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Getting it right for children, young people and families

*Maximising the contribution of the school
nursing team: Vision and Call to Action*

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Getting it right for children, young people and families

Maximising the contribution of the school nursing team: Vision and Call to Action

The following organisations have contributed to this document:

- British Youth Council (BYC);
- Community Practitioners and Health Visitors Association (CPHVA) / UNITE);
- Netmums;
- North West Regional Youth Work Unit (NWRYWU);
- National Children's Bureau (NCB);
- NHS Institute;
- Royal College of Nursing (RCN);
- School and Public Health Nurse Association (SAPHNA).

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Foreword: Department of Health Director of Nursing



The health and well-being of our children and young people matters and school nurses are key professionals in supporting children and young people in the developing years 5-19 to have the best possible health and education outcomes.

The government recognised the importance of school nursing in the public health strategy 'Healthy Lives, Healthy People'¹ and committed to developing a new vision for those services reflecting the nursing role in public health in the school community.

Our aim is that the service vision and model for school nursing services developed through the programme, will be a framework for local services for school children and young people that meets present and future needs. A service that is visible, accessible and confidential, which delivers universal public health and ensures that there is early help and advice available to young people at the times when they need it. We want to ensure school nurses are supported in their leadership role in the new public health system and continue to work with children and young people to ensure they have a voice in developing services that are right for them.

I would like to thank everyone who took part in this work and all of you who so generously gave your time and shared your experiences. I hope that you will continue to be champions for the programme's ambitions for the future of school nursing and maximising the nursing contribution to the positive health outcomes for our children and young people.

Viv Bennett, DH Director of Nursing/Government's Principal Advisor on Public Health Nursing

¹ Department of Health (2010). *Healthy Lives, Healthy People White Paper: Our strategy for public health in England*. London: Department of Health.

Department of Health (2011) *Healthy Lives, Healthy People: update and way forward*. London: Department of Health.

Part one: Our ambition

We know that the experience of our children and young people in the early and developing years is critical to health and educational outcomes in that they set the course for adult life. We know that school nursing services can make a real difference to setting down strong foundations for good life chances and support children and young people in the choices they make about their health. We heard that children and parents weren't always clear about the services available and we listened to their excellent ideas for the services they wanted to see put in place.

We heard from school nurses about the need to raise the profile of the role, to ensure that maximum impact can be achieved from the nursing contribution to good health in the school years and to promote school services as a career option for nurses for the future. We heard from managers and commissioners of services that a clear service model linking to good health outcomes was needed to inform future commissioning

We have worked with children, young people, parents, nursing and other professionals and many partners in health and education to produce this vision and service model and to set out the school nursing contribution to improving and protecting health. 'Our ambition' and 'our plan' indicate the partnership between all of these stakeholders to develop 'our national model' which can be used locally as a framework to secure effective services for school aged children and young people, which fits local circumstances and meets local health needs.

The model is set within the context of the Healthy Child Programme 5-19² which is based on best evidence to promote and protect the health of children in the developing years. It is based on extensive work with all our stakeholders and aligns with the model of service for health visiting, thus promoting continuity of service and a smooth transition from 0-19. Our vision is thus to join **up best evidence of what should be done** with the **views of professionals, parents, children and young people on how it should be done**. In this way we achieve good health outcomes and positive user experience. Our ambition is to implement the framework, promote innovation and disseminate the good practice that exists in many services across the country; to ensure children and young people everywhere receive high quality services which improve health and reduce health inequalities.

Young people were very clear about the importance of their health and the importance of services being delivered in ways which improve awareness and accessibility, promote confidentiality and use new technologies. As one young person said '**services need to be in synch with the way we live our lives**'.

²Department of Health and Department for Children, Schools and Families (2009). Healthy Child Programme (From 5 –19 years old). London: Department of Health.

OUR FRAMEWORK

Is based in

- The Healthy Child Programme 5-19²
- Public Health Outcomes Framework³ and in the future the recommendations of the Children's and Young People's Health Outcomes Strategy*
- Quality improvements through the standards as set out in 'You're Welcome'⁴ and from our service users views on what good would look like.

And comprises

- The vision and service model within this plan
- An integrated model which sets out the programme and its relationship to quality and outcomes including the 'You're Welcome' quality criteria⁴ and Public Health Outcomes³
- Underpinning professional pathways which include:
 - supporting the [transition from health visiting to school nursing services](#);
 - delivering public health to young people in the youth justice system;
 - supporting children with complex needs in school settings;
 - safeguarding;
 - emotional health and wellbeing.
- Fact sheets which are being produced to promote the programme to key audiences.

It is developmental and we are

- Working with the profession to promote school nursing as a career and support and refresh/extend the skills of current practitioners including new programmes for continuing professional education for school nurses;
- Promoting the [Building Community Capacity](#) module which has been piloted with school nurses and health visitors;
- Developing a set of attributes for nurses considering careers with school age children and young people;
- Working with NHS Careers and young people to heighten awareness of school nursing and promote as a career option, utilising a variety of technology and media;
- Ongoing work with children and young people as advisors to the programme and champions for improving local services and health outcomes.

³Department of Health (2012). *Healthy Lives, Healthy People. Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England 2013-2016*. London: Department of Health

⁴Department of Health (2011). *'You're Welcome': quality criteria for young people friendly health services*. London: Department of Health. <http://www.dh.gov.uk/health/2012/03/children-views/>

ACTIONS

Our ambition is to ensure children, young people and families are offered a core programme of evidence based preventative health care with additional care and support for those who need it.

To realise this ambition requires action at national and local levels and we sent out a 'Call to Action' for the profession, those who commission school nursing services, and those who provide them to promote a revitalised service. The areas for action are shown below and further details shown in part three of this report:

- Improving partnership working, locally and nationally;
- Reviewing and revising the locally commissioned service;
- Implementing the service model locally;
- Strengthening local working between health and education;
- Providing services across the full range of preventative health care;
- Involving children, young people and families in service review and re-design.



Figure 1 sets out the new model for school nursing. The service model aims to strengthen health services for school-aged children and young people and to promote optimal health and wellbeing. It brings together the wide range of recommended programmes and initiatives for local areas to consider including the Healthy Child Programme.

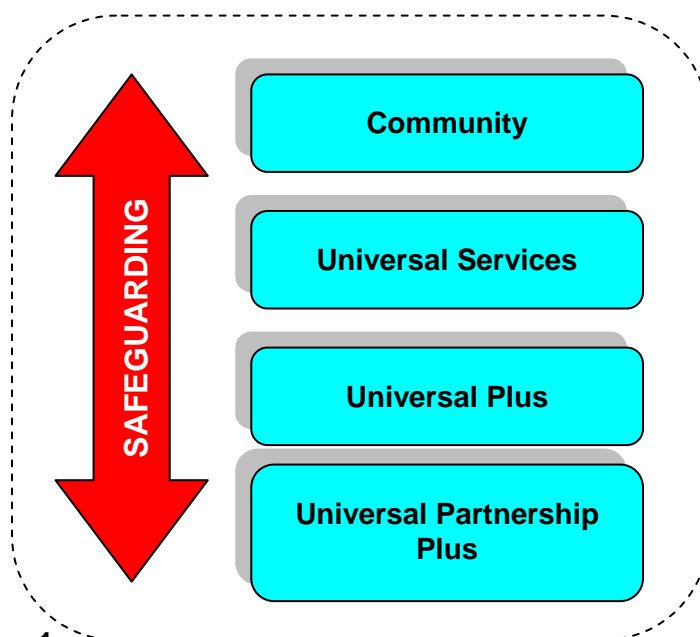


Figure 1

■ **Community**

School nurses have an important public health leadership role in the school and wider community for example contributing to health needs assessment, designing services to reach young people wherever they are, providing services in community environments and working with young people and school staff to promote health and wellbeing within the school setting. In particular school nurses will work with others to increase community participation in promoting and protecting health, thus building local capacity to improve health outcomes.

■ **Universal Services**

School nurses will lead, coordinate and provide services to deliver the Healthy Child Programme (HCP) to the 5–19 years population. They will provide universal services for all children and young people as set out in the Healthy Child Programme, working with their own team and others including health visitors, general practitioners and schools.

■ **Universal Plus**

School nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They will offer 'early help' (for example through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice) through providing care and/or by referral or signposting to other services. Early help can prevent problems developing or worsening.

■ **Universal Partnership Plus**

School nurses will be part of teams providing ongoing additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance mis-use problems and risk taking behaviours. School nursing services also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

For school nurses this means providing a service at four levels with safeguarding being a core part of each level right through from universal services education about protective behaviours, to working as part of a team providing high intensity services where these are needed. For children, young people and families this means a service offer at four levels.

Services with sound foundations

Service information

Information in different formats and media tailored to children, young people and parents' needs. 'Visible opportunities' in the school and beyond.

Transitions

Robust care pathways for school entry and moving from primary to secondary school.

Involvement

Young people designing services and being 'health champions'.

Productive Community Services

Best value and maximised contact time.

New technologies

Smart phone 'Apps' for example to support management of long term conditions. Mobile working solutions for nurses.

Young people friendly ways of communicating:

Text messages and emails for booking appointments and seeking advice.

A service offer at four levels

Your Community describes a range of health services (including GP and community services) for children and young people and their families. School nurses will be involved in developing and providing these and making sure you know about them.

Universal Services from your school nurse team provides the Healthy Child Programme to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks, protecting health eg by immunisations and identifying problems early.

Universal Plus provides a swift response from your school nurse service when you need specific expert help which might be identified through a health check or through providing accessible services where you can go with concerns. This could include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health wellbeing.

Universal Partnership Plus delivers ongoing support by your school nursing team as part of a range of local services working together and with you/your family to deal with more complex problems over a longer period of time.

Services with strong innovation

Improved accessibility

Services in local young people community settings. Young people healthy living services & 'drop ins'. Increasing technology support eg 'healthy living centre apps'.

Partnership services

Community action on alcohol and Young People alcohol advisory service.

Quality

'You're welcome' standards met in providing Healthy Child Programme.

Reducing health related school absence

Advice booklets, apps and awareness campaigns. Illness advice line and drop in services.

Early help

Health needs assessments to identify issues early and support services for emotional health and wellbeing.

Information sharing

Effective systems to share information between professionals and with young people and families.

QUALITY AND OUTCOMES

This vision and call to action includes quality standards⁴ on which to bench mark local delivery and outcome measures³ which will assist in measuring impact and evidence of meeting local population needs. The success measures will assist local areas to assess improvement and delivery of high-quality services that make a measurable contribution to health and wellbeing and a reduction of health inequalities.

Delivering young people friendly health services:

- Accessible;
- Publicity;
- Confidentiality and consent;
- Environment;
- Staff training, skills, attitudes and values;
- Joined-up working;
- Young people's involvement in the monitoring and evaluation of patient experience;
- Health issues for young people;
- Sexual and reproductive health services.

**'You're Welcome' quality criteria
(Department of Health 2011)**

Outcomes:

Improved:

- Readiness for school;
- Population Vaccination cover;
- Emotional wellbeing of looked after children.

Reduced:

- School absences;
- Tooth decay in children aged 5;
- Excess weight in 4-5 and 10-11 year olds;
- Hospital admissions due to unintentional or deliberate injuries;
- Under 18 conception rates;
- Chlamydia prevalence in 15-24 year olds;
- Smoking prevalence in 15 year olds;
- Alcohol and drug mis-use.

**Public Health Outcomes Framework
(Department of Health 2012)**

Additional suggested success measures:

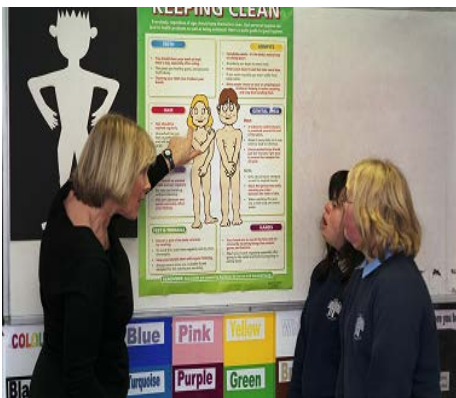
- Improved consistent delivery of the Healthy Child Programme 5-19;
- Increased capacity building, for example supporting healthy schools;
- Improved health and wellbeing, including good mental health.

Part Two: Our Programme

Section One: the purpose of the School Nursing Development Programme

The School Nursing Development Programme

The School Nursing Development Programme is a contribution to the government's intention to focus on public health and to improve the life chances of children and young people through effective preventative services and the provision of early help. The Department of Health has developed the programme in partnership with the Department for Education, professional organisations, school nurses and most importantly young people themselves. The programme management and governance structures are outlined in Annexe 2.



The School Nursing Development Programme forms part of the nursing response to *Healthy Lives, Healthy People: Update and Way Forward*¹. This programme like the health visiting programme has been developed within the context of the Healthy Child Programme (the children and young people's public health programme), in which, health visiting services lead for foundation years and school nursing services lead for the school years. The school nursing programme has thus been developed to ensure alignment with the Health Visitor Implementation Plan⁵ and continuity of care from foundation years to school.

The Healthy Child Programme and *Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England 2013-2016*³ both offer frameworks for measuring the impact school nursing services can have on improving health outcomes for children and young people. Additionally, the recent announcement regarding development of a [Children and Young People's Health Outcomes Strategy](#) which aims to maximise health outcomes for all children and young people will be important in shaping future school nursing services and the contribution to improving outcomes. The strategy will seek to ensure that the outcomes measured are the ones that matter most to children, young people, their families and the professionals that support them and set out how different parts of the NHS and public health systems will contribute to delivery of these outcomes.

The aim of the School Nursing Development Programme is to:

- maximise and promote the school nursing contribution to improving health outcomes for children, young people and their families;

⁵Department of Health (2011). *Health Visitor Implementation Plan 2011-2015. A Call to Action*. London: Department of Health.

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- build capacity in communities including the school population for the prevention of poor health and for the improvement of health and well-being amongst children and young people;
- describe the school nursing service contribution to meeting the needs of children and young people who have long-term conditions, disabilities and/or additional health needs (including mental health problems) in school and community environments to improve access to education and recreation;
- maximise the contribution to safeguarding through multi-disciplinary working, provision of early help and referral when appropriate to specialist services;
- promote the importance of school nursing services through;
 - clarifying the school nurse role and function;
 - setting out a service model as a framework for the development of local services;
 - showing how school nurses and their team contribute to achieving outcomes within the public health outcomes framework;
 - providing information about school nursing to current and future commissioners, the provider organisations and colleagues in health and education sectors;
 - promoting high quality services, building on the evidence and the views of partners including young people themselves;
 - mobilising and supporting the current workforce to deliver the service vision;
 - promote multi-agency working to deliver the service model and improve outcomes;
 - raising the profile of school nursing as a career;
 - including children, young people and families as partners in service development, review and evaluation.



What did children, young people and families tell us

The programme has been co-produced with children, young people and parents as key partners in developing a vision based on evidence and understanding of what they expect from a school nursing service.

The key themes are shown in Table 1 (below) and further details can be found in Annexe 3.

Table 1:

What did children, young people and parents tell us		
<p>The government is committed to listening to and acting upon the views of service users to ensure services are fit for purpose and meet local needs. Children and young people have been active participants in the development of the vision and model for school nursing from the outset.</p> <p>We have worked with National Children's Bureau⁶, British Youth Council⁷, North West Regional Youth Work Unit⁸ and Netmums to capture the views of children, young people and parents. The views of children, young people and parents have all fed into the vision and model. We have continually tested the findings and emerging themes to ensure we have captured the essence of their experiences and views. A number of common themes emerged from the consultation with children, young people and parents, which are summarised below.</p>		
Children	Young people	Parents
School nurses need to be more visible in schools.	School nurses need to be visible and well known to pupils. School nurses need to use technology such as texting and emailing.	School nurses need to be more visible in schools and to parents.
Pupils should be introduced to their school nurse.	School nurses need to offer <i>early</i> help to support young people.	Parents should be introduced to the school nurse and the service available.
Pupils should be told when the school nurse is available to see them.	School nursing services need to offer choice to young people in order to ensure that services are accessible and confidential.	Parents need to be advised directly about the service through letters, leaflets and clear information.
Pupils should be told where the school nurse can be found	Young people want to be able to offer their views about the services they receive	Parents need to be told where the school nurse can be found and provided with contact details.

⁶National Children's Bureau (2011). *School Nurses Survey Results*. Partnership involvement centre.

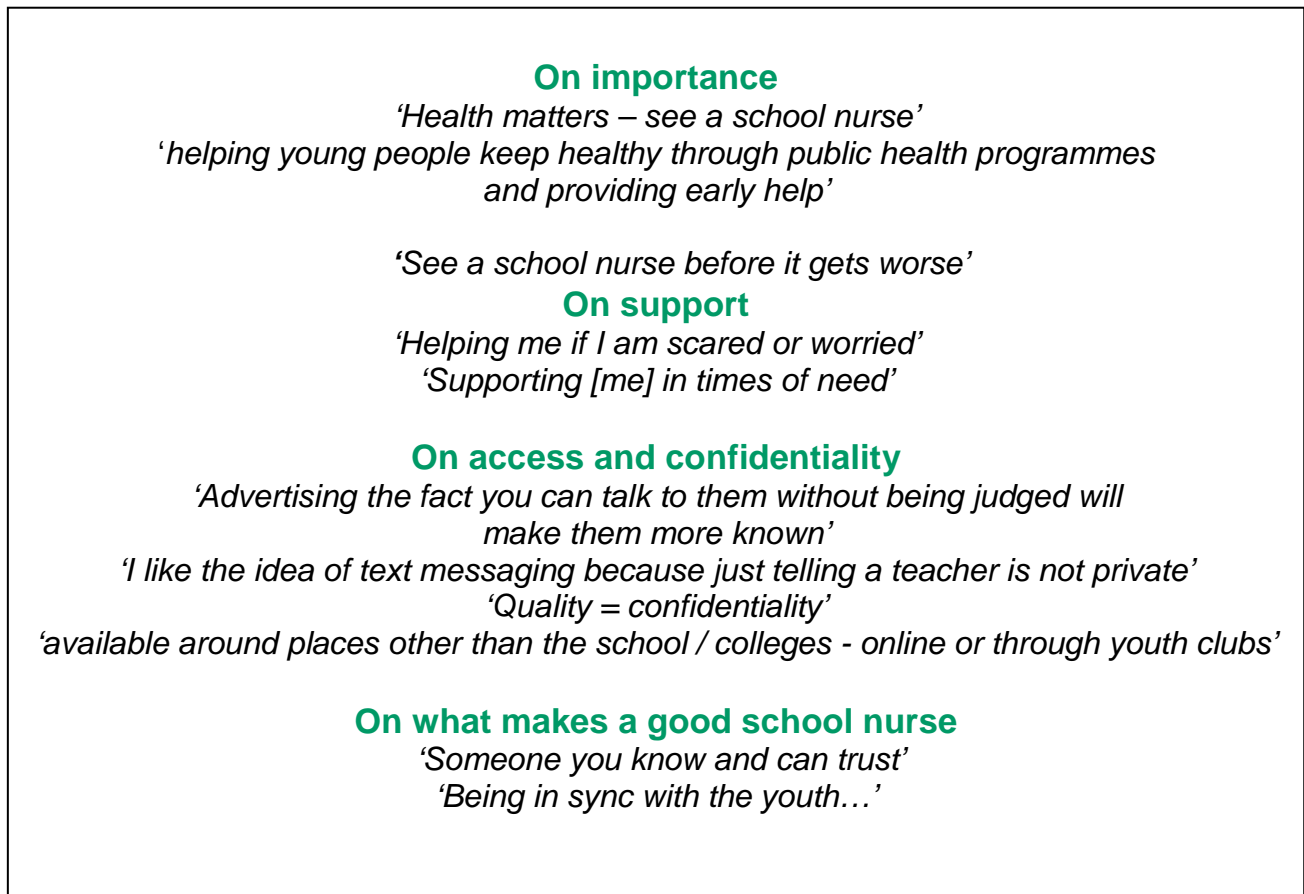
⁷British Youth Council (2011). *Our school nurse. Young people's views on the role of the school nurse*. London: British Youth Council.

⁸Moxon, D. (2011). *'Someone you know and can trust'*. North West Regional Youth Work Unit

Figure 2: Shows children and young people's views on school nursing

The following quotes were provided by young people who attended the British Youth Council and North West Regional Youth Work Unit workshops.

Figure 2



Section Two: School nursing services and the school nurse role

Background and context

School Nurses

School nurses or Specialist Community Public Health Nurses (SCPHN) are qualified nurses or midwives with specialist graduate level education in community health and the health needs of school aged children and young people. The Specialist Community Public Health Nurse (SCPHN) qualification is recordable with the Nursing and Midwifery Council. School nurses lead and deliver the Healthy Child Programme (HCP) 5-19 and are equipped to work at community, family and individual levels. They are skilled in identifying issues early, determining potential risks, and providing early intervention to prevent issues escalating.

School nurses work in a range of settings including: mainstream education, faith schools, specialist services for looked after children, and special schools. School nurses are also equipped to support children with illness and disability thus enabling them to access education and recreation. School nurses are supported in providing services by teams that include registered nurses and health care assistants. The skill mix within the team should reflect local needs, maximise skills and strengthen capacity. Workforce details for SCPHN registered nurses and other nurses working in school are shown in the workforce profile section of this report.



The role of the school nurse

The role involves a range of skilled activities and communications at individual group and community level. It includes health promotion, advice, signposting to other services, active treatment/procedures, education, support, protection, safeguarding and service coordination. School nurses need to work in partnership with other agencies and as part of a wider multi-disciplinary team to support the health and wellbeing of school-aged children. School nursing is a service that understands the dynamic process of interaction between the child, the family, the child in school, (including alternative education providers) and the child in the community.

The fundamental role of the school nurse is to improve children and young people's health and wellbeing by:

- leading, delivering and evaluating preventative services and universal public health programmes (as set out in the HCP 5-19) for school-aged children and young people, within both school and community settings;

- delivering evidence based approaches and cost effective programmes or interventions that contribute to children and young people's health and well-being e.g. reduction in childhood obesity, reduction in under 18 conception rates, reduction in prevalence of chlamydia and management of mental health disorders (such as depression and conduct disorder), co-ordinating services, referring to other agencies and delegating within the team to maximise resources and utilise the expertise of other skilled professionals;
- supporting a seamless transition into school, from primary to secondary school and transition into adulthood;
- managing the interaction between health and education so that the child or young person enjoys good health and well-being (including emotional health and wellbeing) therefore achieving optimal education;
- leading support for children and young people who have complex and/or additional needs including providing or co-ordinating support, education and training for families, carers and school staff;
- identifying children and young people in need of early help and where appropriate providing support to improve their life chances and prevent abuse and neglect. This includes working with children and young people at risk of becoming involved in gangs or youth violence;
- contributing as part of a multi-agency team, to the response for children, young people and families who have multiple problems.

Workforce Numbers

Figure 3 shows the numbers of school nurses with a SCPHN qualification working in schools from May 2010 to Sept 2011. The number of nurses in September 2011 was **1165**.

These nurses are supported by school nursing teams including registered nurses. The last national figures available (from annual census 2010) show that there were **3000** registered nurses working in schools, in addition to those with a SCPHN qualification at this time.

Figure 3: School Nurse FTE May 2010 – Sept 2011

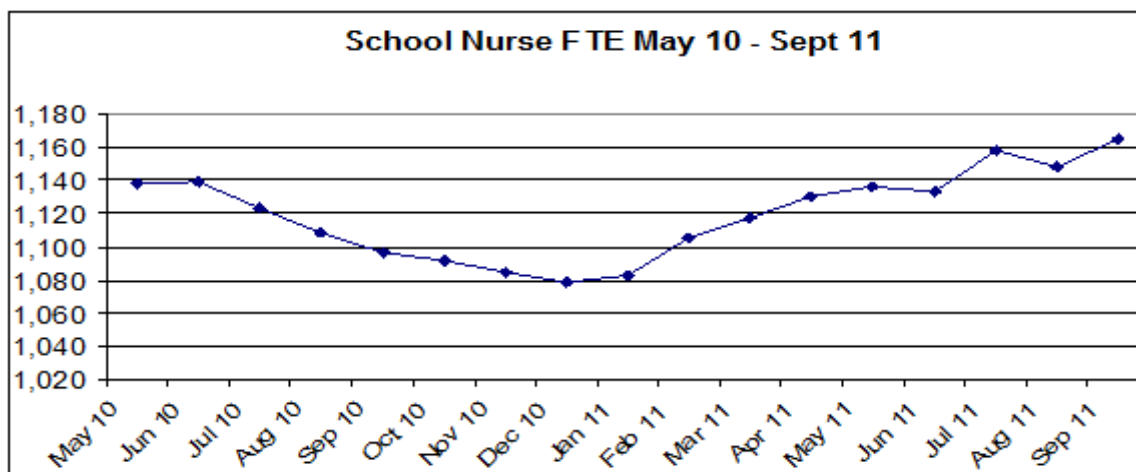
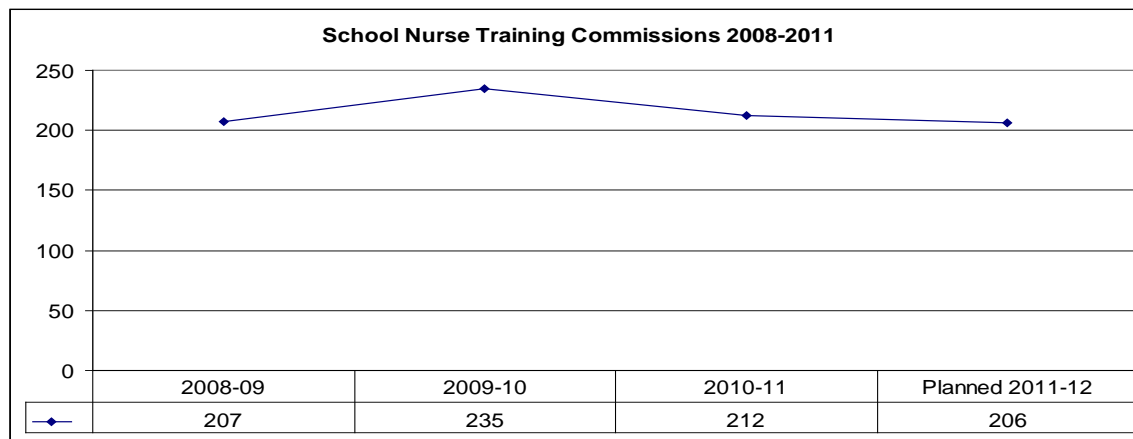


Figure 4 shows that school nurse training commissions have ranged from 206 to 235 per year across the last four years.

Figure 4: School Nurse Training Commissions 2008-2011



Source: MPET [FIMS return](#)

School Nursing Services

‘Public Health for children and young people’

*Healthy Lives, Healthy People: Update and Way Forward*¹ clearly identified school nurses and their teams as central to the delivery of the public health agenda. As well as their contribution to providing services, part of the leadership role is the vital contribution school nurses make to the Joint Strategic Needs Assessment (JSNA), future planning and commissioning of services for children and young people. School nurses need to be supported in providing this contribution in the new public health system.

The Healthy Child Programme

The Healthy Child Programme is a national public health programme for children and young people, providing a robust evidence based framework, and setting out good practice for prevention and early intervention services for children and young people.

The Healthy Child Programme identifies the school nursing service as pivotal in the effective delivery of evidence based support and the importance of children and young people being able to access the expertise of school nurses and their teams.

The Healthy Child Programme sets out to assist local areas to:

- ensure services are based on a robust needs assessment;
- utilise effective practice and prioritise evidence based programmes;
- make best use of their workforce.



The Children and Young People's Health Outcomes Strategy

The Children and Young People's Health Outcomes Strategy will be the first example of an outcomes strategy as part of the health reforms model. A Children and Young People's Health Outcomes Forum is informing the development of this strategy to be published in the summer of 2012.

Early Help

Munro⁹ emphasised the importance of early help at any stage in a child or young person's life. Failure to meet the health needs of children and young people can lead to problems or difficulties in the future and have a profound impact on their adult health. Munro highlighted the value of providing help at the earliest opportunity - as soon as a problem emerges to prevent the situation escalating. School nursing services are crucial to both identifying need and providing a response through the service offer and in working with partners, thus ensuring effective early help is available.

The mental health strategy '*No health without mental health*'¹⁰ recognises that a good start in life and positive parenting promote good mental health, wellbeing and resilience to adversity throughout life. Many mental health problems start in childhood and are associated with a number of known risk factors, including inequality. One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. Half of those with lifetime mental health problems experience symptoms by the age of 14. School Nurses are well positioned to identify mental health issues and provide every support to ensure problems do not escalate to crisis point. Where appropriate, school nurses will refer to specialist services.

Vision and Model for School Nursing Services

The new vision and model for school nursing is set out in Section three. It provides an opportunity to strengthen the service and focus resources to meet local needs, whilst developing multi-disciplinary approaches to enhance delivery and improve outcomes.



⁹Munro. E. Prof. (2011) *The Munro review of Child Protection: Final Report. A Child-Centred System*. London: Department for Education.

Department for Education (2011) *A child-centred system. The Government's response to the Munro review of child protection*. London: Department for Education.

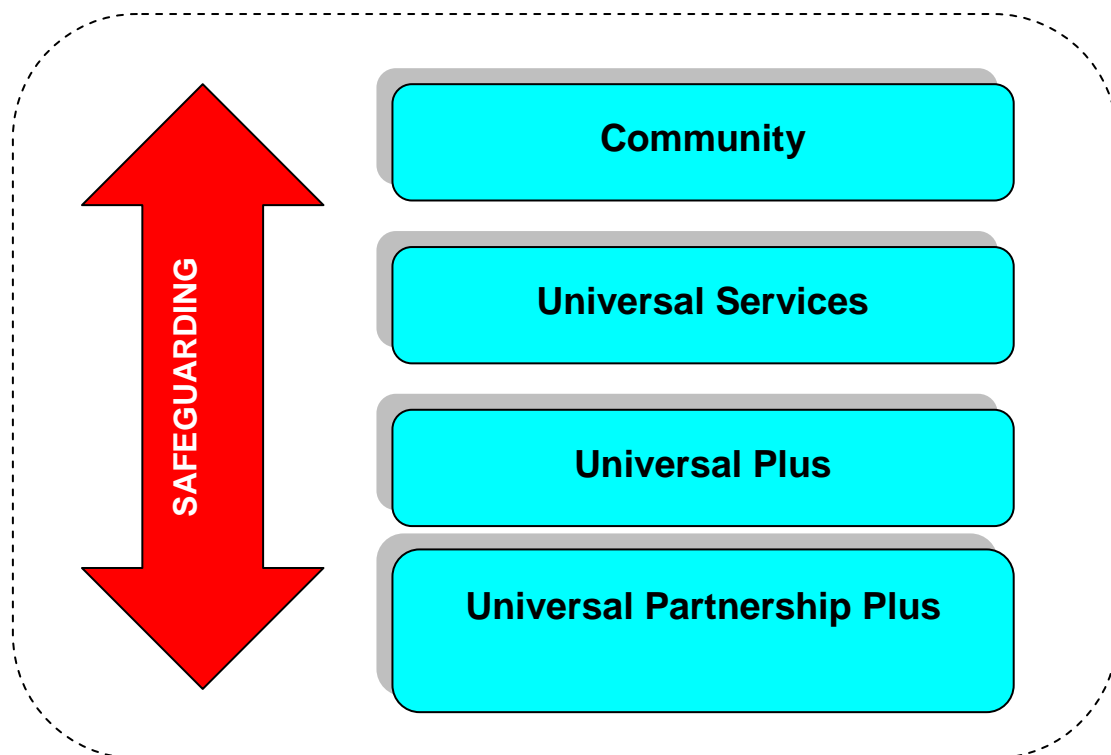
¹⁰Department of Health (2011). *No health without mental health: a cross-government mental health outcomes strategy for people of all ages – a call to action*. London: Department of Health.

Section Three: Developing a service vision and model for school nursing – a 21st century service

In developing the service vision our aim was to join up best evidence of what should be done with the views of professionals, parents, children and young people on how it should be done. In this way we achieve good health outcomes and positive user experience. School nurses have been key in developing the vision, embracing the opportunity to energise and transform services, to re-establish the profession as a vital part of family, community and public health services and in suggesting how best their skills can be used alongside other to improve health outcomes and life chances.

A service model for school nursing

We have developed a four level model with safeguarding as a theme through all levels. The four levels outline the continuum of support which children and young people can expect to receive through the school nursing services and multi-disciplinary working. School nursing is a *Universal Service*, which also intensifies its delivery offer for children and young people who have more complex and longer-term needs (*Universal Plus*). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (*Universal Partnership Plus*).



■ **Community**

School nurses have an important public health leadership role in the school and wider community for example contributing to health needs assessment, designing services to reach young people wherever they are, providing services in community environments and working with young people and school staff to promote health and wellbeing within the school setting. In particular school nurses will work with others to increase community participation in promoting and protecting health thus building local capacity to improve health outcomes.

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School nurses will lead, coordinate and provide services to deliver the Healthy Child Programme (HCP) for 5–19 years for a population. They will provide universal services for all children and young people as set out in the Healthy Child Programme working with their own team and others including health visitors, general practitioners and schools.

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School nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They will offer 'early help' (for example through care packages children with additional health needs, for emotional and mental health problems and sexual health advice) through providing care and/or by referral or signposting to other services. Early help can prevent problems developing or worsening.

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School nurses will be part of teams providing ongoing additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance mis-use problems and risk taking behaviours. School nursing services also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

This model aligns with the new model for health visiting services to provide continuity of services from 0-19. It provides local areas with a structured framework on which to review and design their service offer in partnership with key stakeholders and service users building on the Joint Strategic Needs Assessment and local information. A suite of professional pathways are being developed in partnership with key stakeholders. The emerging care pathways will support the vision and service model. Local Authorities' new responsibilities for public health and Health and Wellbeing Boards offer exciting potential for school nurses to play a key role in assessing and addressing the health needs of children and young people. The pathways will support the delivery of both the health visiting and school nursing new service offer. To ensure synergy between the two programmes, we have developed a professional partnership '*Health visiting and school nursing services – supporting children and their families*'. Additional pathways currently under development include:

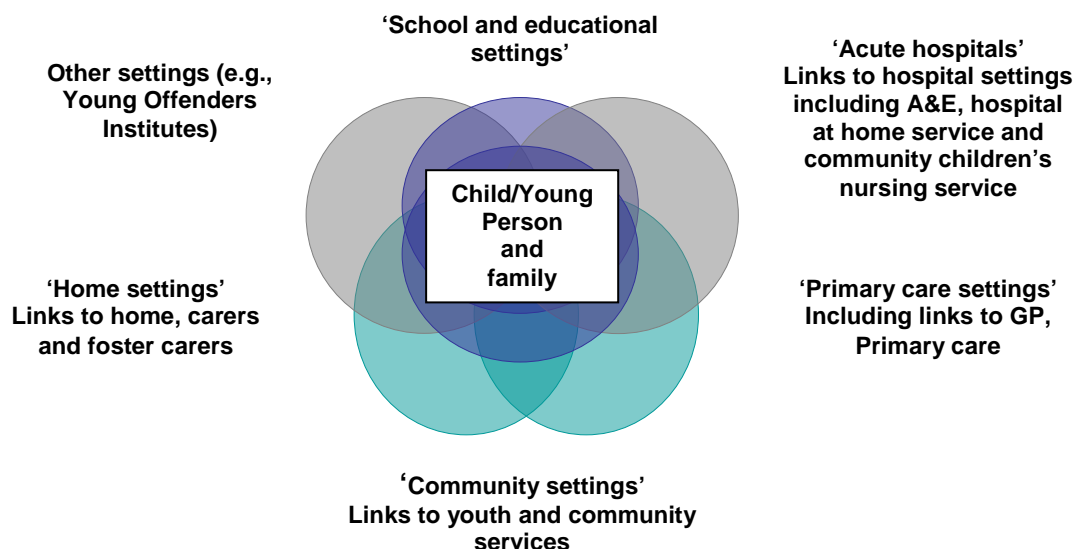
- supporting children and young people in school settings with complex and/or additional health needs;
- supporting the public health of children and young people in the Youth Justice system;
- emotional health and wellbeing;
- safeguarding – professional roles and responsibilities.

The core aim of the model is to ensure **reach** to children and young people regardless of the setting in which they may find themselves. The service offer should provide the potential for a truly inclusive and multi-disciplinary approach.

Figure 5 illustrates the potential linkage and cross over between services and the need to ensure the child is central to service delivery with services **reaching out** to the child regardless of his or her circumstances.



Figure 5: The new school nursing service model maximises the contribution of school nursing teams at a community, family and an individual level. In doing this, existing and new school nursing services will work closely with families, schools, health visitors, other public health specialists, GPs, specialist services and, where appropriate, social care services.



Quality and outcomes

The development process for the Children and Young People's Outcomes Strategy, will explore how the outcomes measured in both the NHS and public health frameworks are used to improve services around issues that matter most to children, young people and their families.

All health services are being encouraged to become more '*young people friendly*'. In the consultation on '[Positive for Youth](#)' the cross-government policy for young people, stakeholders and young people highlighted the importance of ensuring all services are '*young people friendly*', with specific effort made to reduce the stigma around seeking advice on sexual health or mental health.



The ‘*You’re Welcome*’ quality criteria offers a clear framework to ensure services are fit for purpose. If the criteria are adhered to they can assist local services to address issues including accessibility, confidentiality and service user feedback. A summary of ‘*You’re Welcome*’ criteria can be found in Annexe 4.

The views of children and young people expressed, clearly link to the ‘*You’re Welcome*’ quality criteria. School nursing services should utilise the *You’re Welcome* quality criteria to benchmark their services and use them as the cornerstone for good quality services for young people. The development process for the [Children and Young People’s Outcomes Strategy](#) will explore how the outcomes measured in both the NHS and public health frameworks translate into those issues that matter most to children young people and their families.

Outcomes: school nurses leading delivery of the Healthy Child Programme and contributing to good health outcomes

Healthy happy children and young people

As stated in the *Healthy Lives, Healthy People: Update and Way Forward*,¹ school nurses will have a role in helping to develop local approaches to public health, provide links between public health, the NHS and schools, together with a leadership role in promoting good health and addressing inequalities.

The overarching aim of *Healthy Lives, Healthy People: Update and Way Forward*¹ is improved health outcomes and reduced health inequalities. *Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England 2013-2016*⁸ published January 2012 sets out national outcomes across the life course and local commissioners and providers will need to work to achieve these.



Health and Wellbeing Boards will lead a ‘Joint Strategic Needs Assessment’ to determine local priorities for the Health and Wellbeing Strategy and inform service commissioning. Areas where school nursing will have a specific contribution will include:

- assessing and determining individual and local needs;
- providing data and information to inform the JSNA;
- leading and delivering the Healthy Child Programme 5-19;
- using evidence from neuro-science to inform practice in supporting children and young people;

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- building capacity e.g. supporting healthy schools;
- promoting good mental health and wellbeing;
- early intervention in mental ill health, and identifying and helping children and young people, and their families, who need support with their emotional or mental health;
- improving readiness for school*;
- reducing school absences*;
- increasing population vaccination cover*;
- tooth decay in children aged 5*;
- excess weight in 4-5 and 10-11 year olds*;
- hospital admissions due to unintentional or deliberate injuries in under 18 year olds*;
- emotional wellbeing of looked after children*;
- under 18 conception rates*;
- diagnosis of chlamydia in 15-24 year olds *;
- smoking prevalence in 15 year olds*;
- alcohol and drug mis-use*.



Systematic review of outcome measures is essential and provides an opportunity for determining effectiveness and a re-focussing if services are not meeting local needs.

*** Indicates outcomes taken from *A public health outcomes framework for England 2013-2016*.³**

Part Three: Call to Action

National actions and progress to date

Over the last year, the Department of Health together with key partners has worked through a number of work streams to design and progress the School Nursing Development Programme. A summary of core elements of the programme delivered to date is shown in Table 2.

Table 2:

School Nurse Development Programme Actions 2011/12	
<p>Programme development</p> <ul style="list-style-type: none"> Reviewed linkages between health visiting and school nursing programmes and practice; Engaged with the profession through stakeholder events; Established the governance structures including task and finish groups. <p>Service modelling</p> <ul style="list-style-type: none"> Scoped the core elements required for the model; Reviewed Healthy Child Programme and links to health visiting programme to ensure school nurse programme aligns; Developed and tested the draft model; Consulted on draft model with stakeholder, networks and advisory group; Developed an integrated visual for the model; Overlaid key messages from young people; Drafted service vision document; Consulted on model and vision with stakeholders and networks. 	<p>Engagement</p> <ul style="list-style-type: none"> Consulted with professional organisations; Engaged with North West Regional Youth Work Unit (NWRWU) young people on their views; Worked with British Youth Council (BYC) to develop an on-line survey; Consulted with young people; Tested the themes from on line survey with young people at 3 regional events; Reviewed the key findings from consultation; Commissioned National Children's Bureau (NCB) to consult with children 6-11yrs; Worked collaboratively with Netmums to collect views of parents; Stakeholder event with the profession; Tested the model with young people. <p>Communication</p> <ul style="list-style-type: none"> Developed CNO bulletin schedule to raise the profile of school nursing; Provided updates to SHA children's leads; Shared draft vision at conferences and events together with Community Practitioners and Health Visitors Association (CPHVA), School and Public Health Nurse Association (SAPHNA) and School Health Innovators Network Exchange (SHINE); National forum for School Nurse Educators; Provided input for school nurse leadership programmes. <p>Good practice</p>

Pathways <ul style="list-style-type: none">• Identified needs and gaps re health visiting and school nursing services to identify solution focussed approaches within the emerging pathways;• Established pathway task groups;• Developed draft pathway documents;• Established new pathway task groups – Youth Justice and complex needs, and Safeguarding.	<ul style="list-style-type: none">• Linked school nurse networks to the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) and emerging good practice;• Reviewed linkages between High Volume Care (NHS institute) and school nursing to determine impact on reducing repeated or unnecessary admissions to hospital;• Reviewed linkages between NHS Productive Community and school nursing, collecting examples of good practice;• Provided joint accelerated learning events.
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Next steps for school nursing development programme

The next stage of the programme requires further action at both national level and local level. This final section sets out further actions for the national programme partnership and 'calls to action' practitioners, providers, commissioners and leaders in the current and future local public health system to deliver service transformation. It sets out a range of actions for local areas to consider ensuring delivery of an evidence based service for children and young people.

Objectives and deliverables for 2012-13:

National Action

The programme board are committed to the implementation of the service model and ensuring the vision is embedded in cross cutting departmental policy. Nationally, the programme board will work with professions, regulating bodies, higher education institutions and many others to lead, shape and take action to support implementation.

National policy: development of the Children and Young People's Health Outcomes Strategy, the following actions have been identified and will be monitored by the programme board:

To contribute to and support the work of the Children and Young People's Health Outcomes Forum in:

- determining the health outcomes that matter most to children, young people and their families;
- considering how well these are supported by the NHS and public health outcomes frameworks, and making recommendations for other outcomes;
- thinking through and setting out how the different parts of the health system will contribute to the delivery of these outcomes, and how they will work with each other and with other partners to this end.

Supporting Implementation

Working with and supporting partners and professional organisations (including CPHVA, RCN and SAPHNA and user champions (for example BYC) to:

- promote and ensure the **successful delivery of the programme**, working with and through the key delivery partners. Lead responsibilities rest with:
 - the Department of Health, Director of Nursing, Professional Leadership Team, the Children, Families and Inequalities Division and Workforce Directorate to lead the programme and co-ordinate the next step actions working with;
 - the Department for Education (DfE) to promote the model and vision to schools and local authorities and alignment with other programmes for the school age child, including the safeguarding of children and young people.
- contribute to **wider children, young people and family programmes**; including work with the Department of Health, Children, Families and Inequalities Division and Department for Education and others to:
 - ensure effective safeguarding in the new system, including the Munro recommendations;
 - embed public health for school-aged children in the emerging Children and Young People's Health Outcomes Strategy;
 - respond to needs of children with complex and/or additional needs (including mental health issues).
- design and delivery of **a suite of professional pathways to support the delivery of the offer**, these will include;
 - supporting the transition from health visiting to school nursing services;
 - delivering public health to young people in the youth justice system;
 - supporting children with complex needs in school settings;
 - safeguarding;
 - emotional health and wellbeing.
- design and delivery of **fact sheets in partnership and service users**, these will include;
 - Health and social care;
 - Children, young people and families;
 - Head teachers and education staff;
 - GP's and primary care.

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- support local authorities in their **new role as commissioners** of the service to ensure the 'offer' is delivered to meet **local needs** by providing clarity on the offer and by re-affirming the Healthy Child Programme as a robust evidence based programme on which to determine service delivery;
- promote the opportunities of **information technology and improved information** in implementing the new service model;
- support local areas, in local **workforce planning** for school nurse numbers and appropriate **skill mix** using national data and dissemination of good practice.

Professional mobilisation and communication

Working with and supporting partners and professional organisations (including CPHVA, RCN and SAPHNA) and user champions (for example BYC) to:

- design and deliver the **communications and engagement** strategy and plan;
- explore **leadership development opportunities** to support school nurses leaders to manage and support existing school nursing teams;
- promote **learning, development and spreading of good practice**;
- establish and support a **school health network**, with cross cutting membership to reflect multi-disciplinary dimensions of public health for children and young people;
- work alongside the Health Visiting programme where appropriate, to develop products and **share effective ways of working**.

Education and Continuing Professional Development

Working with and supporting partners and professional organisations (including CPHVA, RCN and SAPHNA) and user champions (for example BYC) to:

- work with higher education institutes to ensure the curriculum will equip school nurses with the **skills and knowledge** to enable them to deliver the new service offer;
- promote **professional development** training, specifically focused on **building community capacity**, and including specific training in new care packages such as cognitive behavioural therapy and new approaches such as motivational interviewing;
- support high quality **professional practice**, including the model of practice for effective school nursing and clinical supervision which will be embedded through the leadership role of the school nurse;
- support local areas to develop **joint training** between school nurses, health visitors, social care and educational staff, including community outreach and family support staff.

Local Action 2012-13

The call to action for a partnership approach to developing school nursing services to provide best outcomes for children and young people

This programme calls on the profession, those who commission school nursing services, and those who provide them to promote a revitalised service. This will ensure that all children, young people and families are offered a core programme of evidence based preventative health care with additional care and support for those who need it.

Partnership working to support for children, young people and families through the school aged-years

- School nurses and their teams ensure that they have and/or develop sustainable partnerships with those involved in commissioning and providing care for the school age child, this should ensure that there is joined up care for individuals, joined up planning for services, systems to reduce health inequality and delivery of good health outcomes;
- Directors of Public Health need to support commissioners and local authorities to ensure they are equipped to deliver the Healthy Child Programme, including the commissioning of school nursing services to meet local need;
- Locally, the new Health and Wellbeing Boards will bring together local authority, health and partner agencies and will have an important potential role in ensuring the synergy between school nursing and other local services, in ways that best meet the local needs identified in the Joint Strategic Needs Assessment (JSNA).

For Commissioners the task will be to develop a reviewed and revised commissioning specification which;

- takes account of the outcomes within the Public Health and NHS Outcomes frameworks, together with the recommendations in the Children and Young Peoples Health Outcomes Strategy;
- includes the Healthy Child Programme (HCP) 5-19 as set out in the Healthy Child Programme national model specification;
- includes all four levels of the service model set out for school nursing services, ensuring that children, young people and families are offered the full universal offer including the provision of early help and intervening when there are problems;
- offers clarity regarding the role and contribution of school nursing in terms of early help and that safeguarding is a theme throughout;
- gives consideration to the national currency and pricing guidance for the Healthy Child Programme;
- utilises the national model contract for community services where appropriate;

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- develops new and innovative ways of working to enhance delivery through multi-disciplinary working;
- develops with delivery partners a robust system to capture qualitative service user feedback with particular regard to the views of children and young people. This should capture improved experience of services;
- ensures school nurses are equipped to utilise their contact opportunities to identify needs and provide early help to children and young people.

For NHS provider trusts and other provider organisations the task will be to;

- develop the local service offer for children, young people and families for *Community, Universal, Universal Plus* and *Universal Partnership Plus* services, and contribute to safeguarding and child protection arrangements, working with schools and other local partners;
- develop processes to engage children, young people and families in shaping and reviewing local services;
- develop a visible, accessible service which meets local needs and reflects the 'You're Welcome' quality criteria, whilst inspiring confidence in children, young people and families;
- develop local pathways and ways of working to support children, young people and families regardless of their setting (in and out of school);
- agree with commissioners to implement the new service, and where this cannot be achieved within one commissioning year, commissioners and providers will need to consider a staged implementation of the new service evidenced by a delivery plan towards full implementation;
- have a plan for the school nurse workforce and its role in delivering the new service, including support for training and development, and leadership development plans for the current and future workforce.

For local delivery partners in primary care, school settings and other educational settings the task will be to;

- review and strengthen local joint working arrangements for health services for school-aged children to provide the best support to families, helping them find the right support at the right time.

For school nursing services the task will be to:

- promote community capacity building to enable families and communities to build on their strengths and promote health and wellbeing of children and young people;

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- maximise their public health contribution, including for example representation on bodies set up to determine the strategies for the new public health services within each Local Authority area. Their contribution to the Joint Strategic Needs Assessment and subsequent strategies will be important in ensuring that services are appropriately commissioned in the future.
- work directly with children, young people and families and lead teams to provide services across the full range of preventative health care for which they have trained, including to:
 - provide effective links between health visitors, schools, primary health care and children's services;
 - deliver the Healthy Child Programme 5-19 in full (*Universal*) and ensure that all children and young peoples health needs are assessed and met.
- provide responsive care when children, young people and families have problems or need support, and undertake new training to extend this range using new evidence in early intervention (*Universal Plus*);
- work with partners, especially in schools and with social care, where children, young people and families have ongoing needs requiring multi-agency support (*Universal Partnership Plus*);
- access a nationally sponsored programme to refresh public and community health skills and approaches and learn new ones.

Working together nationally and locally, we can deliver the vision for improved services and as our young people's representatives said, we can:

“help us [young people] to keep healthy through public health programmes and providing early help because our health matters”



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- National Children's Bureau (2011). *School Nurses Survey Results*. Partnership involvement centre.

Website Links

Transition from health visiting to school nursing services

<http://www.dh.gov.uk/health/category/chief-professional-officers>

Building Community Capacity

<http://www.hces-online.net/health-visitors/>

You're Welcome: quality criteria for young people friendly health services

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813

Positive for Youth: A new approach to cross-government policy for young people aged 13-19.

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00133-2011>

Children and Young People's Health Outcomes Strategy

<http://www.dh.gov.uk/health/2012/03/children-views/>

CNO Bulletin Schedule

<http://www.dh.gov.uk/health/category/publications/bulletins/cno-bulletin/>

Links to C4EO

<http://www.c4eo.org.uk>

NHS Institute High Volume Care

http://www.institute.nhs.uk/quality_and_value/high_volume_care/focus_on_emergency_and_urgent_care_pathway.html

NHS Institute NHS Productive Community

http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_community_services.html

The Lancaster Model

www.thelancastermodel.co.uk

Annexe 1: What does good look like?

The good practice – what does good look like?

The school nursing service model is unpinned by evidence and builds on ‘what works’ locally. As part of the Development Programme, we have been collecting examples of good practice and what works locally, which we aim to publish during the summer. Some examples are shown below.

What does good look like: Technology

Children and Young People routinely access multimedia technologies and web based resources in their everyday lives. Within the next decade, children and young peoples with chronic long-term conditions such as asthma will be able to access digital healthcare, transforming how the next generation manage their health & interact with health care providers.

NECLES in partnership with Asthma UK, QMUL and Solar Software have developed an innovative Mobile Phone Application (app) ‘My Asthma Log’ to support improved education, treatment adherence & emergency self-management (EASY programme) in children and young people with asthma.

The mobile-phone ‘app’ enables patients to manage their health needs with an individualised asthma plan. The ‘app’ is an interactive communication platform which will allow patients to access their emergency self-management plans (including digital images of their inhalers), hand-held records & educational material such as information on the asthma and links videos of correct inhaler technique. It utilizes a user-friendly icon/button interface. NHS London will host this ‘app’ on it’s new App store which was launched in 2011.

What does good look like: Planning and use of data to improve delivery of services

A School Nurse Resource Allocation and Outcomes matrix has been developed to underpin a revised service specification based on the new service model, this reflects an innovative approach to identifying what the school nurse contributes to through the needs identified in the Secondary and associated feeder primary schools broken down to a multi-agency team level.

The resource matrix categorises the school population need and multi-agency team provision in terms of high, medium and low need. This has enabled a more equitable and effective distribution of the school nursing resource, with a higher allocation of the school nursing team to schools and communities with a greater need.

One of the key aims was to clearly state the role and function of school nursing, to ensure most appropriate use of the specialist public health skills. This approach facilitates school nurses working more efficiently within a multi-disciplinary context and provided the school nurse team with greater confidence in understanding their core responsibilities and being able to refer to other agencies or services.

This resource tool was developed with the public health analyst, the local authority, the school nursing service and schools. There are plans to ensure the tool will be updated on an annual basis or with three year trends as appropriate.

What does good look like: Texting – a way for professionals to communicate with young people

‘Communicating with children and young people needs to be more flexible and allow creative use of text messaging and e-mailing’

Technology is a central aspect of young people’s lives and provides the new medium of conversation. Texting has transformed the social lives of young people providing accessibility and privacy, and giving young people unprecedented control over how they communicate. Text messaging can provide access and signposting to health and advice services for young or vulnerable people who may not access services by traditional methods.

It can offer a relevant, accessible service, which meets the health needs of the young person, and yet is manageable for the service. Some health services have reported good success rates with the use of text messaging via mobile telephones to communicate with young people. The text service offers a flexible way of providing support and service delivery.

The text service offers an acceptable way for young people to connect with the service after an initial contact with the nurse (e.g. after promotion of the service during Personal, Social and Health Education or an assembly).

Formal pupil evaluations demonstrated the value of the service. The service also offers an opportunity for young people to provide feedback on the service they had received. This method of communicating with young people has become increasingly utilised including relaying results of C-Swab test by Contraceptive and Sexual Health service.

What does good look like: Using the Evidence base

[The Lancaster Model](#) is an example of a whole (holistic) evidence base that was used to analyse both the structure and the operating function of school nursing services. Its value is in the way that it assesses both the local child and adolescent health needs and the school nurse teams that were seeking to meet those needs.

The Lancaster Model provides an assessment of the child health needs within the communities served as well as an evidence-based assessment of the way these school nurse teams are functioning in order to meet those needs.

The Lancaster Model indicates that, without increasing team size, it is entirely feasible to be able to increase significantly the number of school nurse led interventions (up by 728.4%) as well as the number of preventative public health sessions (up by 866.6%). In terms of system design, this is an example of the way evidence based change can directly contribute to the improvement of child and adolescent health and well-being.

Annexe 2: Governance and accountability structures

Figure 6: Governance structure

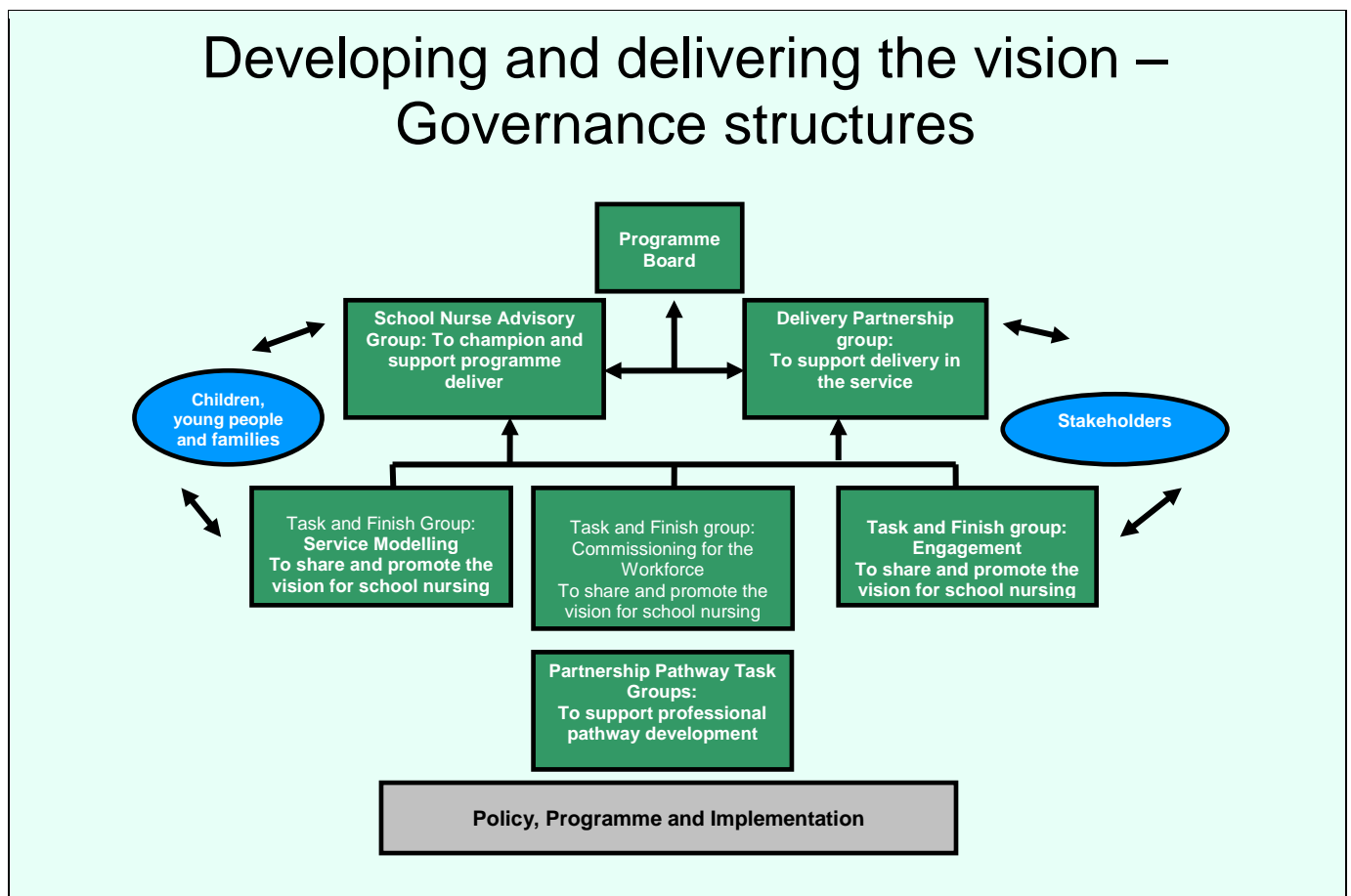
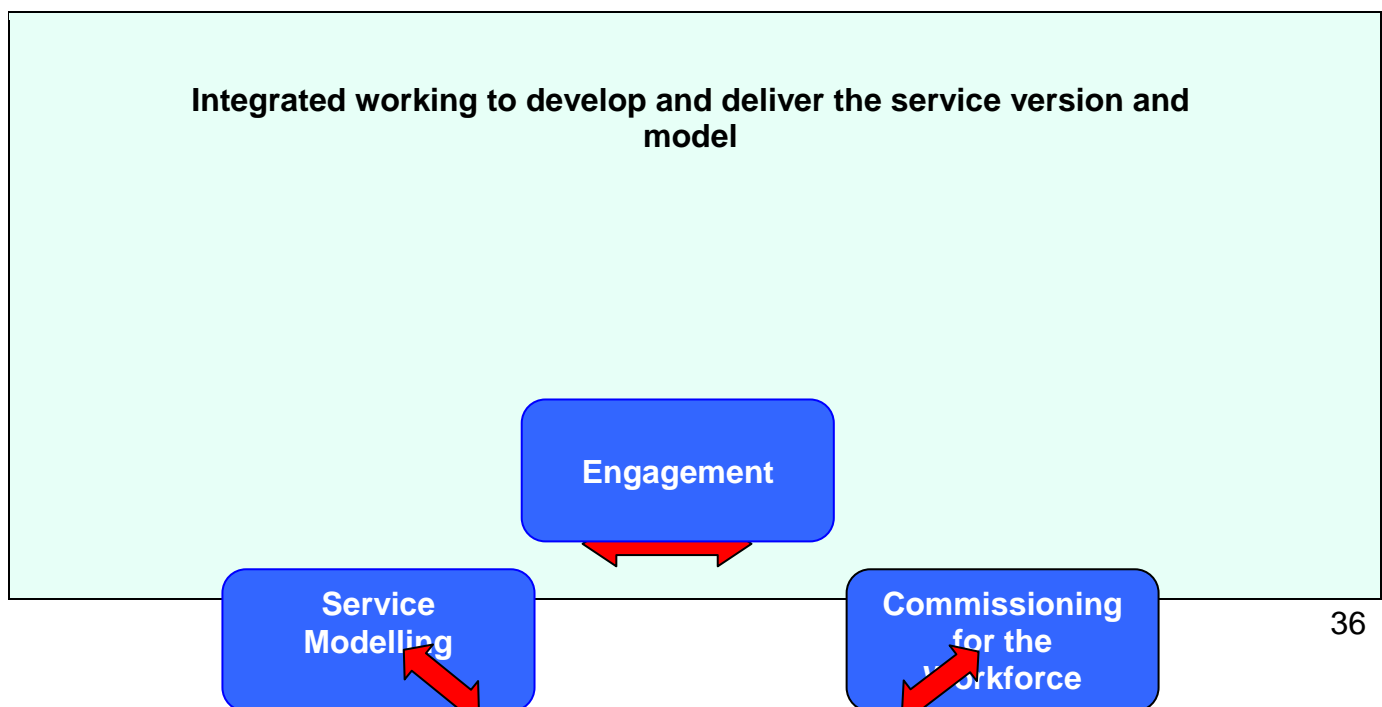


Figure 7: Work Streams



Annexe 3: Key messages from young people

“Someone you know and can trust”

In May 2011 North West Regional Youth Work Unit was invited by the Department of Health to feed young people’s views and experiences of school nursing services into the School Nurse Programme of Development. Consultation took place via the Youthforia Project involving young people from 16 local authority areas across the North West to produce a report “*Someone you know and can trust*”.⁸ The views and ideas were fed directly into the Department of Health’s School Nurse Development Programme. The key issues raised by the group related to accessibility, visibility and confidentiality.



“See a school nurse - before it gets worse”

The British Youth Council (BYC), invited by the Department of Health, provided access to consultation with almost 2000 secondary school-aged young people during the summer of 2011. These young people’s views are central to this School Nurse Programme of Development. To consult young people, the BYC conducted an online survey, which gained responses from 1599 young people ages 11 to 18 from across England (July 2011). The BYC also arranged focus groups at BYC Convention events with 202 young people in August 2011. The key findings have been used to shape the new model for the school nursing services.



Recommendations from the British Youth Council's consultation with young people.

'Visible, accessible and confidential'

1. All young people should receive an induction about the role of the school nurse, what services are on offer, and how to access the service. They should receive this information when entering secondary school.
2. The Department of Health could involve young people in developing materials to support the induction process for children in school, and could include a presentation, workshop or similar exercise about school nurses for delivery in schools.
3. Young people should be supported to become 'school nurse champions' and work with school staff and their school nurse to promote the school nurse amongst their peers.
4. All school nursing teams should assess how they can offer young people a choice about where they access their school nurse; whether the school nurse they see is male or female and whether they want a friend to accompany them.
5. School nursing teams and school staff should make sure that all young people know how they can access the school nurse without being expected to refer their enquiry to a teacher or school staff member such as a receptionist.
6. All school nursing teams should consider the use of modern technology to assist young people to access the service more readily. For example, school nurses could offer a text or email service to allow young people to contact them confidentially. At a minimum, all young people should have a telephone number in order to be able to call the school nursing service when they need information or help about a problem.
7. All young people should be able to, and know how to give feedback on their experiences of the school nursing service. They should be able to report whether or not they feel school nurses are visible, accessible and ensure confidentiality. School councils or other learner voice initiatives should work with school staff, youth workers, and community groups to create a youth-led evaluation process.

Further 'testing' of the model and vision with young people led by the British Youth Council (BYC) and North West Regional Youth Work Unit (NWRWU) was undertaken in December 2011. BYC and NWRWU worked in partnership to simultaneously run an interactive consultation event for young people in London and smaller discussion workshops in the North West in November 2011 to test the draft model and vision.

The key findings included:

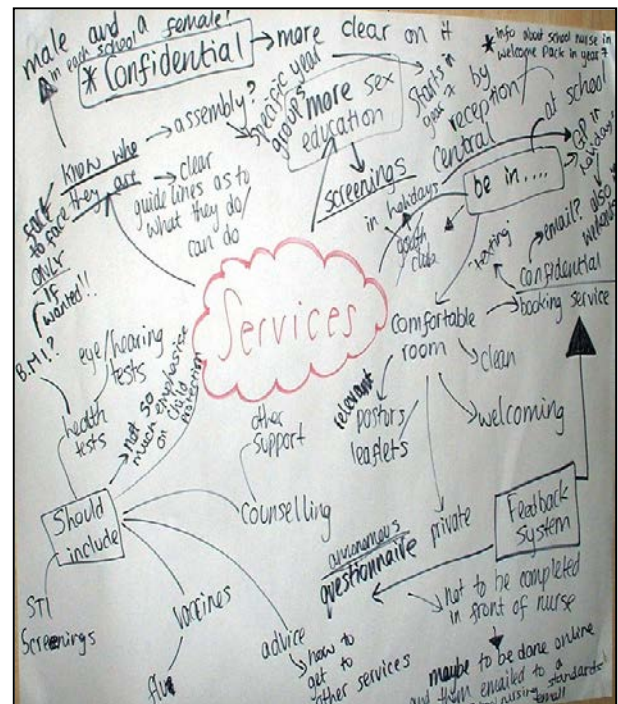
- Young people reiterated the need for the school nursing service to meet the quality criteria of being **accessible** to young people;
 - Young people also wanted to be able to use the service at places and times that were convenient to them where possible;
 - Young people also wanted to be able to contact the school nurse directly to access their services through a **confidential booking service (text or email)**;
-
- Young people felt that there should be information about what the service offers, how to access the service, what will happen when they access the service and how the service links to other services;
 - Young people felt publicity was particularly important for young people during transition periods such as the transition to secondary school;
 - Young people felt it was important that school nurses invite and encourage young people to give their opinions of the service offered and whether it meets their needs, and for the service to be reviewed and acted on as necessary;
 - Confidentiality was seen as a lynchpin to a youth-friendly service;
 - Young people felt it was very important that the school nurse model made sure that the nurses had skills in working with young people: being understanding, approachable, and knowledgeable about youth health issues;
 - Young people felt it was very important for the school nursing service's outcomes to focus on both helping all young people keep healthy through public health programmes, and also providing specific early help and advice on teenage health issues so young people can get help, particularly around areas such as mental ill health and drug and alcohol abuse, before they reach crisis point.



Recommendations from BYC and NWRU testing

It is recommended that:

- Communication of the model to young people highlights the importance of confidentiality and consent within the quality standards, the provision of early help and leadership as part of a multi-agency team within the role, and the ability to communicate with young people within the school nurse skills and knowledge requirements;
- The skills of the school nurse should include as part of its **outcome focused approaches** the ability to use technology such as texting and email services to ensure more young people engage with their school nurse;
- The skills of the school nurse should include as part of its **evaluation and review** the engagement processes for the service.



Key messages from children (6-11 yrs)

Summary

The majority of the children were entirely positive about their experiences of school nurses. The common thoughts about what makes a good nurse were that they should be kind, caring, friendly, nice, helpful and good listeners. As children grow older, their needs change. By the age of 11, the children began to report the wish for school nurses to help them understand the way their bodies were changing.

National Children's Bureau (NCB) sought the views of young children about school nursing services. NCB recruited eight schools to participate in a survey of children from ages 6 to 11. The schools were located across the country from London to the Midlands and the Northwest. In total, 293 pupils participated in answering questions on a written survey (45% male and 55% female).

Young children expect to see school nurses at school but, as they grow older, more children reported that they wish to seek information from school nurses outside the school premises. This is a pattern that we found emerging in the BYC consultation with young people. The location of school nursing needs to change to meet the needs of the child or young people and alternative locations offered as children grow older.



NCB called particular attention to the numbers of children asking for help when they have problems at home (51%), when they have worries about a friend (49%), and when they might be feeling sad (49%). These are indicators that suggest the need for school nurses to provide emotional and social support and assistance to children at times of distress. In addition, at all ages, children referred to wanting help when dealing with bullying.

As well as these emotional concerns, children reported that they think of school nurses as sources of information and advice about physical problems and about changes as they grow up. The common thoughts about what makes a good nurse was that school nurses should be kind, caring, friendly, nice, helpful and someone who would listen to children. As they get older, pupils become more specific about what a nurse can do for them, and comments commonly included helping them understand how they change as they grow up.

Recommendations from parents



In December 2011, the Department of Health worked with Netmums to illicit the views of parents about school nurse services. Netmums used similar questions to those included the surveys conducted by British Youth Council and National Children's Bureau. In total, 564 parents participated in the on-line survey; the majority of respondents (86%) were parents of children in primary school, with remaining 11% being parents of children in secondary schools.

More than 50% (366) parents reported they knew there was a school nurse at their child's school, with only 159 indicating they knew who the school nurse was. Nearly half of the respondents (49%) would contact via school office and only 15% had the contact details of the school nurse.

The majority of parents believed the school nurse was involved in weighing and measuring (77%), hearing tests (48%), and eye tests (47%). Nearly half of those who responded felt the school nurse was also there to discuss concerns or worries (47%); however, 82% reported having not seen the school nurse to discuss their child's health. 30% of parents who responded suggested they would see a school nurse rather than their GP.

54% of respondents advised they had not received information about the school nursing service, with 30% reporting they had received a letter home about the service and 11% reporting they had received a leaflet. Overwhelming parents felt receiving a letter home was useful, followed by leaflets and potential use of parent evenings. The use of email and text messaging was not regarded as the preferred medium for communication. Clearly, this differs from the views of children and young peoples preferred methods of communication.

When asked about their child's knowledge of the school nursing service, 69% of parents reported they did not think their child would know who the school nurse was; furthermore, 77% of respondents suggested their child would not know how to contact a school nurse nor know what advice or help the school nurse could provide. Interestingly, the children and young people involved in the NCB and BYC surveys seem to have a grasp of the role and service provided by school nurses.



Annexe 4: Quality standards – You're Welcome quality criteria

The Department of Health's Quality Criteria (You're Welcome) is designed to ensure that all health services are young people friendly. Commissioners and service providers use the Guidance and the Self Review Tool to improve the suitability for young people of all NHS and public health services. The Guidance also seeks to ensure that services improve patient experiences and outcomes by encouraging appropriate use of local health services by young people.

Figure 9: Quality Standards

The You're Welcome Quality Criteria (Revised by Department of Health May 2011)

- **Access**
- **Publicity**
- **Confidentiality and consent**
- **Environment**
- **Staff training, skills, attitudes and values**
- **Joined-up working**
- **Young people's involvement in the monitoring and evaluation of patient experience**
- **Health issues for young people**
- **Sexual and reproductive health services**
- **Specialist and targeted child and adolescent mental health services (CAMHS)**

The quality criteria are designed to help local areas maximise the opportunity of this unique life-stage by involving young people in service improvement; by enhancing patient experience; and by increasing young people's opportunity to share in decisions about their health.

The You're Welcome criteria covers 10 key themes that are designed to ensure services are young people friendly. The first 8 themes focus on topics relevant to all health services in general practice, primary, community and acute settings while themes 9 and 10 focus on specialist and targeted provision. Two of the themes oblige service settings to work with young people by actively seeking their views of the services on offer and by involving them in the entire You're Welcome process.

Getting it right for children, young people and families

These general themes are:

Involvement in the monitoring and evaluation of patient experience

This theme addresses the importance of young people's involvement in service development, monitoring and evaluation.

Health issues for young people

This theme outlines the health needs of young people as they move through the transition into adulthood. It includes universal issues that affect all young people as well as issues that affect those who have specific long-term health needs.

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Department of Health and Department for Education will continue to work with key partners to support the implementation of the service vision and model.

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