

Publication withdrawn

This guidance was withdrawn in August 2025.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



Health Visiting and School Nurse Programme: Supporting implementation of the new service offer:
Supporting implementation of the new service offer: School Nursing Service and Youth Justice Interface

Supporting children, young people and families and communities to be safer, healthier and to reduce youth crime



Context and Rationale

This pathway is guidance to support school nurses and youth justice professionals working with young people who are in the youth justice system or at risk of being involved. This document sets out the rationale for effective partnership working and pulls together the core principles to assist local areas to develop their own local frameworks to support effective working. It provides more specific focus and clarity for school nurses and youth justice teams to support their roles.

The document builds on good practice and evidence and sets out the rationale for a partnership pathway between school nursing and youth justice teams to outline potential opportunities and challenges to improve health and well being outcomes for children, young people and their families who are at risk of entering the youth justice system. This pathway adopts an early intervention approach to supporting younger siblings.

This pathway will:

- Adopt a life course approach and provide a clear focus on identified outcomes for children, young people and their families.
- Build on evidence based good practice and provide some clarity relating to identified complex needs and service structure.
- Provide understanding and clarity around roles, functions and engagement with key partners.

Key principles and core components required to enhance outcomes; including options for service delivery are detailed below:

- Wherever children/young people are in the youth justice system, and whenever they are at risk of coming into the system, the health and well-being needs of children should be met through mainstream services. These are the same services available to all children.
- The overarching rationale is to achieve consistent, seamless support and care for children, young people and their families at the interface with the youth justice system.
- Improving the health and wellbeing of children at the interface of the youth justice system will identify opportunities to intervene early to address emerging health and wellbeing needs, providing opportunities to make a positive impact on children's life chances.
- The Munro Report (2010) identifies the importance of 'early help' throughout childhood and focuses on transition as a key complex stage. Healthy Lives, Healthy People (2010) responds to the Marmot Report outlining approaches aimed to build self-esteem, confidence and resilience.
- Responding to the inequalities experienced by children, young people and their families who are in care, or at risk of experiencing continuity of care problems, when exiting the youth justice system.

The pathway provides a coordinated approach between school nurse and youth justice service to ensure early identification of health and well-being needs and the provision of primary healthcare services to young offenders and their families.

It is focussed on safeguarding and promoting the welfare of all children and young people in line with the requirements of the Children Act 2004 and the UN Convention on the Rights of the Child (1989), ensuring every child and young person should enjoy the best possible health and health service.

<http://www.legislation.gov.uk/ukpga/1998/37/section/39>

All children and young people in the youth justice system have equal opportunities for their health needs to be identified, assessed and met in a timely manner

Community

- Improved health outcomes and a reduction in health inequalities.
- Reaching and influencing the wider community, promoting healthy lifestyles and social cohesion.
- Improved planning of local services to reduce health inequalities.

Universal Services

- Awareness of the risk factors for young people at risk of offending.
- Identify and support young people excluded or missing school (or in alternative education provision e.g. Pupil Referral Units) who may be at risk of missing health, wellbeing and education services.
- Ensuring pathways are in place for access to all universal services through a coordinated healthcare response.
- Early identification of health and wellbeing needs.
- Empowering young people to take responsibility for own health and support to achieve optimum health.
- Preventing identified needs escalating.
- Assessment of need and acknowledgement of family and community support.

Universal Plus

- Joint planning of young person's needs.

Universal Partnership Plus

- Early seamless support and multi-agency team provision to support young people.

Working with youth offending teams locally

In England and Wales a Youth Offending Team (YOT) is a multi-agency team that is co-ordinated by the local authority, with its aim being to reduce the level of offending and reoffending of children and young people aged 10-18. The Youth Justice Board monitors the operation of the youth justice system and the provision of youth justice services both in the community and in secure establishments.

Each YOT is made up of five statutory partners as defined in the Crime and Disorder Act 1998 –

- Police
- Health
- Children's Services
- Education
- Probation Services

There may be more than one team in your local area or a team may cover multiple local authorities and each work differently, following different models depending on the needs of the local area.

Three simple examples are demonstrated below of how an individual may receive health services depending on the model of their particular YOT:

CYP referred to YOT with possible undiagnosed health issues:

- A) CAHMS worker within YOT able to make an assessment of the treatment required.
- B) YOT health worker can make a direct NHS referral to required service as a priority case.
- C) YOT able to make a direct referral to a service commissioned directly by the YOT

There are many more examples of local models and it is therefore important that you understand the arrangements for your local YOT and establish links to enable important knowledge sharing.

Find your local youth offending team's details here <https://www.gov.uk/government/collections/youth-offending-team-contact-details>

Achieving Seamless Public Health Provision and Making Every Contact Count

There are public health challenges that cannot be addressed solely by this partnership pathway, including local variation in service configuration and delivery. Such issues require local collaboration between school nursing and youth justice service leads, commissioners and practitioners. This will enable them to adopt partnership pathway principles and adapt them to meet the needs of local children, young people and families taking account of local health priorities, identified health needs and resource deployment.

The use of a partnership pathway will support effective service provision and provide solutions to address local challenges in promoting health, protecting and preventing ill health through;

- Safeguarding young people at risk of, or experiencing significant harm through abuse and/or neglect;
- Achieving a coordinated approach between school nursing, the youth justice service and others to improve health and well being of children, young people and families ensuring strong family support;
- Providing services that make a difference through evidence based effective interventions;
- Engaging with children, young people and families in service design and evaluation;
- Long term availability to support key transitions between childhood and adulthood and between different services and placements;
- Ensuring quality assurance and governance procedures are followed;
- Removing any organisational barriers to progress; and
- Ensuring effective information sharing

Making Every Contact Count

School nurses are well placed to support the health and wellbeing needs of young people and use the core principles of [Making Every Contact Count](#) to support intelligent principles and informative interactions to support positive sustained behaviour changes.

Data collection:

Use and interpretation of the data from the Joint Strategic Needs Assessment (JSNA) will be the basis to assess health needs and how they can be met using evidence based interventions. Collection of data pertaining to the Healthy Child Programme outcome measurements should be available locally; the pathway aims to build on local evidence to validate the success and quality assurance of the pathway.

The current NHS and Public Health Outcomes Framework contains indicators for child health, each having an impact on the health and well being of the population along the life course. These indicators will demonstrate outcomes to support this pathway in relation to 'starting well' and developing well through partnership working through outcome measures.

It is recognised that the circumstances and needs of the family must be taken into account when implementing this timeline

Enhanced Pathway Timeline		
0 – 19		
When		
Who	<= 10	10 – 19
	School nurse Health practitioner within youth offending service Health visitor GP, designated/named professionals Head teachers, teachers Families/carers Parenting support Children's services (social care) 'Looked After Children's' nurse	School nurse Health practitioner within youth offending service; Speech and language specialist Community children's nurse CAMHS practitioner Other identified designated/ named professionals Families/carers Head teachers, teachers, Parenting support Children's services (social care) 'Looked After Children's' nurse
Where	Home / educational setting / community / secure settings – remand foster care, secure children's home, secure training centres, young offender institution (DH 2009 Healthy Children, Safer Communities).	
Rationale	Identify the level of vulnerability and health risks to children and young people, to signpost to appropriate services, including Schools and support them to take appropriate action. Maximise face to face contact / connectivity with family minimising risk. Early intervention to support children and young people to be school ready/life ready. Ensure smooth transition between childhood and adulthood and between different services and placements. Ensure more children and young people are diverted from youth justice system where appropriate. Comprehensive delivery of the Health Child Programme 0-19. Development of local pathway to determine seamless support for local health and well being need.	
Key messages	School nurse will respond to the inequalities experienced by children, young people and their families who are on the edge of, within or exiting the youth justice system. Crime and Disorder Act 1998 There will be timely sharing of accurate information about health and well being needs of children and plans for meeting those needs between youth justice system and school nurse and notification/change of status to ensure connectivity – school nurse/ youth justice practitioner for transition of care. Healthy Child Programme universal offer carried out by a school nurse. Where health and well being needs are identified, there will be interagency agreement of package of care for children, young people/families and carers. <u>Health assessment to include for example but not limited to</u> • Immunisations • Registration with GP/ Dentist • Speech and language therapy • Parenting support/signposting to strong family support • Emotional health and well being • Sexual health • Healthy eating/lifestyle • Accident prevention • Oral health • Hearing and vision • Behaviour management • Physical activity • Continence Vulnerable children with identified specific health need – initiation of local assessment process	School nurse will respond to the inequalities experienced by children, young people and their families who are on the edge of, within or exiting the youth justice system. Crime and Disorder Act 1998 Healthy Child Programme universal offer carried out by school nurse. Where health and well being needs are identified, there will be interagency agreement of package of care for children, young people, families and carers. Vulnerable young people with identified specific health and well being needs – initiation of common assessment framework (CAF). Assessment to identify unmet health and well being needs, for example poor communication, speech and language skills, mental health problems, learning difficulties, risk of self harm and harm to others. Where appropriate, assessment should build on and take account of any health assessment conducted through the youth justice service or youth secure establishment. There will be timely sharing of accurate information about health and well being needs of children and young people and plans for meeting those needs between youth justice practitioner and school nurse. Identification of children and young people excluded or missing from school, those missing out on health, mental health services provided in schools. This includes those receiving alternative provision ie Pupil Referral Units and home tuition. Identify, support and signpost for early help where families are finding difficulty with parenting issues. <u>Health assessment to include positive support where health and well being needs are identified for example but not limited to</u> • Alcohol and /or drug misuse, mental health matters. • Speech and language therapy • Emotional health and wellbeing • Sexual health • Physical activity • Developing positive relationships • Immunisation status • Healthy eating and physical activity • Personal safety • Signposting and referring to other services Re-engaging young people and families into community health services on release from custody. An average custodial sentence is only 78 days and this should be given consideration when planning interventions and considering when to cease any services being delivered prior to a young person receiving a custodial sentence.
Your community	Your Community has a range of services including some Sure Start services and the services families and communities provide for themselves. Health visitors and school nurses working in partnership to develop and promote community based support for children, young people and parents targeted to meet the identified needs of the local community.	
Universal services	Universal services are for all children, young people and families. Health visitors and school nurses deliver the Healthy Child Programme to ensure a healthy start for children and families, for example prompt for immunisations, health and development checks, support for parents and access to a range of community services / resources.	
Universal plus	Universal Plus gives a rapid response from the school nurse/youth justice practitioner when children, young people and parents need specific expert help targeted according to assessed or expressed need, for example managing long term health issues and additional health needs or parenting interventions supporting families with children experiencing early childhood behavioural difficulties.	
Universal partnership plus	Universal Partnership Plus provides ongoing support from the team plus a range of local services working together with children, young people and families to deal with more complex issues over a period of time, targeted according to identified need.	



Finding Local Solutions

School nurses have a vital role in supporting children, young people and families. Below describes their leadership role in supporting young people in the youth justice system.

- Safety of child and access to early help, interventions and support for children, young people, families and carers.
- Children/young people within the youth justice system have far more unmet health needs than other children of their age. These include poor communication skills, mental health problems, learning difficulties and both self-harm and risk of harm to others.
- Child and family centred approach to care, support and decision making process.
- Partnership working within the changing health and social care agenda and recognising core values of the family service.
- Early years are critical to setting out a child's life trajectory: for physical and emotional health, learning and development.
- Local service provision taken into account in designing a collaborative shared pathway to identify the optimum points for partnership working; and
- Build on existing good practice.

Compassion

- Recognising & understanding needs of children, young people and families in order to produce care plan.
- Building trusting relationships.
- 'Normalising Life' EYP.
- Respecting dignity.
- Being open & non-judgemental.
- Supporting a whole family approach.

Commitment

- Demonstrating a commitment to health and well-being.
- Improving joint working.
- Ensuring services meet 'You're welcome' standards.
- Implementing the [NHS Friends and Family Test](#).
- Improving delivery of sharing 'what works'.
- Supporting service improvement & changes.

Competency

- Develop skills through training.
- Acting as expert on children and young people.
- Ensuring appropriate referrals.
- Sharing evidence based practice.
- Standardising care
- Recognising. Competencies and seeking new opportunities.
- Recognising specialist skills and skill mix within the team.

Care

- Health visitors and school nurses to provide care in a range of settings.
- Seamless delivery of Healthy Child Programme 0-19.
- Making time to understand the world of the child, young person and family.
- Promoting positive health and well-being
- Using technology to improve access.

Courage

- Having difficult conversations.
- Advocating for child or young person.
- Using professional challenge (knowing when to).
- Having intelligent conversations and empowering children and young people.
- Embracing innovation & new ways of working.
- Working transparently with children, young people and families.

Communications

- Using defined protocols – Information sharing
- Communicating appropriate safeguarding concerns when they arise.
- Embracing modern technology and utilising new ways of communicating.
- Improving communication across same & other agencies.
- Supporting cross – agency working & Communications.

Maximising Health & Well-being

- Ensuring all young people have needs assessments.
- Supporting integrated care planning.
- Providing a seamless approach to signposting and messaging regarding health services.
- Reducing risk-taking behaviour.
- Supporting long term conditions and complex care.
- Improving parenting skills and promoting family resilience.
- Supporting early identification of health needs.

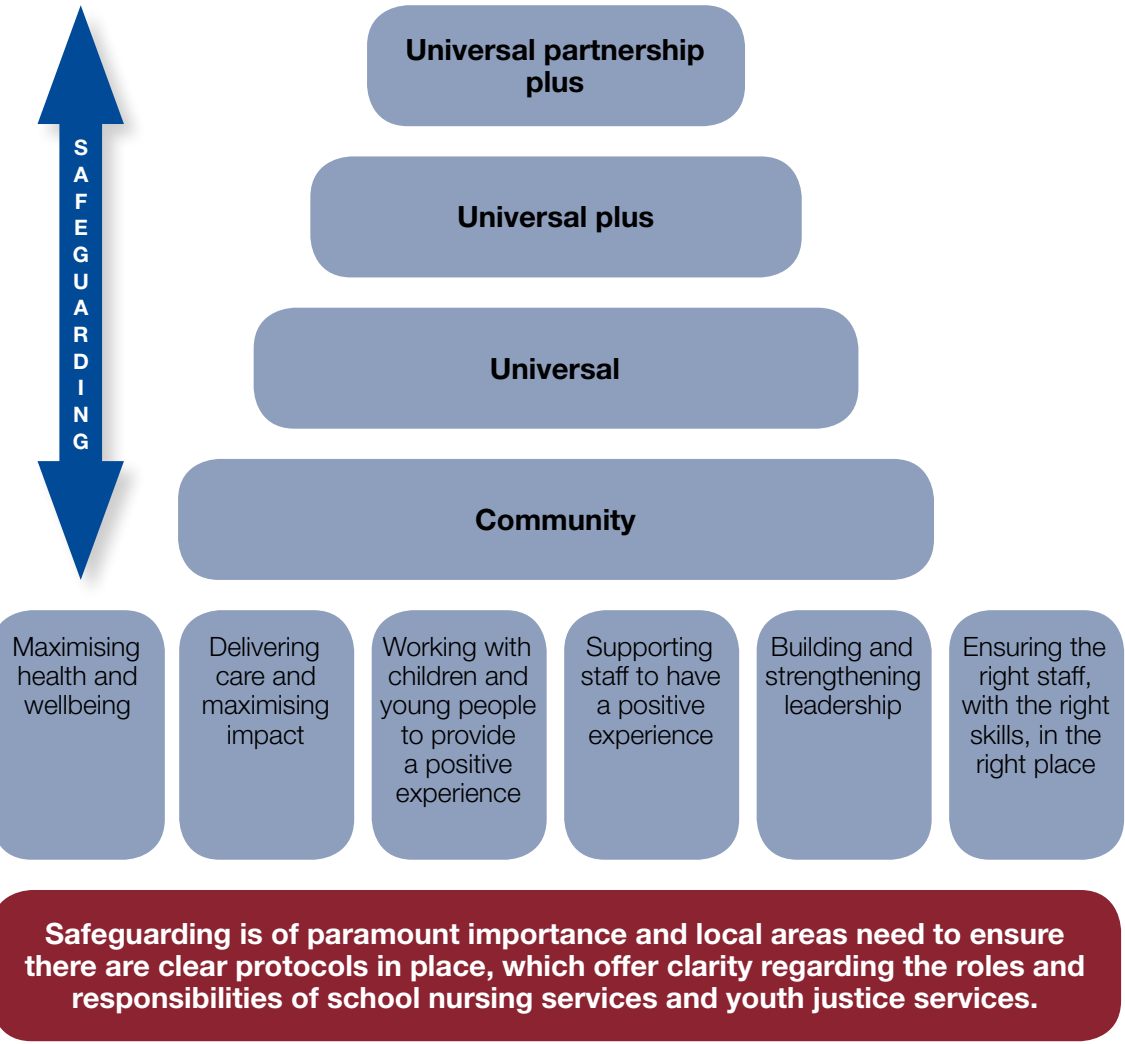
Delivering Care & Measuring Impact

- Using the evidence based assessment tools including child development assessments and relevant screening tools.
- Using vulnerability assessments tools.
- Targeting families who need most help – Measuring impact of utilising limited resource.
- Supporting effective delivery of public health agenda and implementing the Healthy Child Programme.
- Using evidence based practice and use of clinical guidelines.
- Using baseline for future initiatives.
- Building on what works.
- Increasing equity & quality experience of universal offer delivering improved outcomes.

Working with children and young people to provide a positive experience

- Improving communication between key partners.
- Improving information and advice given, making sure it's relevant and appropriate.
- Undertaking joint visits and use of locally agreed assessments.
- Ensuring emphasis on prevention.
- Empowering children and young people.
- Identifying family/individual issues and addressing early within family context.
- Ensuring improved service user/client satisfaction/user involvement.

Figure 1: Illustrates the inter-connection between the health visiting and school nursing delivery model and the priority actions outlined in Compassion in Practice. Professionals need to address to provide quality intervention and a seamless transition to support readiness for school and readiness for life. The priority actions need to be addressed by both School Nursing and Youth Justice Services.



Supporting Staff Experience

- Sharing good practice and disseminating what works.
- Encouraging multi-discipline supervision or peer support.
- Increasing knowledge and awareness on health and well-being around risk taking behaviour.
- Strengthening support between health and social care through joint training.

Building and Strengthening Leadership

- Developing a system to track and support young people/families transferring in/out of areas/communities.
- Communicating with commissioners regarding service gap or duplication.
- Using new technology.
- Ensuring consistency and higher quality services.
- Providing seamless services incorporating full public health agenda across services.
- Ensuring explicit and well defined standards of care are provided.

Ensuring right staff with right skills in right place

- Ensuring effective use of resources.
- Developing good relationships/communications with other professionals.
- Ensuring good information sharing, timely and access when needed.
- Improving the use of specialist skills and use of clinical judgement.

What works locally: case studies, Acknowledgement and references

Emerging good practice – ‘Someone you know and can trust.’

As part of the school nurse service offer, school nursing services offer ‘drop in’ and open door sessions in secondary school and community settings. Young people should be able to access the school nurse for confidential sexual health advice. Normalising the engagement with school nursing services and building strong relationships can help young people to share concerns. For example, a young female ‘Tracey’ discloses she has been a victim of rape. She attended the ‘drop in’ session on many occasions and developed a trusting relationship with the school nurse.

Tracey later entered the youth justice system following a drunk and disorderly conviction. Whilst Tracey was involved with the youth justice service, through a partnership approach the school nurse and youth justice health practitioner liaised, thus building on the established trusting relationship the school nurse had already established with Tracey, this facilitated continuity of care.

During the consultation sessions with the school nurse Tracey and her partner disclosed they both wanted to stop smoking. The school nurse utilising specialist public health skills worked with both and with support they were successful in quitting. Continued support from the school nurse enabled Tracey to feel confident to take some responsible decisions regarding her sexual health and wider health choices.

The school nurse supported Tracey, providing reassurance and an introduction to the youth justice service, being accompanied by someone who knew her history the school nurse was able to offer the emotional support Tracey needed at this time, this gave her confidence and continuity. The school nurse and youth justice health practitioner partnership was an excellent example of transition of care between partners.

Emerging good practice – Early Help –‘see a school nurse before it gets worse’

Munro (2010) and young people themselves identify the importance of early help and support before ‘crisis’ as crucial to their health and wellbeing. School nurses are well placed to identify health needs and to be responsive to the needs of young people in partnership with other professionals. For example, as part of a youth justice service order a young male, ‘Peter’, was referred to the youth justice health practitioner for a health assessment. He had developed a trusting relationship with the youth justice health practitioner. During the assessment session he disclosed that he had been ‘hearing and seeing things’ - which he found ‘very scary’. He advised he had not disclosed this to anyone else, but after discussion and reassurance he agreed that the youth justice health practitioner could share this with his parents and make a referral to the children and adolescent mental health service (CAMHS).

His mother, although initially shocked, disclosed that she had suspected her son was experiencing difficulties and had consequently left her job in an attempt to try to support him. Peter had built a trusting relationship with the youth justice health practitioner and asked if they would accompany him to his CAMHS referral. He was diagnosed with early psychosis and thus treated with medication and support. Peter reported he felt more confident and able to manage his ‘problems with support, his mother has been able to return to work.

Partnership working between youth justice health practitioner, school nurse and CAHMS enabled ongoing support to provide this family to cope with their son’s health issue over a longer period of time.

Emerging good practice – ‘Visible, Accessible and Confidential’

The public health needs of young people involved with the youth justice service are not always recognised. Furthermore, young people particularly those excluded or not accessing mainstream education are not always clear regarding the role of the school nursing service. However, an accessible visible service can be beneficial in meeting the needs of this vulnerable group of young people. For example, the youth justice health practitioner conducted a health needs assessment at the youth justice service, for a young male, ‘John’, who received a referral order for actual bodily harm; he had damage to his front teeth. The assessment revealed that John was not registered with a dentist and did not know how to register. He also revealed he had ongoing and recurrent toothache. The youth justice health practitioner identified a local dentist who was accepting new NHS patients.

The youth justice health practitioner supported John to register with a local dentist and accompanied him for a dental appointment. Continued support from the youth justice health practitioner enabled John to feel confident to take some responsible decisions regarding his dental health. Building on this trusting relationship, the youth justice health practitioner, liaised with the school nurse to ensure that John had continuity and seamless transition of care between partners.

John reported he gained in confidence to access the dentist by himself and in his self-esteem with his new ‘smile’ and felt confident to proactively approach the school nurse with health matters.

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