same behaviour strategies as those being employed at home.

The outcomes were good for everyone involved:

- the plan resulted in the little girl sleeping and behaving better
- the mother's increased confidence enabled her to better manage her child's behaviour and she began to engage positively with her child which in turn increased their emotional attachment
- education staff reported improved concentration and behaviour in the child with a resulting positive impact on the child's self esteem
- the child no longer has a school behaviour card
- six months on progress has been maintained.

Define UK, national and local responsibilities

- Registered nurses, including school nurses, identity and roles, must be visible and consistent within the boundaries of each UK nation as appropriate to the health context and organisational structure of the separate administrations. Each national health

department must develop an agreed framework of broad national nursing and school nursing roles to meet future need that can be supported by the provision of their national educational organisations. These roles, however they evolve nationally, must be sufficiently consistent with developments elsewhere, and aligned to the UK's Modernising Nursing Careers programme, to enable UK-wide recognition and regulation of

- community nurses by the Nursing and Midwifery Council, compliance with EU regulations and a flexible nursing labour market.
- The UK Modernising Nursing Careers programme has developed a number of work streams, including advanced practice. This work was led in Scotland and made clear recommendations around the levels and scope of advanced practice. The NMC is currently investigating and undertaking scoping of advanced practice, and the RCN looks forward to the outcome of this work as applied to roles such as school nursing.
 - The RCN recognises that the NMC has announced a review of Part Three of the Register, and we support the forthcoming review of the current curriculum for school nurses to ensure that it is fit for purpose.
 - School nursing services must be planned with the needs of users, not providers, at their heart. This includes ensuring all reforms focus on quality of care and outcomes for children and young people. Local health organisations within each nation must be responsible for determining the registered and non-registered skill mix and structure of school nursing teams according to the profile of local health needs. However, this must be done within the parameters of agreed national role frameworks and the statements set out in *Pillars of the community* (RCN, 2010).
 - Robust workforce planning processes must be in place at both local and national levels to ensure the ongoing sustainability of the school nursing and health care assistant workforce in each nation.

Health and wellbeing in schools project: the Belmont cluster of schools

NHS Ayrshire and Arran (Sina Currie, School Nurse)

In response to the recommendations of the ministerial taskforce on health inequalities, the Scottish Government has commenced a two-year project to increase health care capacity in schools, starting in communities that have a high number of vulnerable children and young people. The Belmont cluster of schools was identified as one of four national demonstration sites for this project, which aimed to develop an integrated approach between all key stakeholders to address the health and wellbeing of children and young people. Staff were given an opportunity to redesign services to provide effective health care to children and young people and their families at key transition stages, ensuring that children and young people can access health care services for advice and support within and outside schools.

The models of care supported anticipatory care and move away from the ill health model of working to a preventative model that is key to promoting the health and wellbeing of children and young people.

Every school has a health needs assessment and all stakeholders, including children and young people, were invited to identify the health issues affecting children and young people in their locality. This ensured that the correct staff with the appropriate skills to deliver the required health input was deployed. The main areas of need identified were the emotional health and wellbeing needs, and the increased number of children with communication problems.

A team was recruited to address identified health needs, which consisted of:

- a project officer (two days per week) supported by a national development officer who is the assistant clinical nurse manager within Ayrshire seconded at that time to the Scottish Executive
- a school nurse (hours were increased)
- a primary mental health worker (CAMHS) Band 6 full-time
- a speech and language therapist Band 6 full-time
- two health care assistants (one for mainstream schools and one for a school for children with additional support needs).

The team worked with parents, carers and all stakeholders to provide children and young people with consistent and positive experiences. The structured approach to consultation and planning and the approaches to embedding health and wellbeing in the life of the school resulted in a range of benefits for the pupils, staff and the health and wellbeing team.

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Having a team devoted to the one cluster allowed staff to move to a promotion and prevention role instead of 'fire fighting'. The team provided support at key transition times; nursery to primary 1, primary 7 into secondary school, and school to the workplace or further education, using a whole school approach with targeted interventions for children and families identified as requiring extra support. The team focused on the emotional health and wellbeing of children and young people at these times, this being the main health concern identified through the consultation process.

Feedback from children taking part in this programme was overwhelmingly positive:

"I feel I can talk to my friends and family about my emotions and hopefully they will understand, once I have talked to someone about it I feel better." (11 year old girl)

"I have learnt how to control my actions and feelings." (11 year old boy)

School nursing staff working within the special needs schools have increased the health promotion input across all year groups, and target individual young people with health and wellbeing issues.

Feedback from the girls includes:

"...gives you the info you need and you can talk about things you're worried about." (14 year old girl)

"...the health and wellbeing team has been very helpful and supportive." (15 year old girl)

The team is also focusing on young people in the official transition years of leaving school, regarding access to services and self-esteem and confidence to deal with college life and transition to adult services. Feedback from some S5 pupils involved in this programme on mental health and stress includes:

- better perspective on dealing with stress
- interesting and easy to talk about your problems
- interesting, informative and helpful
- very good, learned things I didn't know about mental health and stress
- good and active
- thought provoking and interesting, in particular to hear others views.

The *Let's get eating* programme encourages children and young people to express their food likes and dislikes and supports them and their families to opt for healthier food choices. The group also supports young people to address the social skills and social aspects of eating and food.

The development of skill mix through the recruitment of health care assistants has been hugely positive to the project. Registered nurses can now focus on the most vulnerable children and young people, while the assistants support less needy young people within the core programme.

As a result of the above pilot NHS Ayrshire and Arran are in the process of implementing the learning to other areas of integrated working to improve children's outcomes.

Support a child and young person-centred team approach

- Community nursing careers, and the teams in which community nurses - including school nurses work - should broadly evolve within two fields; one focused on children, young people and families, the other on adults and older adults. This would provide appropriately focused support to generalist health services, such as general practice, out-of-hours services or integrated health and social services teams. It is essential to take account of the particular skills needed to work effectively and safely with the increasingly complex needs of distinct age groups in the community and provide high-quality services throughout an individual's care pathway.
- All community health services must demonstrate transition arrangements which support all individuals in receipt of health visiting and school nursing services, so that they can move seamlessly from a child, young people and family team to an adult team, without loss of quality of service.
- Effective integration of care will be achieved by ensuring that school nurses work closely

with health visitors, social services, teachers and education services, community groups, integrated teams, and other specialist nurses who support children's mental and physical health in the community.

- School nursing services must be responsive to the full scope of a child/young person's health needs. As such, all community nursing teams must have access to the full range of physical and mental health nursing capacity and capability needed to deliver holistic health care services to the local community.
- School nurses must work across multi-agency and multi-disciplinary teams, and local health organisations must pay sufficient attention to support a child/young person-centred team approach.
- School nurses should deliver services that promote health and wellbeing, developing care plans in partnership with children, young people, their families and carers, whilst identifying needs and strengths and acknowledging difference and diversity.

Directorate for Children, Young People and Families: school health

School Health, Barnsley

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Wellbeing drop in centres are held in various venues to give school children access to their school nurse and other partner agencies. Supported by their school, young people were involved in the planning stages of the development of this service. The school nursing team respond to the issues presented by the young people, which include sexual health, emotional wellbeing, smoking, healthy eating, bullying, alcohol and drugs.

The school has identified certain young people who have low confidence and poor school attendance as well as a variety of special needs. They are invited to evaluate the care they have received as well as suggest ideas for new services.

The area also has a service which includes a school nurse working for one day a week with the youth offending team (YOT). Advice and support on all health and wellbeing issues, including immunisation, are provided.

Embed nursing expertise

- The availability of school nursing expertise, including the skills of specialist, advanced and consultant practitioners (as per the community nursing definitions used in the Skills for Health Careers Framework) is essential to all teams if the local health needs of children and young people are to be met. The locally-determined skill mix of any team must promote the role of the experienced school nurse who holds expert knowledge appropriate to the community profile.
- A commitment to invest in adequate numbers of appropriate school nursing nurse educators in our higher education institutions and of practice educators across all health and social care settings must be made to support the ongoing development of expertise across the school nursing workforce.
- Clinical accountability for school nursing caseloads and supervision of the school nursing workforce must be provided by appropriate practitioners with the required skills and expertise. The RCN believes that as a significant part of the school nurses role is working with vulnerable families and safeguarding, it is essential that those who provide school nursing supervision are trained to provide this specialist supervision (RCPCH, 2010).
- School nurses must retain responsibility for the delegation and supervision of the health care interventions delivered by registered nurses and health care assistants in the team providing school nursing services to children aged 5-19 years.

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Health visiting and school nursing children's provider services

Kings Lynn, Norfolk

School nurses are in a prime position to co-ordinate the supervision of those health practitioners who work with vulnerable and at-risk school aged children, young people and their families. The school nurses and health visitors have used the NICE clinical guideline 111 on nocturnal enuresis to develop an electronic algorithm to help them implement best practice. The tool enables the nurses to arrive at the optimum solution for the patient in the quickest possible time and indicates when a child should be seen again, which could range from two weeks to six months. The nurses have found that the tool enables them to provide an individualised service for each school child.

When the school child attends the clinic, pertinent questions are asked and the nurse can be guided to explore the situation through using the algorithm; should there be a concern the nurse will be guided on what action should be taken. The tool provides simple access to the computerised safeguarding algorithm.

The enuresis algorithm tool is a one-stop-shop for the delivery of a first-class enuresis service.

Develop leadership capacity

- Strong, visible and influential school nursing leadership is needed to plan and manage change and to ensure the safe and effective practice of frontline school nurses, registered nurses and health care assistants. To secure a robust future for school nursing services, school nursing leadership must be developed, expanded and financially supported as a first step in implementing reform. Much can be learnt from the acute ward sister/senior charge nurse developments, where learning programmes have been put in place to support the development of ward leadership in a structured and supported way across the UK nations. In some areas these leadership programmes have been adapted for use with community based clinical leaders. This includes the authority to make decisions and take on the leadership role for a team or service, as well as leading innovations, influencing service commissioning and planning decisions, and the ability to challenge the status quo.
- School nursing leaders, alongside other community nursing leaders, must be formally enabled to engage and influence decisions at board level within their local health organisation and commissioning/service planning structures. Where local structures allow, this should include holding executive level seats on boards or mechanisms whereby they are able to clearly influence strategic decision-making.
- Regardless of how primary and community care services may develop across the UK, community nurses (including school nurses) must be offered all opportunities in the future to take a clinical, managerial and contractual lead in the delivery of services. School nursing roles must, therefore, feature in all discussions about future community service developments, along with all other community nurses.

The school nurse: Pendle South children and families integrated team

Lancashire Care NHS Foundation Trust

A group for vulnerable girls within the high school has been set up which highlights issues relating to child sexual exploitation to girls who are on the periphery of being sexually exploited. There is a prevalence of sexual exploitation in this area and a team, Operation Freedom, run by the Lancashire Constabulary, works with the school nurses so that professional experience and intelligence can be shared.

Operation Freedom has won a number of awards and a teaching package, produced by a school nurse, is now considered to be evidence of good practice.

Improve services

- School nursing services, and investment in school health care, must be based on the best understanding of what works well. School nurses must have increased opportunities to

share good practice, and to lead or contribute to research and robust evaluation to ensure ongoing improvement of services. This is true whether working at the frontline or pursuing a clinical academic career.

National Health and Social Care Trust school immunisation team

Northern Ireland

The introduction of the human papillomavirus (HPV) vaccine programme required the school nursing service in Northern Ireland to find an efficient and safe way of delivering it. The target population within the Northern Health and Social Care Trust, the largest health and social care trust in Northern Ireland, consists of 54 post primary schools, 11 special schools and three guidance centres. The programme aims to deliver; Year 8 TB risk assessment with Mantoux and BCG clinics; Year 9 HPV (three doses); Year 11 school-leaving booster and MMR catch up.

A multidisciplinary approach involving schools, paediatricians, pharmacy, administration, child health system, and transport departments was used. In creating the team, the accommodation and transportation of vaccines, maintenance of the cold chain, the delivery of the programme within the academic year, and the inclusion of the accelerated HPV programme for two years all had to be considered. The team included specialist school nurses, a band 6 co-ordinator, six Band 5 public health staff nurses and two child health assistants, all of whom had part time/term time contracts.

To date yearly immunisation targets have been fully met. There has been efficient utilisation of resources, which included the purchase of a van for the secure transportation of the vaccine direct to individual schools and to ensure the maintenance of the cold chain. Vaccine wastage, as a result of power cuts and the failure of fridges to maintain cold chain storage, has been reduced and health and safety issues relating to the movement and handling of vaccines for school nurses have been resolved. The service has been acceptable to schools, young people and their families as the team provide the service in one day, minimising disruption to the school environment. Centralised scheduling and review of consent forms has facilitated more efficient administration of the programme. The generic school nursing team now focuses on delivering the *Healthy child, healthy future* core programme within schools. Other trusts in Northern Ireland are now seeking to emulate this development.

Create a positive career choice for nurses

- Given that the school nurse role is widely accepted by the general public and remains a critical part of NHS health care provision, the RCN is calling for the NMC to provide clarity in the use of the title of 'school nurse'.
- School nursing must be re-invigorated as an exciting career choice for nurses, by providing flexible post-graduate education programmes in line with the Modernising Nursing Careers programme which are adequately funded by health organisations and national governments, including sufficient resource to provide appropriate backfill.
- Opportunities for professional development must be available throughout a career in the community to ensure the highest quality school health service.
- Changes to pre-registration nurse education mean that newly qualified nurses are now fully equipped to take their place in community teams as soon as they are registered. In addition they have a greater grounding in public health issues.

As such, increased opportunities for staff nurses in the community must now be made available to ensure a robust future for school health and school nursing along with an appropriate programme of enhanced mentorship (NMC, 2008), and experiences across teams must be made available to all newly qualified nurses in the community with a view to entering specialist practice and a school nursing education.

- Children's nurses, learning disability nurses and mental health nurses have transferable specialist skills that are highly relevant to participate in the provision of school nursing services. Nurses who have developed a career within the acute sector should be supported to make the transition to the community by the provision of appropriate education and mentorship to ensure they remain within the scope of their practice.
- School nurses must be assured of fair and equitable terms and conditions of employment, regardless of the organisation which employs them. The RCN continues to support the implementation of Agenda for Change.

The RCN's UK position on school nursing

School nurse in a residential school for adolescent boys with social, emotional and behavioural disorders

Monmouthshire

Janice Waters provides invaluable support to these disadvantaged boys - many of whom suffer from a range of disorders and have been permanently excluded from mainstream schools - by helping them to improve their health and wellbeing.

Previous to Janice's appointment, the mainstay of the school nurse's role was the provision of first aid within the midst of an 'illness culture'. Janice developed a health improvement programme for the boys which incorporates general assessments such as height, weight, dental and optical needs, and allows for frank and meaningful discussion around all aspects of the boy's social life including smoking, drug abuse, alcohol, bullying and healthy sexual relationships.

Prior to admission to the school, the previous and ongoing medical condition of each boy is considered in addition to any regular medication. Assessment is made as to how the needs of each boy can be met in order to give them the best chance of staying in a school which may well be their last chance of a formal education.

A first aid and minor illness service greatly enhances school attendance, particularly as the boys are residential on a Monday to Friday basis. The school nurse is responsible for assessing minor illness and, depending upon the type of illness, decides in conjunction with the family whether or not the boy remains in school. As many of the boys live some distance from the school, emergency visits to general practitioners, A&E and sometimes consultant appointments may require the school nurse to accompany the pupil.

Physical illness can often be a sign of mental distress in many of the boys and the recent completion of a master's degree in advanced practice: safeguarding children and young people by Janice, has been invaluable.

The boys' lack of knowledge around sexual health accompanied by inappropriate sexual behaviours, often as a result of sexual abuse, calls for enhanced and personalised educational sessions to be provided. Improvements have been made in school with regard to the diet provided to the boys, and proper nutritional levels within the Healthy schools remit are provided. The school curriculum now includes the boys being involved in taster sessions and creating menus.

Smoking is a big problem in the school, and Janice provides support to the boys in line with NICE guideline 23: school-based interventions to prevent the uptake of smoking among children and young people for the prevention of the uptake of smoking in schools. One method does not suit all the boys, so a range of interventions - predominantly psychosocial - are offered at the school.

The boys will hopefully take increased responsibility for their health through their school life in preparation for when they leave school.

Ensure appropriate resourcing

- School nurses, and the wider team within which they work, must be provided with the resources and infrastructure they need to provide effective and cost-efficient services. This includes access to appropriate IT, premises and administrative support.
- School nurses must be involved in the development of the structure and content of electronic children and young people's records/assessments to ensure they are appropriate to the interventions of school nursing teams.
- Substantial investment must be made into ehealth and telehealth advances, to ensure future service demand can be met within available resource.

Health shops in Leicester

Families Young People and Children's Services, Leicestershire Partnership NHS Trust

Helen.Morrison@leicspart.nhs.uk

School nurses have established health shops in partnership with personnel from education in the majority of senior schools in Leicester. The health shops provide friendly and confidential support on a range of health issues, empowering young people to make informed choices about their personal health and wellbeing.

Sexual health care is also provided, which includes supplying condoms and pregnancy testing, and there has been a reduction in the number of teenage pregnancies in Leicester.

Concluding statement

School nurses play a crucial role in supporting children, young people and their families. This is acknowledged across the UK, with the focus on increasing access for children and young people to school nursing service provision and ensuring the availability of an appropriately skilled and educated workforce at local level. School nursing interventions, when well planned and co-ordinated, reduce problems throughout childhood and adolescence, promote self-care and resilience in communities, and prevent ill health occurring in the first place. An increasing body of evidence highlights the significant contribution school nurses can have in breaking intergenerational cycles, facilitating behaviour change, promoting healthy lifestyles, and choices for the benefit of children, young people and their families (DfE, 2011).

Health service reforms and organisational change, particularly those taking place in England, are currently creating uncertainty. Against this backdrop, the RCN's UK position on school nursing encompasses a number of case studies and exemplars of innovative practice. We are keen to hear the views of our members and stakeholder groups about how school nursing services are being developed across the country. You can email your views and experiences to Fiona Smith, Adviser in Children and Young People's Nursing, fiona.smith@rcn.org.uk

The RCN's UK position on school nursing

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