

## **Publication withdrawn**

This guidance was withdrawn in August 2025. For current guidance see the [Healthy child programme schedule of interventions](#).



Public Health  
England



Department  
of Health

The role of health visitors and school nurses:

# Supporting the health and wellbeing of military families



## Background and context

Children of service families are exposed to unique experiences, which may include separation from a parent, frequent moving of house or school, caring for a sibling or parent, taking responsibility for the household or sudden deployment to a combat zone, all of which may impact on the way children lead their lives both now and in the future. The challenges each child or service family face are different, however service children who face regular moves from home and school can experience high levels of anxiety and stress. Their health, the continuity of their records and their ability to learn may also be disrupted especially when their parents are deployed to armed conflicts overseas. In addition, children with additional or complex health needs may find continuity of care a problem due to regular moves and may feel isolated or find it difficult to cope without the support from the extended family or local community networks.

Health professionals such as health visitors, midwives and school nursing teams working with stakeholders, including social care, early years and education providers, have a crucial role in identifying children of military families and can work with parents to improve health outcomes, particularly in terms of emotional health and wellbeing. Health visitors and school nurses are well placed within local communities to support both serving personnel and those families being re-based or returning to the UK. Health visitors, midwives and school nurses can support military families who may be struggling with separation anxiety and fears about a family member being injured or killed, as well as the effects of post-traumatic stress disorder on their family after they return. They can have a particularly useful role in areas of high armed forces populations.

[The armed forces covenant \(2011\)](#) is now part of the constitution and emphasises that the whole nation has a moral obligation to members of the armed forces and their families, and how they should expect to be treated. For the armed forces community, the covenant is about removing disadvantage to ensure armed forces and their families get the same outcome as the civilian community.

There is currently no single definitive record of the number of 'service children' however, the 2014-15 report of Pupil Premium Allocations, published by the Department for Education, identified that 64,390 service children were registered for the [Service Pupil Premium](#) in England. The Ministry of Defence (MoD) Service personnel records indicated that there were 90,450 dependents aged 18 and under of military personnel in the service population in the UK and overseas. In May 2015, there were 14,730 civilians registered with MoD medical centres (8,700 under 19) and 3,250 military registered under the age of 19.

Identifying children of military families is often difficult. Schools and health professionals may not even be aware of service children or their movements. This may make accessing services or even providing continuity or support for children from service families difficult as they move between schools and wider services including health. This is particularly difficult with the increased numbers of families who have chosen not to move and are living within the local population.

Some service personnel may have postings to a variety of overseas locations and as the availability of health and other support services varies in each location, the Ministry of Defence has a system in place for assessing the supportability of family members before an overseas move is confirmed. This ensures that all essential services are available and the transition to the new location is as smooth as possible. Service personnel are required to inform their chain of command if they have a family member with additional needs. Service children who have Special Educational Needs (SEN), should be registered with the Children's Education Advisory Service (CEAS) who are able to provide advice and support to parents when they move. Prior to a child with SEN moving overseas, an [MoD Assessment of Supportability Overseas](#) (MASO) will be carried out to ensure that essential health/educations/social care services are available. When health professionals are working with service families they should direct them to these processes as soon as they become aware of the possibility of an overseas posting.

## Addressing challenges

### Children, young people and families

Service families may have a positive experience, however there may be times when children of military families may be exposed to a number of challenges, including:

- potential family instability and relational breakdown due to prolonged periods of separation and adaptation
- lack of resilience
- difficulties with financial management, which may lead to debt
- potential isolation and bereavement
- increased risk of bullying or isolation
- potential increase of exposure to domestic violence and substance misuse
- difficulty developing friendships and peer support due to increased transience
- limited support from wider extended families due to transience
- lack of knowledge of access to health services eg GPs and dentists
- lack of parity of services eg children with complex needs
- limited relevant mental health support for the child or parent

### Professionals such as health visitors and school nurses can address the challenges by:

- understanding 'service life and culture' and the impact of needs for the NHS, social care and partners
- understanding different systems and processes, including commissioning arrangements, communication systems, and child records within health, education and social care
- improving systems to identify children of military families
- ensuring clarity regarding professional partnership working, responsibilities and referral pathways and organisational processes
- understanding different terminology and acronyms across agencies
- ensuring more attention is paid to the mental health needs of service families and children, especially with regard to safeguarding across two health systems (MoD and NHS)
- improving inter-professional communications/ actions to transfer
- working with service families federations

## Making a difference to the lives of children, young people and families: Measuring impact

This pathway is guidance to support health visitors and school nurses to deliver improved outcomes, and outlines our aspirations for service delivery. Local services will be at differing points of development and can use this pathway to benchmark their progress. The pathway builds on good practice and evidence drawn from the professions.

We can use the [Public Health Outcomes Framework](#), [NHS Outcomes Framework](#), and [Children and young people's health benchmarking tool](#) to measure performance and the success of improved access. In addition, providers and commissioners may wish to consider the following:

- identifying service families and accurately recording them using existing [Read Codes](#) within primary care
- use of quality outcomes to gain insight into service families' satisfaction with healthcare provision, eg [NHS Friends and Family Test](#), [You're Welcome standards](#)
- improved access to mental health services for military families
- improved referral to specialist services where needed
- increased quality of antenatal care
- improved service satisfaction reported by increased numbers of children, young people and families eg from [Families Continuous Attitude Survey](#) (FAMCAS)
- reviewing reduced avoidable hospital admissions data

## Supporting across the life course

	Pregnancy and birth	0-5 yrs	Transition into school	5-11 yrs	11-19 yrs	Transition into adulthood: Consideration needs to be given to young people 18-25 who join the armed forces as young soldiers
When	<a href="#">Antenatal</a> and <a href="#">postnatal care</a> from 10-28 days post natal within current NICE guidelines	As part of the health visitor universal offer		As part of the school nurse universal offer	As part of the school nurse universal offer	
Who	Midwives with support from other key professionals, including military and civilian GPs, health visitors and social care	Health visitors with support from other key professionals, including early years practitioners, military and civilian GPs and social care		School nurses with support from other key partners including education providers, military and civilian GPs and social care	School nurses, with support from education providers, civilian and military GPs and social care	
Where	Home or antenatal appointments, GPs, health clinics, MoD medical centres	Home, early years settings, health centres		School, community, GPs, health centres, MoD medical centres, home	School, community, GPs, home, health centres, medical centres	
Action Plan	<ul style="list-style-type: none"><li>Identify support systems and transition to health visiting services</li><li>Work with service personnel to provide seamless support</li><li>Holistic assessment of risk and resilience factors with support to address health needs, for example poor mental health/ domestic abuse issues and refer appropriately</li></ul>	<ul style="list-style-type: none"><li>Identify additional health and wellbeing needs</li><li>Signpost and refer to special support</li><li>Work with service personnel to provide seamless support</li><li>Liaise with other health visiting services to ensure continuity of care</li><li>Facilitate preparedness for school entry and learning</li></ul>		<ul style="list-style-type: none"><li>Facilitate a smooth transition into school</li><li>Identify health and educational needs</li><li>Work with service personnel to provide seamless support</li><li>Ensure communication systems are in place to address transience</li></ul>	<ul style="list-style-type: none"><li>Prepare children for transition into other/ further education</li><li>Identify additional health needs</li><li>Work with Service personnel to provide seamless support</li></ul>	
Key messages	<ul style="list-style-type: none"><li>Ensure smooth transition and handover of care from/to new areas to ensure continuity of care</li><li>Promote emotional/physical/social/ environmental wellbeing</li><li>Ensure appropriate and timely referrals</li><li>Develop supportive and trusting relationships</li><li>Ensure appropriate and effective handover to health visitor, with good communication from the multi-disciplinary team</li></ul>	<ul style="list-style-type: none"><li>Offer all Healthy Child Programme universal contacts to families, complete the health component of the integrated 2-2½ year review, including the use of ASQ3 as a population measure of child development. Use each contact to assess family strengths, needs and risks</li><li>Promote healthy eating and exercise</li><li>Promote accident prevention</li><li>Promote social development</li><li>Signpost and refer to appropriate services where necessary</li></ul>		<ul style="list-style-type: none"><li>Promote school routine</li><li>Promote healthy eating/lifestyle</li><li>Promote extended service provision</li><li>Discuss emotional health and wellbeing</li><li>Promote physical activity</li><li>Develop positive relationships</li><li>Signpost and refer to appropriate services where necessary</li></ul>	<ul style="list-style-type: none"><li>Promote school routine</li><li>Promote involvement of father and wider family/carers</li><li>Promote extended service provision</li><li>Discuss emotional health and wellbeing</li><li>Promote healthy lifestyles</li><li>Promote Personal, Social and Health Education (PSHE)</li><li>Promote personal safety</li><li>Signpost and refer to appropriate services where necessary</li></ul>	
Your Community	Your Community provides a range of health services, including services provided by Children's Centres and those that the service families and communities provide for themselves. Health visiting services work to develop these and make sure families know about them.			Your Community provides a range of health services (including GP and community services) for children, young people and their families. School nursing services develop and provide these and make sure children, young people and families know about them. Promotes family cohesion and family links, including the involvement of father and wider family/carers.		
Universal Services	Health visitors, along with GPs, midwives and Children's Centres, work together to: ensure that all children are ready to learn at two and ready for school at five through delivery of the <a href="#">Healthy Child Programme</a> ; provide health and development reviews to identify children who are not developing as expected and promote immunisations. Midwives and health visitors are ideally placed to identify children and families with additional needs and signpost to prevention and early intervention services and refer to the GP where appropriate.			Universal Services from the school nursing service provides the <a href="#">Healthy Child Programme</a> to ensure a healthy start for every child, eg National Child Measurement Programme, immunisations and health checks. School nurses identify the support that children may need when dealing with specific issues, eg bullying, emotional health, wellbeing and friendships, and provide support to teachers and school staff. School nursing services support children and parents with complex and/ or additional health needs at school and ensure access to a range of community services and GP referral where appropriate.		
Universal Plus	Universal Plus delivers a timely response from the health visiting team when specific expert help is needed, eg with parental mental health, attachment, toilet training, behaviour management and domestic violence.			Universal Plus provides a swift response from the school nursing service when specific expert help is needed, eg with weight management, enuresis, mental health concerns, long-term conditions and additional health needs. School nurses also provide support for parents and carers.		
Universal Partnership Plus	Universal Partnership Plus provides ongoing support from the health visiting team, bringing together a range of local services, to help families who have complex additional needs. These include services from Children's Centres, other community services including voluntary and community organisations and, where appropriate, referral to the GP, social care or specialist services.			Universal Partnership Plus provides a swift response from the school nursing service when specific expert help is needed, eg with weight management, enuresis, mental health concerns, long-term conditions and additional health needs. School nurses also provide support for parents and carers.		

### Transition into school

**Compassion in practice: Nursing, Midwifery and Care Staff:** Our Vision and Strategy provides a platform to describe the core values of nursing and midwifery. It is based around six values, known as the 6 C's: care, compassion, courage, communication, competence and commitment. These are underpinned by the six fundamental values outlined in the boxes below, and the health visitor and school nurse contribution to supporting the health and wellbeing of children and families from military families.



## Care

- Ensuring military families' needs and welfare are at the heart of care delivery
- Supporting integrated seamless care across the NHS and military services
- Recognising the commitment to supporting military families outlined in the covenant
- Ensuring parity of care, particularly with children with additional or complex health needs
- Recognising military families' needs and providing tailored support

## Compassion

- Recognising and understanding the challenges and issues experienced by military children and families
- Sharing respect and dignity/listening
- Ensuring a focus on the health and wellbeing of both the children and the family, providing a holistic approach
- Integrating services and helping families to connect to reduce isolation
- Building trusting relationships between the NHS and military services

## Competence

- Understanding and sharing good practice
- Supporting shared training and education
- Having the ability to raise awareness of health needs
- Promoting information sharing across systems
- Utilising the wider network and how the NHS and military systems can work together to provide support
- Raising issues within local communities to ensure military families are supported

## Communication

- Identifying key people within the military and wider stakeholders
- Making and sustaining links and influencing across organisations
- Ensuring information governance
- Ensuring confidentiality
- Raising the profile of service terms delivered and the needs of new families
- Working seamlessly and being transparent with relevant organisations
- Ensuring specific knowledge of resources and support available locally
- Ensuring knowledge of organisations eg forces' welfare services

## Courage

- Being prepared to break down organisational barriers
- Providing positive challenge to ensure the needs of military families are met
- Addressing difficult issues and having difficult conversations
- Advocating and empowering military children, young people and families
- Promoting trusting relationship with military families and supporting the family unit within local communities
- Ensuring confidentiality and building trusting relationships
- Overcoming cultural difficulties, including language and terminology used by the RAF, Navy, Army and Foreign and Commonwealth Office
- Reminding partners of their responsibilities to

## Commitment

- Ensuring services meet quality standards
- Engaging other services to provide holistic support
- Promoting collaboration with partners who work with or support military families to identify military children and young people
- Recognising geographically displaced families and reducing isolation
- Engaging families and children and young people with service development

## Using the five year forward view as a framework to support service delivery

### Getting serious about prevention

Health services need to work together with service support and health systems to support children, young people and families to improve their wellbeing and to make health improvements. Health visitors and school nurses can support this by:

- ensuring parents have access to service or civilian health services and that they know who their key contact is
- ensuring there are good channels of communication between service and civilian health visiting and school nursing teams
- ensuring there is clarity about the provision provided for service families
- increasing awareness of reservists' and veteran's public health needs and the impact on children and young people
- delivering the Universal Plus Healthy Child Programme 0-19, identifying and assessing military children and families' needs
- providing timely, tailored, non-judgemental support, ensuring open referrals to services outside health visiting and school nursing are tracked and transferred to ensure timely input, especially from families who are transient
- linking with local community services such as Homestart to support the family
- developing support pathways and public health issues, including alcohol and substance misuse, domestic violence and emotional wellbeing
- building trust and promoting confidentiality for children and families
- ensuring continuity of care eg immunisation status and dental access waiting lists following moves to support spouse

### Engaging with local communities and supporting families and service users to influence decisions

Health visitors and school nurses have a vital role in ensuring military families are engaged in local discussions. Health visitors and school nurses can support this by:

- promoting the principles of Building Communities:
  - avoiding isolation by promoting networks
  - supporting breastfeeding consultations
  - supporting young carers and adult carers
- signposting to services, eg GPs, dentists, pupil priority funds
- ensuring equity of services, leading to increased confidence in the community and building trust
- promoting stronger partnerships with charitable and voluntary sector groups

### Empowering users

Supporting children, young people and families within their local community is essential as they are 'experts by experience'. Health visiting and school nursing services can help to make improvements by:

- ensuring children, young people and families have access to information, clinical advice and public health messages
- ensuring children, young people and families have a voice by using tools such as the NHS Friends and Family Test
- adopting digital health passports or paper health records to empower individuals and families and to promote self-care
- ensuring all partners are aware of confidentiality and data protection
- working with military children, young people and families to promote self-care and outcomes for own health and wellbeing

### User experience:

Utilising a variety of local mechanisms to gain feedback, eg:

- questionnaires and surveys
- youth forums
- audit tools
- measures of wellbeing, eg [Warwick and Edinburgh scale](#)

### Leadership

Utilizing the [five year forward view](#) as a framework to shape local delivery; health visitors, schools nurses and public health nurses have a pivotal leadership role and their skills can be used in:

- strengthening existing networks to increase the transfer of knowledge and expertise
- promoting the use of technology and social media to increase awareness and improve access
- delivering regional workshops to raise awareness
- promoting improved engagement with GPs and other health services, including A&E
- promoting the leadership role of health visitors and school nurses to ensure the needs of military children, young people and families are met

### Modern workforce

Health visitors and school nurses need to develop effective relationships with their organisations to ensure the workforce is fit for purpose. This includes:

- ensuring that the workforce has access to suitable 'military culture and awareness' training
- promoting organisational responsibility to ensure the right people with the right skills, in the right place
- providing protected time and access to training to develop the workforce
- supporting value based recruitment and promoting the 'right skills'
- promoting individual responsibility and professional autonomy to ensure the needs of individual and population health are met
- identifying specific roles and responsibilities:
  - public health skills and expertise
  - ensuring job descriptions include military families

### Health innovation

Health visitors and school nurses are well placed and skilled in:

- supporting research and new developments to enhance delivery and improve health and wellbeing outcomes
- promoting and supporting sharing of knowledge and expertise to improve quality of care
- learning from what works locally and disseminating to other areas or services
- building the evidence case to support innovation and recognising good practice
- ensuring that we develop the UK evidence base, so that the most critically effective and cost effective interventions are available, especially evidence based interventions to help service children and families during periods of deployment and conflict

### Information revolution

- ensure local systems are in place to identify military families' needs and analysing the impact of information through clear data capture
- supporting transparency of performance data to support measuring impact
- ensuring systems are in place to capture patient and carer experience
- supporting development of systems to encourage children, young people and families to 'self-care' eg apps
- promoting the use of patient-held records
- encourage enhanced access to health services via technology, eg e-prescribing, online appointments and family/children and young people held records
- using technology to improve efficiency of access and young people's and families' outcomes

### Efficiency and productive investment

- ensuring a focus on early help, early diagnosis and tailored support to meet individual and cultural needs, including community outreach
- shifting the balance to proactive, rather than reactive, support using evidence based approaches such as the [Rapid review to update evidence for the healthy child programme 0-5](#)
- utilising/maximising resources more efficiently
- promoting a focus on being child and young people centred
- encouraging 'whole' family approaches and family support
- tailored support to meet individual and cultural needs
- supporting volunteer networks, for example SSAFA, and ensuring that they are appropriately trained to meet the needs of service families
- supporting children and young people's voices
- reducing of self-harm
- ensure that existing health interventions, such as Improving Access to Psychological Therapies, are effectively and accurately monitoring usage by military families and where appropriate, and available, referring for specialist support

## Examples of local delivery focussing on improved outcomes for military families

In 2012 the Community Health Team in Cyprus reviewed parenting strategies across the British Forces Community (BFC). They were looking for an evidence based programme that would support the needs of a mobile and changing forces community.

The Solihull Approach was recognised as offering an approach that understood the relationship between behaviour, emotional development and change and had the necessary information to fit with this transient population. It was also value for money as it offered a cascade model. So in 2012 members of staff from the Community Health Team were trained in the foundation training to support one to one work. Then in 2014 staff were trained in the Understanding Your Child's Behaviour parenting course, in order to start delivering to groups across BFC. It is also possible for the parents not able to attend the group to complete the parenting course online (which helps if Soldiers are away) and there is an online antenatal course. The parenting groups are well received and are to be offered on all three main bases in the BFC. There are plans to extend the Solihull Approach to other professional groups, for example midwives and school nurses. Community Nurses plan to use the Solihull Approach in their work with families who have children with additional needs.

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### Identifying needs

In Catterick we have utilised the use of the Strength and Difficulties Questionnaires (SDQs) to establish where the child is having difficulties with regards attachment and negative behavioural presentation. Using the SDQ as a screening tool allows the practitioner to identify the environment in which the child is presenting with difficulties and separates the types of difficulties the child is experiencing. By identifying the area of difficulty within the child's presentation allows the practitioner to offer timely intervention and signpost to appropriate agencies, highlighting the need to embrace a multi-agency approach to delivering the right care at the right time.

In addition to identifying areas of difficulties, the SDQ highlights the child's areas of strength. By identifying the strengths within a child who is presenting with emotional or behavioural difficulties due to attachment allows the practitioner and other agencies to reinforce praise, thus developing self-esteem and self-worth.

Having a team around not only the child, but the whole family, whilst staying child focused, offers a wraparound service that will hope to meet the needs of the child and their family.

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### Supporting wellbeing

Within the barracks in the North West, the Child and Family Health Team are now visiting the monthly coffee afternoon run by the welfare and children's centre support workers. This coffee and play afternoon takes place in the barracks' community centre. This ensures health education can be delivered to support families' identified needs. During these coffee afternoons the health visitor will weigh babies and assess mothers' maternal health.

This valuable multi-agency working ensures safeguarding information is shared, families receive health education and, most importantly, this practice ensures no new families are missed as they all receive a health questionnaire to complete which the health visitor collects at the coffee afternoon.

There have also been two health event days run on the barracks, promoting local services, all of which were well received by the military community.

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The school nursing service in the Leeds area currently has no routine means of identifying children from military families. Since the involvement of a member of their team with the compilation of this document, staff have become more aware of this unique community and their needs, the future plan being that a specific training package may be developed. As individual members of staff have become aware of families requiring support or advice, they have referred them to this specific member of the team. This has led to involvement with Early Help Assessments and the knowledge of appropriate referrals to several forces related organisations has averted the need for social care referrals. The general feeling is that this involvement and expertise highlights the need for a champion for military families within the area.

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