

Transition to the School Nursing Service

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Section A - Thinking about working in the school nursing setting

Chapter 1 - Moving into the community to work with a School Health Team

Introduction: Welcome to the Community

School Nursing Teams vary across the country but they are generally led by a qualified Specialist Public Health Nurse and may include Registered Nurses, Nursery Nurses, Health Care Assistants and Administrators. They form part of a broader School Health Team (SHT) who work together towards improving the health and well-being of children, young people and their families. You will be working with a committed team of people who value their role and work with a wide variety of other professionals as well as children and young people themselves. This resource will guide you through what it is like to work in the community and some of the issues that you may encounter in a SHT. Reflection on your practice is encouraged from the start and you will need to identify a mentor to help you on your journey.

This chapter will introduce you to the role of the school health team (SHT) within the community. It will:

- Provide you with a brief overview of the history of school nursing in the UK.
- Consider what skills you will need to work in the SHT
- Outline the key roles that a nurse working with the SHT will be undertaking
- Explore the different roles and responsibilities of different professionals in the community setting

How did school health start?

The first school nurses emerged at the same time as health visitors during the Victorian era in Britain, with a role in gathering information in the school setting. The early tasks of school nurses arose out of the need to improve the health of children living in poverty and this coincided with a report from the British Army at the time which highlighted that young men joining the service were unfit for purpose (Webster & French 2002).

The report identified that nutrition was an important factor in the general health of populations and in particular that measuring the height and weights of children in school was a key indicator of their health and wellbeing. This remains true today in modern Britain: heights and weights are still measured at different stages of development. Many of the early aims of the school health service resonate today and Local Authorities are now key commissioners of school health services as they were when school health began. They have a remit to improve the health and wellbeing of young people, reduce child poverty and protect children and families (DH 2014).

Go to <https://vimeo.com/116179180> to watch a short film on school nursing today.

'The early tasks of school nurses arose out of the need to improve the health of children living in poverty.'

School health today

The professional standing of the school nurse has changed dramatically since its inception in the Victorian era. Today, school nurses play a crucial role in the primary health care team and their key role lies within the public health (PH) arena. School Health Teams remain committed to promoting the health and wellbeing of children, young people and young adults (5-19) to give them the best start in life and sustain their optimum health status. You will need to be aware of the many different settings that children, young people and young adults occupy for example: home, school, college or university. It is also important to recognise the range of factors that will impact on their health such as: family circumstances, environment, health status or disability. You may also want to explore the different types of schools and colleges that exist in today's society (Free Schools, Academies, independent schools or Faith schools). A description of these can be found at: www.gov.uk/types-of-school/overview

You will need to be familiar with two key documents that guide school health practice.

1. The first is The Healthy Child Programme (5-19) (DH 2009). www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

This document 'sets out the good practice framework for prevention and early intervention services for children and young people aged 5–19 and recommends how health, education and other partners working together across a range of settings can significantly enhance a child's or young person's life chances'. The Healthy Child Programme (5-19) aims to:

- Help parents develop and sustain a strong bond with children
- Encourage care that keeps children healthy and safe
- Protect children from serious disease, through screening and immunisation
- Reduce childhood obesity by promoting healthy eating and physical activity
- Identify health issues early, so support can be provided in a timely manner
- Make sure children are prepared for and supported in education settings

- Identify and help children, young people and families with problems that might affect their chances later in life.

Reference: DH (2009) The Healthy Child Programme (5-19) London DH

2. The second document is 'Getting it right for children, young people and their families: Maximising the school nursing team contribution: a call to action (DH 2012)'. This document guides school health practice and outlined in this document are the fundamental PH aims for school health teams:

1. Health promotion and prevention by the multi-disciplinary team
2. Defined support for children with additional and complex health needs
3. Additional or targeted school nursing support as identified in the Joint Strategic Needs Assessment.

This document is available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf



Discussion point: Have a look at these two documents and consider what skills and knowledge that you already have that will help you work with the SHT and identify what you will need to develop or learn. You can use the SWOT analysis template below and then discuss this with your mentor to help identify your learning needs.

Strengths	Weaknesses
Opportunities	Threats



The Key Roles and Responsibilities of the SHT:

There are some basic principles that guide school health practice that are framed in the two documents which are also based on Public Health approaches and the NMC guidelines for Specialist Community Public Health Nursing (NMC 2004):

The surveillance and assessment of the population's health and well-being: health screening.

A key role when you start to work in school health is the surveillance and assessment of children and young people's general health and wellbeing. You will encounter the phrase 'school readiness' while you are working with the SHT. Good liaison with health visitors helps to provide a seamless transition into the school setting. Please note that some children may not be in school and you will need to be aware of this in your area of work; you will also need to be aware of children with specific additional health needs. A school health questionnaire is normally done as children enter school to establish a baseline for general health and wellbeing and identify specific needs. The collection of this data is likely to form a part of your role as you join the SHT. The Healthy Child Programme (DH2009) also recommends gathering data in secondary school as well at different stages. This will vary in different areas; you will need to familiarise yourself with local policy and procedures and discuss with your mentor the service delivery model being used for school health. As well as the health questionnaire, the assessment will include the measurement of children's height and weight at different points in their school life. The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception and in Year 6 to gather data on obesity. You will need to familiarise yourself with this initiative and learn how to measure children accurately using the correct Trust equipment. Some areas may also screen children for hearing or vision problems in schools. You will need to ensure that you are familiar with local policy about the sharing and storage of this Information. More about the NCMP can be found at: www.hscic.gov.uk/ncmp

Promoting and protecting the population's health and wellbeing.

Promoting healthy behaviours in children and young people and their families will be a key part of your role whether on a one to one basis or in groups. You will need to discuss with your mentor your responsibility in contributing to the delivery of any health education or health promotion initiatives in the practice area.

Protecting populations from harm is an important aspect of public health and immunisation and vaccination programmes are a very successful part of this agenda. Some school nurse teams will be involved in providing immunisations in schools but in other areas, specific immunisation teams are commissioned. If your area is involved in delivering this service, you will need to be familiar with the local policy and the immunisation schedules, which can be found in what is known as 'the Green Book'. As well as the childhood immunisation schedule, the Green Book gives guidance on the correct storage, transportation and administration of vaccines: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book.

Any team immunising in schools or the community will need to be aware of the principles of consent and governance and further information can be found at: www.gov.uk/search?q=immunisation+training+for+professionals

'Promoting healthy behaviours in children, young people and their families will be a key part of your role.'

Immunisations undertaken by school nurses are normally administered under a Patient Group Directive (PGD):

'PGDs should be put together by a multi-disciplinary group including a doctor, a pharmacist and a representative of any professional group expected to supply the medicines under the PGD. It's good practice to involve local drug and therapeutics committees, area prescribing committees and similar advisory bodies. The PGD needs to be reviewed every two years and should include clinical governance arrangements and an assessment to see if a PGD is still the most effective way of providing patient care'.

Clinical governance refers to a framework through which NHS organisations are accountable for improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Further information about PGD's is available at: www.gov.uk/government/publications/patient-group-directions-pgds

Immunisation training will be undertaken by local Trusts with regular updates. As with all nursing practices, individuals must be aware of their accountability for their actions as per the Nursing and Midwifery Code (NMC 2015) and must not undertake a procedure or intervention that they are not competent to perform. www.nmc-uk.org/Documents/NMC-Publications/NMC-Code-A5-FINAL.pdf

The links below will give you further information about the childhood flu campaign.

Information materials:

Public Health England (PHE) have updated the national communication material and supporting information for 2015/16 to include the following:

- A national consent form
- Template letters to invite children in Years 1 & 2 for flu vaccination (which includes Q&A for parents)
- The "Protecting your child against flu" leaflet
- Immunising primary school children against flu – Information for head teachers and other school staff.

The materials for 2015/16 will be available from the end of May and can be accessed via the annual flu programme website: www.gov.uk/government/collections/annual-flu-programme

Info and learning materials: www.e-bug.eu

- Digital Flu badges, a series of missions that children can take and earn Digital Badges: www.makewav.es/health
- WiredYoung Carer's Group produced a song about getting a flu vaccination. It has been popular with children and is available for teams to use: <https://vimeo.com/106076706>
- Training materials: www.gov.uk/government/collections/annual-flu-programme
- An outline of potential Immunisation Training Requirements by role has been produced by the Royal College of Nursing /PHE. This can be found at: www.rcn.org.uk/__data/assets/pdf_file/0005/553748/004479.pdf
- The Royal College of Nursing statement on HCSWs administering live attenuated influenza vaccine can be found at: HCSW and Live Attenuated Influenza Vaccination [LAIV] for children and young people (March 2015) (PDF 360KB).
- A link to the School Nursing Service Planner is here: www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf

Individual skills

As a qualified nurse you will already have some important transferable skills but you may not have worked with children or young people before. Some of the skills you will need include:

- Communication skills
- Self-awareness
- Assertiveness
- Negotiation/conflict resolution
- Facilitating skills



Reflection point – think about these skills and when you have used them in the past. How might you need to use them within the SHT?

Communicating with children and young people and their families

Working with children and young people will require a number of different communication strategies, styles and approaches. You will be working with



young children as they enter the education system and communicating with parents and carers as appropriate. You may also be working with teenagers and young adults in a variety of different settings. The SHT may be communicating health messages in the classroom or other community settings as part of Personal Social Health and Economic Education (PSHE) although this will vary across different teams and across the country. Check this PSHE website for more information: www.pshe-association.org.uk.

It is useful to pay particular attention to talking to older children, adolescents or young adults and the skills you may need to communicate effectively.

Some of the key issues:

- Confidentiality
- Active Listening
- Showing empathy
- Being non-judgemental
- Ensuring privacy
- Body language
- Observation skills (for example assessing mood)



Discussion point: Consider what these terms mean to you and how you might apply them in your role. Think about your feelings about talking to groups of children or young people about sensitive issues such as sexual health.

Visiting schools or other educational environments

School nurses work within education (schools and other services) to improve outcomes for children and young people. The advantage of being a health professional is that you can be independent and are guided by your own professional standards and accountability when in the school setting (see The Code 2015). It often means that young people may talk to you more than they might a member of the school staff. This means that when working one to one with children and young people, you can maintain a confidential approach using child protection guidelines (see chapter 4 for more this). In the classroom, however, you are guests and you should normally be accompanied by a teacher when delivering health messages. This helps to manage behaviour issues in the classroom and protect you from accusations of inappropriate information being delivered. If it is part of your role to deliver health education, visiting schools for the first time can be a daunting prospect and it is important to have support and observe experienced practitioners in the first instance. Good lesson planning and sharing this with the school and your mentor in advance is good practice.

Visiting schools and raising the profile of the SHT is important to highlight the valuable contribution school nurses can make to improving health outcomes for children and young people. The British Youth Council has suggested that school nurses need to be present and visible in the school setting. See the link for more information: www.byc.org.uk/media/75447/byc_school_nurse_report_web.pdf

Also, the Department of Health has released documents urging students to get to know their school nurse: www.gov.uk/government/publications/students-starting-secondary-school-urged-to-get-to-know-their-school-nurse

'Visiting schools for the first time can be a daunting prospect.'

Being visible in educational settings requires you to behave in a professional way at all times and you will need to be clear about the policies and protocols that guide you when working in the community and these settings.

The key skills for the SHT as a whole are summarised in Figure 1.

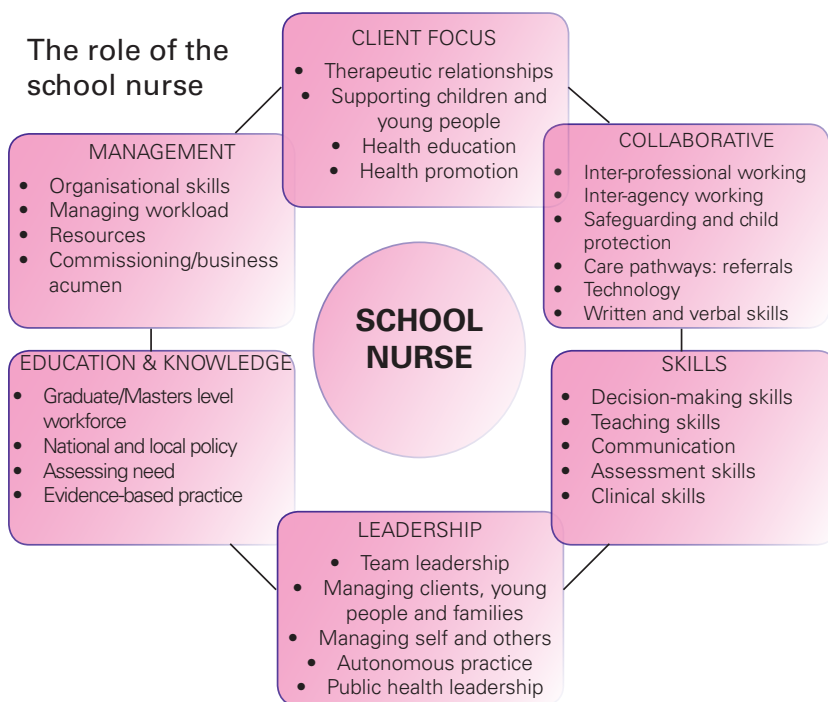
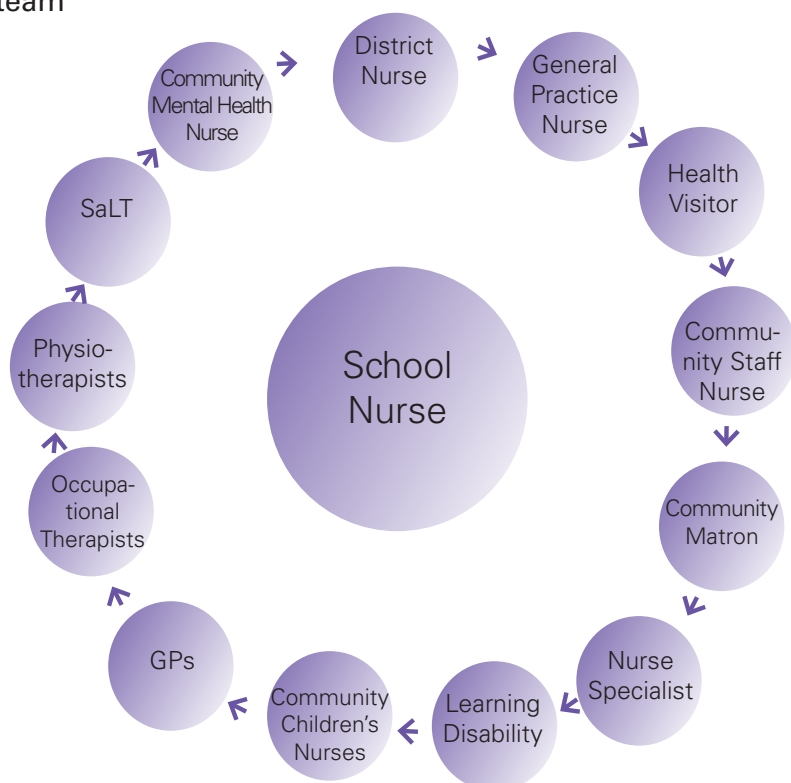


Figure 2
The multi-disciplinary team



Different roles in the community

Child and Adolescent Mental Health Services (CAMHS)

'Children and young people and their families can be referred to CAMHS if children are finding it hard to cope with family life, school or the wider world. If these difficulties are too much for family, friends or GPs to help with, CAMHS may be able to assist.

Types of problems CAMHS can help with include violent or angry behaviour, depression, eating difficulties, low self-esteem, anxiety, obsessions or compulsions, sleep problems, self-harming and the effects of abuse or traumatic events. CAMHS can also diagnose and treat serious mental health problems such as bipolar disorder and schizophrenia'.

See: www.youngminds.org.uk/for_parents/services_children_young_people/camhs/what_are_cahms

Community Children's Nurses

These provide holistic care to sick children by providing nursing care in the community setting, empowering and enabling the child, family/carers to become more competent in the management of the child's condition, thereby reducing the need for hospital admissions or enabling early discharge. The Community Children's Nurses provide nursing care to children and young people with a life limiting, life threatening condition, complex disability, long term conditions such as asthma, eczema or allergies as well as palliative and end of life care.

Community Mental Health Nurses

A Community Mental Health Nurse (CMHN), also sometimes known as a community psychiatric nurse, is a registered nurse with specialist training in mental health. Some CMHNs are attached to GP surgeries, or community mental health centres, while others work in psychiatric units. CMHNs have a wide range of expertise and offer advice and support to people with long-term mental health conditions, and administer medication. Some CMHNs specialise in treating certain people, such as children, older people, or people with a drug or alcohol addiction.



Community Paediatricians

Community Paediatricians are specialist children's doctors who have a particular expertise in looking after children with long term health problems which may have an impact on other areas of their life. These long terms problems may include complex health conditions requiring medical support, behavioural problems such as ADHD or other special educational needs.

District Nurses

District Nurses play a crucial role in the primary health care team. They visit people in their own homes or in residential care homes, providing care for patients and supporting family members. As well as providing direct patient care, district nurses also have a teaching role, working with patients to enable them to care for themselves or with family members teaching them how to give care to their relatives.

General Practitioners (GPs)

GPs provide a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. Most GPs are independent contractors to the NHS. This independence means that in most cases, they are responsible for providing adequate premises from which to practice and for employing their own staff.

Health Care Assistants (HCAs)

HCAs work in hospital or community settings, such as GP surgeries, under the guidance of a qualified healthcare professional. The role can be varied depending upon the healthcare setting. In the community, they support the community school nurses with activities such as screening and immunisations. In the community, they support the community school nurses with activities such as screening and immunisations.

Health Visitors - also known as a specialist community public health nurse (SCPHN)

Health Visitors work with families with children under the age of 5 years of age. They support families and children in issues such as growth and development, post natal depression, breast feeding and weaning, domestic violence and bereavement. They also play a role in safeguarding and protecting children from harm.

Learning Disability Nurses

These nurses provide specialist healthcare to those with a range of learning disabilities. They also offer support to their families. Learning disability nursing is provided in settings such as adult education, residential and community centres, as well as in patients' homes, workplaces and schools.

Nursery Nurses

Nursery nurses provide care for children up to the age of five years. They work primarily with young patients, although some are employed in nurseries looking after children of NHS staff. The role can be varied depending upon the healthcare setting.

Occupational Therapists (OTs)

OTs work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident. The profession offers enormous opportunities for career development and endless variety. Paediatric OTs are specifically trained to help

'Health Visitors work with families and children under the age of 5.'

children and young people with their individual needs.

Physiotherapists

A physiotherapist's core skills include manual therapy, therapeutic exercise and the application of electro-physical modalities. They also have an appreciation of psychological, cultural and social factors influencing their clients. More physiotherapists work in the community and a growing number are employed by GPs. Treatment and advice for patients and carers take place in their own homes, nursing homes, day centres, schools and health centres.

Practice Nurses

Practice Nurses work within GP surgeries and assess, screen and treat patients of all ages. They run clinics for patients with long term conditions such as asthma, heart disease and diabetes. They also offer health promotion advice in areas such as contraception, weight loss, smoking cessation and travel Immunisations.

Speech and language therapists (SaLT)

SaLTs assess and treat speech, language and communication problems in children and young people to help them communicate better. Early referrals to SaLT are recommended as part of a multi-agency approach to supporting child development.



Chapter Summary

This Chapter has looked briefly at the history of school nursing in the UK. It has explored the key roles and responsibilities of the school health team with particular reference to the public health role. It has challenged you to consider if community nursing is for you and also to think about your own clinical skills and what additional skills you may need to work in school nursing.

References:

- DH (2014) School Nurse specification www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf
- NMC (2004) Standards for Specialist Public Health Nurses London NMC available online www.nmc.org.uk/globalassets/siteDocuments/Standards/nmcStandardsofProficiencyforSpecialistCommunityPublicHealthNurses.pdf
- NMC (2015) The Code Online: www.nmc.org.uk/standards/code/

Some useful web resources

- www.qni.org.uk The Queen's Nursing Institute
- www.nhs.uk/careers NHS Careers
- www.rcpch.ac.uk Royal College of Paediatrics and Child Health. www.chimat.org.uk/profiles
- www.gov.uk/government/organisations/public-health-england Public Health England Child Health Profiles
- www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf Maximising the contribution of school nursing
- www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf Maximising the school nursing team contribution to the public health of school-aged children. Guidance to support the commissioning of public health provision for school aged children 5-19