

Publication withdrawn

This guidance was withdrawn in August 2025. It has been superseded by the [Healthy child programme: health visitor and school nurse commissioning](#).



Department
of Health



Public Health
England

Maximising the school nursing team contribution to the public health of school- aged children

Guidance to support the commissioning of public
health provision for school aged children 5-19



This guidance has been developed with our key partners, including SOLACE, Association of Directors of Public Health and the Local Government Association.

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Maximising the school nursing team contribution to the public health of school-aged children

Guidance to support the commissioning of public health provision for school aged children 5-19

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1. Purpose of the guidance

Many local authorities are turning their minds to the provision of school nursing services. Commissioning of local services will be dependent on local needs, hence this document is provided as guidance, providing a framework for local commissioners and providers. It aims to set out the core school nurse offer and the innovative ways that school nursing services can be commissioned and developed to meet local need to ensure effective, seamless delivery of public health for school-aged children and young people. This guidance supports the development of local service specifications and should be read in conjunction with Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action.

Local Authorities are key commissioners and hold an array of statutory duties for children, including: improving educational achievement; improving the wellbeing of young people; reducing child poverty; and protecting children and families.

In addition to this guidance we are developing a series of joint local briefings with the Local Government Association to accompany this guidance to support commissioning of school nursing services, these will be published shortly. The briefings will be aimed at senior officers and lead members to help them to embed this guidance into local commissioning.

1.1 Workforce and a focus on school nursing teams

Public health nurses have a significant role in leading and co-ordinating delivery of public health interventions to address individual and population needs. The school nursing workforce is relatively small and cannot deliver the extensive Healthy Child Programme agenda in isolation. It is therefore important that the role of school nurses' contribution is clearly defined locally and robust arrangements are put into place to support multi-agency working.

School nurses are qualified nurses who hold an additional specialist public health qualification, which is recordable with the Nursing and Midwifery Council. School nurses, with their teams, co-ordinate and deliver public health interventions for school-aged children. The nature of their work requires clinical input and effective leadership, which qualified school nurses are equipped to provide. The skill mix within school nursing teams needs to reflect local need and should be underpinned by a **robust workforce plan** which takes into account **workload capacity** and **population health needs**.

School nurses are:

- The single biggest workforce specifically trained and skilled to deliver public health for school-aged children (5-19);
- Clinically skilled in providing holistic, individualised and population health; assessment, with a broad range of skills at Tier 1 and Tier 2 health interventions;
- In a unique position within community and education settings to support multi-disciplinary teams, with relationships within primary and secondary care;

- Skilled in managing the relationships between child, family and school settings;
- Trusted and valued by children and young people¹.

School nursing services configuration and delivery vary across England. Additionally, there are creative and innovative models of commissioning and delivery emerging, including co-commissioning with schools. This guidance builds on these good practice examples and aims to:

- Ensure a consistent and equitable approach across England. This guidance can be used to benchmark and monitor provision;
- Outline services and provide quality indicators related to the health and wellbeing of school aged children;
- Support a whole systems approach to support school-aged children aged 5 to 19 years and their families through the delivery of integrated pathways from competent and clinically skilled practitioners;
- Support an effective and high quality preventative service through implementation of the Healthy Child Programme (5-19)²;
- Ensure that children, young people and their families health needs are assessed and supported, and where additional health needs are identified, they receive an early response, including appropriate referral to specialist services and signposting to other agencies as per the relevant pathway.

1.2 Commissioning public health for children and young people aged 5-19

Since April 2013 Local Authorities have been responsible for commissioning public health services for school-aged children (5-19). This presents new opportunities for bringing together a robust approach for improving outcomes for young people across both health and local authority led services. The local authority's key responsibilities for child health include:

- Improving the health and wellbeing of school-aged children and young people;
- Bringing together holistic approaches to health and wellbeing across the full range of their responsibilities;
- Optimising the ring-fenced public health budget to improve outcomes for children and young people;
- Leading commissioning of public health services, for example, health improvement, drugs, and sexual health;
- Responding to emergency planning, including outbreak response in schools.

The core public health offer for school-aged children which encompasses the Healthy Child Programme (5-19) and includes:

- o Public health;
- o Health promotion and prevention by the multi-disciplinary team;
- o Defined support for children with additional and complex health needs;

¹ http://www.byc.org.uk/media/75447/byc_school_nurse_report_web.pdf

² http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

- o Additional or targeted school nursing support as identified in the Joint Strategic Needs Assessment.

Directors of Public Health and Lead Members for Children's Services, based within local authorities, have specific functions to bring together the local public health system and provide strategic leadership to:

- Ensure delivery of Local Authority functions;
- Assure health protection plans;
- Work with partners to enable effective delivery of screening and immunisation programmes;
- Provide the core offer as outlined in the Healthy Child programme.

Directors of Public Health are the lead commissioners for school nursing services, and school nursing services are funded from the public health grant. There is an intentional join-up with the 0-5 commissioning, which will be moving to the local authority as part of the public health grant by October 2015.

Under the terms of the Health and Social Care Act 2012, upper tier Local Authorities are now responsible for improving the health of their population. Local Authorities are key commissioners and hold an array of statutory duties for children, including:

- Driving the high educational achievement of all children;
- Leading, promoting and creating opportunities for co-operation with partners to improve the wellbeing of young people;
- Establishing arrangements to reduce child poverty; promote the interests of children in development of health and wellbeing strategies (joining up commissioning plans for clinical and public health services with social care, education to address identified local health and wellbeing needs);
- Leading partners and the public to ensure children are safeguarded and their welfare promoted.

All the duties of the Director of Children's Services are underpinned by the need to ensure equality in access to services and to be a champion for the needs of the most vulnerable. The transfer of public health duties is an opportunity to further strengthen our approach to these key duties and to provide integrated services across all local authority led services such as social care, leisure and children and adult services.

The responsibility for commissioning **immunisation and vaccinations**, together with clinical support for children with additional health needs for long terms conditions and disabilities, lies with NHS England. There will be local variation regarding immunisation programmes, with some school nursing teams providing this, whilst others may be commissioned separately. However, in both cases, there needs to be close working arrangements between the Local Authority commissioner, NHS England commissioner and provider services to ensure high uptake.

In addition, special school nursing services will need to be commissioned by Clinical Commissioning Groups to provide specialist clinical input for children with specific health needs. For example, children with complex health needs who require ventilatory support or enteral feeding. Appendix 1 summaries the organisational responsibilities as they relate to the universal offer described within the Healthy Child Programme³.

There are opportunities to explore co-commissioning arrangements with key partners, including school and education providers, to extend service provision where local and/ or school population health and wellbeing needs are identified.

2. Population needs

Commissioners will need a systematic, reliable and robust process to access **population health needs** that provides a basis for designing and reviewing services, together with workforce plans to ensure an **appropriately skilled workforce** can deliver public health locally.

Delivery of the universal elements of the Healthy Child Programme should be underpinned by a robust **Joint Strategic Needs Assessment**, which will need to identify vulnerable and at risk groups, including young carers, Children in Care, young offenders, those not in education, employment or training (NEET) and children with disabilities.⁴

At an individual or family level, services should be developed to meet individual need and tailored to ensure individuals are supported.

Commissioners will need to ensure providers can demonstrate a robust process to capture **service user insight** and the experiences of children and young people as service users. For example the You're Welcome Quality Criteria⁵ or the Friends and Family Test⁶. Commissioners need to ensure providers collate and share data, and use this to support behaviour change, achievement of outcomes and to support targeted commissioning.

The Healthy Child Programme (HCP) is the universal public health programme for children and families from pregnancy to 19 years of age. The Healthy Child Programme (0-5) focuses on children from birth to five years of age and is delivered predominantly by Health Visitor Services and is currently commissioned by NHS England, until the transition of responsibilities moves to the local authority in October 2015. During the transition phase it will be essential for NHS England to work closely with local authorities to ensure a seamless transition and delivery of services 0-19 years.

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http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

⁴ <http://www.empho.org.uk/ViewResource.aspx?id=12227>

⁵ <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

⁶ <http://www.england.nhs.uk/ourwork/pe/fft/>

The Healthy Child Programme (5-19) focuses on school aged children up to the age of 19 and is commissioned by Local Authorities. It offers children and young people a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and tailored support for children and families, with additional support when they need it most.

The Healthy Child Programme (5-19) provides a framework to support collaborative work and more integrated delivery. The Healthy Child Programme (5-19) aims to:

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

Appendix 1 summarises the core elements of the Healthy Child Programme, together with key providers and commissioning organisations. School nurses have a crucial leadership, co-ordination and delivery role⁷ within the Healthy Child Programme.

2.1 National / local context and evidence base

The importance of giving every child the best start in life and reducing health inequalities throughout life has been highlighted by Marmot⁸ and the Chief Medical Officer⁹ (CMO). The Healthy Child Programme is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. School Nursing Services are a key component of the Healthy Child Programme (5-19) and support school-aged children to achieve the best possible health outcomes.

Marmot and the CMO both recognised the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through targeted support¹⁰. There will be challenges within a child's or young person's life and times when they need additional support. Universal and targeted public health services provided by school nursing teams are crucial to improving health and wellbeing of school-aged children.

The Public Health Outcomes Framework¹¹ and NHS Outcomes Framework¹² clearly define a range of outcome measures that are significant to the school aged population. Table 1 summarises those that apply to this age group.

⁷ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

⁸ http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE

⁹ <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

¹⁰

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publichealth/Healthinequalities/DH_094770?PageOperation=em

¹¹

<https://www.gov.uk/government/news/public-health-outcomes-framework-sets-out-desired-outcomes>

¹²

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2012-to-2013>

Table 1: Children and young people's outcomes

- Reducing the number of children in poverty
- Improving School readiness
- Reducing Pupil absence
- Reducing first time entrants to the youth justice system
- Reducing the number of 16-18 year olds not in education, employment or training
- Reducing under 18 conceptions
- Reducing excess weight in 4-5 and 10-11 year olds (all sub-indicators)
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- Improving emotional wellbeing of looked-after children
- Reducing smoking prevalence – 15 year olds
- Reducing Self harm
- Chlamydia diagnoses (15-24 year olds)
- Improving population vaccination coverage (all sub-indicators)
- Reducing tooth decay in children aged 5

Department of Health, NHS England, Public Health England and local government associations signed up to the pledge for better health outcomes for children and young people in February 2013¹³. The pledge puts children, young people and families at the heart of decision making and improving every aspect of health services, and sets out shared ambitions to improve physical and mental health outcomes for all children and young people and reduce health inequalities.

The CMO report¹⁴ emphasised the commitment to:

'help children who grow up in the most at-risk families and to help parents give their children the best possible care. We also want to help children be as healthy as possible by preventing illness, and encouraging healthy behaviours from pregnancy onwards. The government is committed to improving all children's chances in life by giving families the help they need to keep their children healthy and safe'.

There is strong evidence supporting delivery of all aspects of the Healthy Child Programme, which is based on *Health for All Children*¹⁵, the recommendations of the National Screening Committee, guidance from the National Institute of Health and Clinical Excellence (NICE) and a review of health-led parenting programmes by the University of Warwick.

¹³ <https://www.gov.uk/government/news/new-national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

¹⁴ <https://www.gov.uk/government/publications/cmo-annual-report-2011-volume-one-on-the-state-of-the-public-s-health>

¹⁵ [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138331/CMO_Annual_Report_Volume_2_2011.p](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138331/CMO_Annual_Report_Volume_2_2011.pdf)

^{df} <http://www.healthforallchildren.com/>

Additional or targeted support will be determined locally according to individual and population health needs as identified in a Joint Strategic Needs Assessment. This will include support to address specific issues. Separate or additional services may need to be commissioned and funded by the responsible agencies, specifically CAMHS, domestic violence or bereavement support.

2.2 Evidence base

The Healthy Child Programme 5-19 years was developed nationally and is based on relevant evidence bases. Full details can be found within:

- Healthy Child Programme – 5-19 years (DH, 2009 – amended August 2010)
- Healthy Child Programme – The two year review (DH, 2009)

The evidence base and key policy documents include:

- Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London
- Allen, G. (2011b) Early Intervention: Smart Investment, Massive Savings. HM Government: London
- Department of Health (2013) Getting it right for children and young people : Overcoming cultural barriers in the NHS so as to meet their needs
- Department of Health (2012) The Children and young people's Health Outcomes Strategy
- Department of Health (2012) Improving outcomes and supporting transparency, Part 1: A public health outcomes framework for England, 2013-2016
- Department of Health (2012) Improving outcomes and supporting transparency, Part 2: Summary technical specifications of public health indicators)
- Department of Health (2011) Healthy lives, healthy people: our strategy for public health in England
- Department of Health (2011) Healthy lives, healthy people: update and way forward (DH, 2011)
- Department of Health (2011) Healthy lives, healthy people: a call to action on obesity in England
- Department of Health (2011) National Child Measurement Programme
- Department of Health (2011) You're welcome: quality criteria for young people friendly health services
- Department of Health (2010) Achieving equity and excellence for children. How liberating the NHS will help us meet the needs of children and young people
- Department of Health (2010) Equity and excellence: Liberating the NHS and Liberating the NHS: Legislative framework and next steps
- Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults. HM Government: London.

- Hall, D. and Elliman, D. (2006) Health for All Children (revised 4th edition). Oxford: Oxford University Press.
- HM Government (2013) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (HM Government,
- Marmot (2010) The Marmot Review Strategic Review of Health Inequalities in England, post-2010 (Available at <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>)

3. Outcomes

3.1 Children and young people's outcomes

The Marmot Review into health inequalities in England (2010), proposed an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. The evidence base provides local areas to bench mark their progress and identify local solutions to addressing inequalities.

The Child and Maternal (ChiMat) Health Intelligence Network has published a first version of the Children and Young People's Health Benchmarking Tool (<http://www.chimat.org.uk/cyphof>). This brings together and builds on health outcomes data from the [Public Health Outcomes Framework](#) and the [NHS Outcomes Framework](#). It responds to the Children and Young People's Health Outcomes Forum's recommendation that a view of these frameworks be created which highlights areas of particular relevance to improving the health outcomes of children and young people. Further indicators were also recommended by the Children and Young People's Health Outcomes Forum and are being considered. Appendix 2 provides suggested strategies and measures for local areas to use to support delivery and demonstrate impact.

School nursing teams lead and contribute to improving the outcomes for children and young people but are not solely responsible for achieving these and there needs to be a partnership approach. School nursing teams need to work with a number of partners including health and social care teams, teachers and youth workers to deliver the evidence based public health interventions as outlined in the Healthy Child Programme (5-19), and using the core principles of [Making Every Contact Count](#) for intelligent, opportunistic interventions.

4. Scope

This guidance covers maintained schools and academies and includes child health surveillance, health promotion, health protection and health improvement and support outlined in the Healthy Child Programme 5-19 and includes:

- The role of school nursing in transition for school-aged children, for example transition between health visiting and school nursing, and into adult services;
- The role of school nursing and its contribution to safeguarding;
- The role of the school nurse in supporting vulnerable children and those not in school, e.g. Children in Care, young carers, home educated or young offenders;
- The support offered as part of the troubled families agenda;

The extended immunisation and vaccination programme will need to be considered by local commissioners from local authorities, Directors of Public Health and Area Teams to ensure synergy between immunisation delivery and public health provision. There is an opportunity through joint commissioning and partnership working within Area Teams to strengthen the school nursing workforce to increase both the health protection and public health input for children and young people through co-ordinated commissioning.

Arrangements for delivery of services in independent schools and further education settings need to be agreed and determined locally.

4.1 Aims and objectives of the service

School nurses and their teams use their **autonomy, clinical skills and professional judgment** to improve the **health and wellbeing of children and young people** and **reduce health inequalities**. Thus ensuring all children and young people receive the full service offer (HCP 5-19), including universal access and early identification of complex needs from school entry, with timely access to specialist services, by:

- Taking the lead in developing effective partnerships and acting as advocate to deliver change to support improvements in health and wellbeing of school aged children;
- Ensuring children have a smooth transition into school and throughout all transition phases in life, building on the early years support¹⁶ to continue to lay down the foundations for healthy lifestyles which will prepare them for adulthood and to ensure they are ready to learn;
- Ensuring synergy between services provided by the health visiting team and recognising the contribution of key partners, for example, children's services and education providers to support school readiness and reducing school absences through health related issues;
- Working in partnership with local communities to build community capacity, demonstrating added value, utilising asset-based approaches, best use of resources and outcomes;

¹⁶ [Healthy Child Programme: pregnancy and the first five years of life, Department of Health and Department for Children, Schools and Families, 2009](#)

- Working in partnership with other professionals, including for example, school leaders, teachers and youth services to support children and young people to become healthy decision-makers in lifestyle choices, particularly in relation to: physical activity and healthy eating, emotional well-being, smoking, sexual health, alcohol and substance misuse. Particular attention should be paid to the vulnerable children who experience worst health outcomes, such as Children in Care, NEET, young offenders, children with disabilities and young carers;
- Supporting children, young people and families to navigate the health and social care services to ensure timely access and support;
- Ensuring timely action that focuses services so that the outcomes of the disadvantaged or most at risk children and families are not compromised by poor early experiences and environment;
- Ensuring the service takes a whole system approach to delivery of child centred evidence based practice, prevention and incorporating early intervention and prevention to achieve shared health and social wellbeing outcomes for children, young people and families;
- Promoting emotional well-being through the school-aged years working alongside children and young people to support those with emotional and mental health difficulties and referring to CAMHS where appropriate;
- Ensuring care and support helps to keep children and young people healthy and safe within their community, providing seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity;
- Ensuring early identification of children, young people and families where additional evidence based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing;
- Working in partnership with primary and secondary care colleagues to support children and young people with long term conditions or complex needs and facilitate appropriate management of health conditions to ensure hospital admissions are kept to a minimum;
- Ensuring providers offer a service delivery model that is based upon a holistic full service offer of care in line with 'Getting it Right for Children and Families; the School Nursing Development Programme' (DH March 2011).

4.2 Service Description

Delivery by school nursing services: the universal Offer – the healthy child programme (5-19)

Clearly stated in Healthy Lives Healthy People: Our Strategy for Public Health England Nov 2010 under "Developing Well" 3.22 p 38.

"Responding to local need, the school nursing service will work with other professionals to support schools in developing health reviews at school entry and key transitions, managing pupils' wellbeing, medical and long-term condition needs and developing schools as health-promoting environments. The Department of Health is developing a new vision for school nurses, reflecting their broad public health role in the school community".

Some elements of the Healthy Child Programme require clinical and specialist public health nursing, whilst other elements could be delivered by partners and by using skill mix, with qualified school nurses taking leadership. The school nursing workforce is relatively small and cannot deliver the extensive Healthy Child Programme in isolation. It is therefore important that the role of school nurses' and partners' contribution needs to be clearly defined locally and with robust arrangements in place to support multi-agency working.

The universal elements of the Healthy Child Programme will be predominately delivered by the school nursing team in a way that is most appropriate to meet local health needs and across a range of settings with a clear focus on school-based delivery, but will include other community settings as determined locally, for example, youth centres and community centres.

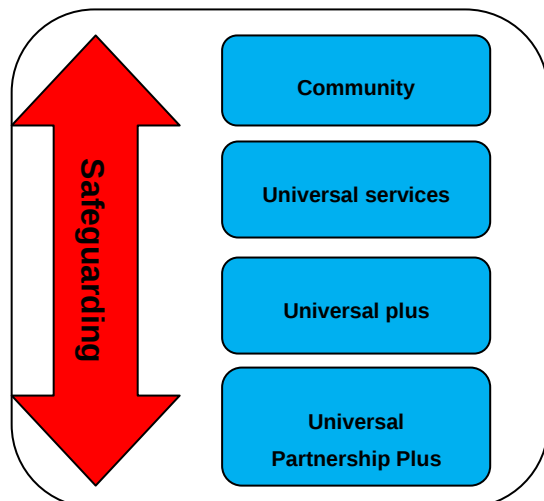
The School Nursing Service (5-19) will:

- Lead and co-ordinate local delivery of the **Healthy Child Programme 5-19** requirements and use the **school nurse vision** as a framework to support delivery;
- Provide an **integrated Public Health Nursing Service** linked to children's centres, general practice and education settings by having locality teams and nominated leads known to the stakeholders, including a named school nurse for every education setting;
- Deliver the universal Healthy Child Programme through assessment of need by appropriately qualified staff, **health promotion advice, screening and surveillance, engagement in health education programmes**, involvement in key public health priority interventions for adults and communities, interventions as specified within the Healthy Child Programme;
- Deliver Public Health interventions support to school-aged **children and young people** and to keep children safe;
- Work with school leaders and school improvement services to identify population health needs;
- Undertake joint visits with other professionals in **response to contact from families**, where appropriate;
- Ensure there is a clear protocol of **addressing the health needs of priority groups** where the service will be maintained and preventing inconsistency ;
- Ensure and be able to evidence that the experience and **involvement of families, carers and children** will be taken into account to inform service delivery and improvement;
- Champion and advocate culturally sensitive and non-discriminatory services which promote **social inclusion, dignity and respect**;
- Build on **resilience, strengths and protective factors** to improve autonomy and self- efficacy based on best evidence of child and adolescent development, recognizing the context of family life and how to influence the family to support the outcomes for children;
- Build **personal and family responsibility**, laying the foundation for an independent life;
- Demonstrate the **impact of the service** provided through **improved outcomes** and service user feedback.

The school nursing service provides public health, social and emotional wellbeing and interventions at 4 levels. Figure 1 below shows what this will mean for children, young people and families:

Figure 1 The vision and model for school nursing

An opportunity for school nurses to re-claim their role as Leaders and deliverers of public health to school aged children



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 (5-19) to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks; protecting health e.g. by immunisation; 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 needs and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental 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.

Level 1 community offer: to provide advice to all school-aged children and their families with the local community (5-19yrs), through maximising family support and the development of community resources with the involvement of community and voluntary resources.

Level 2 universal offer: Working in partnership with children, young people and families to lead and deliver the healthy child programme (5-19) working with health visitors to programme a seamless transition upon school entry.

Level 3 universal plus offer: to identify vulnerable children, young people and families, provide and co-ordinate tailored packages of support, including emotional health and wellbeing, safeguarding, children and young people at risk with poor outcomes and with additional or complex health needs.

Level 4 universal partnership plus offer: to work in partnership with partner agencies in the provision of intensive and multi-agency targeted packages of support where additional health needs are identified.

School nurses have a crucial role in leading, coordinating and delivering the Healthy Child Programme (5-19). The school nursing team provides clinical expertise and will work across a range of setting and organisations including education services, general practice, secondary care and children's services

Health Promotion:

- Promoting health and wellbeing;
- Supporting accident prevention and reducing risk taking behaviours;
- Contributing to Personal, Social and Health Education (PSHE).

Identifying individual and population health needs:

- Assessing the child's, young person's and family's strengths, needs and risks;
- Assessing physical health, growth and development and immunisation status;
- Leading, co-ordinating and delivering the National Child Measurement Programme and associated interventions and referrals identified;
- Developing school health profiles and working with school health improvement services to address needs;
- Identification of health needs through individual health needs assessment;
- Providing children, young people and parents/carers the opportunity to discuss their health concerns and aspirations;
- Identifying any mental or emotional health issues;
- Ensuring that appropriate support is available to meet health needs such as speech, language and communication;
- Undertaking recommended health assessment and reviews including;
 - o Using reception/Year 1 (age 4–5) – school entry assessment (transition from 0–5 HCP (*Healthy Child Programme: Pregnancy and the first five years of life* – DH/DCSF, 2009c))/school entry questionnaire;
 - o Providing Year 6/7 (age 10–12) – assessment at transition from primary to secondary school;
 - o Supporting mid-teens reviews, when young people are embarking on the next transition stage;
- Working with schools to identify support for children with additional health needs.

The **Children and Families Bill** is currently going through the legislative process and is anticipated to receive Royal assent soon. When it becomes law, a new section of the, then, Children and Families Act will provide that governing bodies must make arrangements for supporting pupils at school with medical conditions. The school nursing service will contribute to identifying support to schools as they take on this new statutory responsibility.

Health protection:

- Identifying and reducing barriers to high coverage for all childhood immunisations in order to prevent serious communicable disease, particularly targeted at vulnerable groups;
- Leading, coordinating and delivering screening programmes including;

- o Chlamydia screening
- o Hearing and vision, working with optometrists and audiologists
- Emergency planning, including outbreak response in schools.

Safeguarding:

- Providing universal public health interventions and preventative measures to reduce risk;
- Working in partnership with other key stakeholders to safeguard and protect children and young people;
- Working collaboratively to support children and young people where there are identified health needs, or where they are in the child protection system, providing therapeutic public health interventions for the child and family and referring children and families to specialist medical support where appropriate;
- Working together to provide support for vulnerable groups, including Children in Care, young carers, children with disabilities, NEET and young offenders;
- Working collaboratively to ensure there is clarity regarding respective roles and responsibilities of appropriate health as identified within local protocols and policies in line with Working Together to safeguard Children¹⁷ and using the Safeguarding Pathway for health visitors and school nurses¹⁸ to provide clarity on roles and responsibilities;
- Supporting safeguarding and access and contribution to targeted family support, including active engagement in the Troubled Families Programme.

Supporting children, young people and families:

- Ensuring that children, young people and families receive support that is appropriate for their needs with the most vulnerable families receiving interventions and coordinated integrated support, including support for Children in Care, children with disabilities, NEET and young offenders;
- Supporting the development and strengthening key interfaces across organisations, practitioners, children, young people and families, and their local communities;
- Ensuring children not in employment, education or training, or children educated at home receive the universal offer.

Using the evidence:

- Service delivery must be underpinned by strong evidence and standards, with regular reviews to determine impact. The Healthy Child Programme schedule includes a number of evidence based preventative interventions, programmes and services.
- Locally there should be an agreed standard set of outcomes and evidence based

¹⁷ <https://www.gov.uk/government/publications/working-together-to-safeguard-children>

¹⁸ http://media.dh.gov.uk/network/387/files/2012/11/SAFEGUARDING_ENHANCING-PROFESSIONAL-GUIDANCE.pdf

practice which focuses on improving children's health and social wellbeing, whilst adding value.

- Providers will work with commissioners, local authority partners, local safeguarding and children's boards, health and wellbeing boards and clinical commissioning groups, to determine which services are offered locally and by whom.

4.3 Population covered

Careful consideration needs to be given to geographic coverage and boundaries. All children and young people and their families (5-19) who are resident in the local authority should receive the Healthy Child Programme. There may be some local variation regarding boundaries therefore reciprocal arrangements need to be in place to ensure children and young people receive the best support available regardless of where they live.

The service will ensure that any coverage / boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding) of the child or young person must take precedent over any boundary discrepancies or disagreements Clarity needs to be provided regarding the provision for children not in education and how the service will support young people in further education settings

Data collection will enable reports on activity for both the GP registered and the school populations

4.4 Services and pathways

The role of school nursing teams has not always been clear or consistent across local areas. The model illustrates the contribution and leadership role of school nurses and their teams in supporting children and young people, and the importance of partnership approaches. The Department of Health has developed a suite of professional guidance and pathways to support delivery locally and offer clarity around roles and responsibilities for school nursing teams and key partner agencies¹⁹. The pathways will be of particular interest to commissioners and providers. The pathways include:

Published pathways:

- Safeguarding
- Transition from health visiting to school nursing
- Youth Justice
- Domestic abuse
- Emotional Health and Wellbeing
- Young Carers
- Sexual Health

Further pathways will be published in 2014 and will include:

¹⁹ <http://vivbennett.dh.gov.uk/products/>

- Supporting children with complex and additional health needs
- Child Sexual Exploitation
- The Health Needs of Looked After Children
- Healthy Lifestyles and Physical Activity
- Transition across the life course (0-19)

4.5 Service Integration

As a preventative, early intervention and surveillance programme, the Healthy Child Programme relies on the following systems which need to be established locally:

- Joint planning and monitoring of child health outcomes and the Healthy Child Programme (5-19), delivery with local authorities (social care, early years and public health) and general practice;
- Supporting transition from Health Visiting services to ensure seamless delivery of services from 0-19 years and into adulthood;
- Integrated pathways of care with education, school health and other services such as those for disabled children;
- Referral pathways to other secondary care services that address identified needs, including speech and language therapy, CAMHS, NHS safeguarding supervision and advice, primary care, secondary care, smoking cessation and contraception services and weight management;
- Referral pathways to non-NHS services, including safeguarding, social care, education and parenting support;
- Information sharing agreements with wider health and local authority services;
- Use of electronic records and implementation of integrated systems across partners;
- Linkage to wider council led services and professional groups e.g. housing and adult social care. A number of tools are available to help providers and commissioners to enhance and extend joint working practices and improve outcomes for children and their families including the Chimat Health of school-aged children hub²⁰.

4.6 Response time and prioritisation

It is good practice for commissioners to work with providers to ensure that:

- a. The four levels of service delivery and care pathways are to be provided in full.
- b. All referrals from whatever source (including children, young people and families transferring in) will receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 working days.
- c. Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact within two working days.
- d. As a child approaches school entry, transition to the local school nursing service

²⁰ <http://www.chimat.org.uk/schoolhealth>

will be initiated in accordance with local policy. Similarly school nursing teams will work with adult services to ensure smooth transition in to adult services.

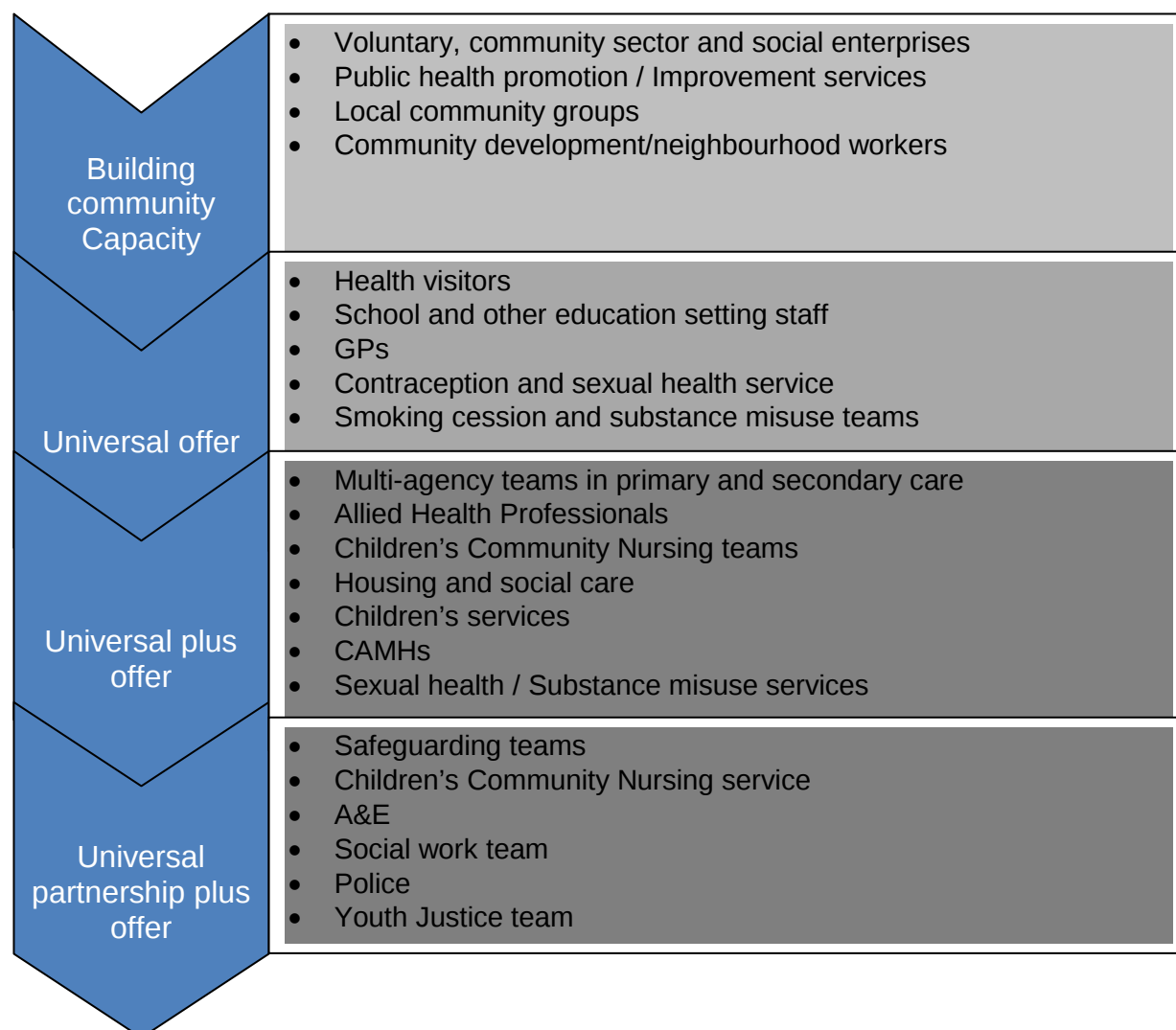
- e. Where school nurses are responsible for undertaking Children in Care / Looked After Children Health Assessment/ Review and care plans, these must be done to the national standards and within the statutory timeframe.
- f. Where a child moves out-of-area the School nursing service must ensure that the child's health records are transferred to the school nursing service in the new area within 2 weeks of notification. Direct contact must be made to handover all child protection cases. Systems should be in place to assess the risk to children whose whereabouts are unknown.

4.7 Acceptance and inclusion criteria

The service must ensure equal access for all children 5-19yrs and their families, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation, race - this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

4.8 Interdependencies – a whole system approach

The provider must establish good working relationships with all local key partners outlined below



Consideration should also be given to ensuring:

- School nursing representation on the **Health and Well-being Board** and Children's Trust and develop services in line with the Board/Trust's priorities.
- An **area-based** school nursing service structured in line with local children's services, working together to deliver integrated services for children and their families, with a focus on prevention, promotion and early intervention.
- As a minimum, a named school nurse for **every education setting** identified as having needs for Universal Plus/ Partnership Plus.
- A named school nurse linked to each **GP practice** and facilitate an agreed schedule of regular contact meetings for referrals and collaborative service delivery

- A named school nurses on each school management advisory board to:-
 - a. Work in direct partnership with schools to provide improved access and delivery of the Healthy Child Programme and, through this, the health and wellbeing core offer.
 - b. Support education services in their delivery of health improvements to improve outcomes for children, young people and their families.
 - c. Promote and describe the wide range of support that children and their families are entitled to, and, as part of that process, encourage children and young people to access the service
 - d. Promote integrated approach to improving child and family health locally including leading partnerships with schools and other partner agencies including social care
- Service user engagement needs to be established in the design, performance monitoring and evaluation of provision.

5. Applicable service standards

5.1 Applicable national standards

Key NICE public health guidance includes:

- PH3 – Prevention of sexually transmitted infections and under 18 conceptions (February 2007)
- PH4 – Interventions to reduce substance misuse amongst vulnerable young people (March 2007)
- PH6 - Behaviour change at population, community and individual level (Oct 2007)
- PH7 – School based interventions on alcohol (November 2007)
- PH8 – Physical activity and the environment (January 2008)
- PH9 - Community engagement (July 2010)
- PH11 - Maternal and child nutrition (March 2008)
- PH12 - Social and emotional wellbeing in primary education (March 2008)
- PH14 – Preventing the uptake of smoking by children and young people (July 2008)
- PH17 - Promoting physical activity for children and young people (Jan 2009)
- PH20 – Social and emotional wellbeing in secondary education (September 2009)
- PH21 - Differences in uptake in immunisations (Sept 2009)
- PH23 – School based interventions to prevent smoking (February 2010)
- PH28 - Looked-after children and young people: Promoting the quality of life of looked-after children and young people (October 2010)
- PH29 - Strategies to prevent unintentional injuries among children and young people aged under 15 (November 2010)
- PH30 – Preventing unintentional injuries among under-15s in the home

(November 2012)

- PH31- Preventing unintentional road injuries among under-15s: road design (November 2010)
- PH41 – Walking and cycling (November 2012)
- PH42 – Obesity – working with local communities (November 2012)
- PH47 – Managing overweight and obesity among children and young people (October 2013)
- QS31 – Health and wellbeing of looked-after children and young people: NICE support for commissioning (April 2013)
- CG89 - When to Suspect Child Maltreatment (July 2009)
- Evidence update 29, Strategies to prevent unintentional injury among children and young people aged under 15 (March 2013)

5.2 Applicable local standards

5.2.1 Supervision

The Provider will develop and maintain a supervision policy and ensure that all school nursing staff access clinical and safeguarding supervision.

Supervision should be provided by individuals with the ability to:

- Create a learning environment within which the team can develop clinical skills and strategies to support vulnerable children, young people and their families. This will include experiential and active learning methods;
- Use strength based, solution focused strategies and motivational interviewing skills to enable school nurses and their teams to work in a consistently safe way utilising the full scope of their authority;
- Provide constructive feedback to school nurses and their teams using advanced communication skills to facilitate reflective supervision;
- Manage strong emotions, sensitive issues and undertake courageous conversations, particularly in circumstances where school nurse support in the Universal Partnership Plus Offer is not able to address concerns for vulnerable children, young people and families;
- Provide guidance on the interpretation of principles and policies to school nursing teams.
- School nurses and their teams should receive a minimum of three-monthly **safeguarding supervision** of their most vulnerable caseload. This will include children on a child protection plan, those who are 'looked-after' at home and those children where there is significant concern. Safeguarding supervision should be provided by colleagues with expert knowledge of child protection. The safeguarding pathway²¹ will be of particular interest to providers to support supervision.

²¹ http://media.dh.gov.uk/network/387/files/2012/11/SAFEGUARDING_ENHANCING-PROFESSIONAL-GUIDANCE.pdf

5.3 Record keeping, data collection and information sharing

In line with clause 21 Service User Records and clause 27 Data Protection and Freedom of Information, providers will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and safeguarding of personal data at all times.

In line with the above and following good practice guidance, the provider will have agreed data sharing protocols with partner agencies, including other health care providers, children's social care and the police to enable effective holistic services to be provided to children and their families.

Appropriate **electronic records** will be kept in the CHIS to enable data collection to support the delivery, review and performance management of services.

Providers will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children, improve co-ordination and communication between services.

5.4 Materials, tools, equipment and other technical requirements

School nurses and their teams should utilise the Department of Health professional pathways and facts sheets to support delivery, these can be accessed at <http://vivbennett.dh.gov.uk/products/> School nurses and their teams will require access to:

- Validated tools for assessing development and identifying health needs;
- IT systems and mobile technology for recording interventions and outcomes in the CHIS;
- Access to equipment to support agile working e.g. mobile phones and tablets. Areas should link into the **nursing technology fund** to support this²²;
- Equipment for measuring children's weight and height;
- Use of social networking and other web based tools to enable workforce training, professional networking and information and support for children, young people and families;
- Health promotion materials.

5.5. Applicable quality requirements

The provider and the commissioner should work together to identify opportunities for leaner working and/or cost and efficiency savings at each quarterly review. This is likely to include considering best use of modern technology and appropriate use of support staff within the school nursing team and wider workforce.

²² <http://www.england.nhs.uk/ourwork/tsd/sst/nursing-technology-fund/>

The provider should highlight where there is an absence of local services to refer families on to so that future commissioning plans can include mitigation for/ provision of these. This is particularly urgent where need is identified but NICE guidance pathways are truncated at the onwards referral stage because local services do not currently exist.

6. Location of provider premise

The service should be available and accessible at times and locations that meet the needs of children and young people. The primary location for delivery will be school or education settings. However, where possible, children and young people should be offered a choice of locations which best meets their needs e.g. community centres, youth groups, general practice and, where appropriate, at home.

An appropriate level of service should be maintained throughout the year, including during school holidays. An example of a service planner for the year can be found in Appendix 3. This can be achieved, for example, by providing online, text or telephone support. Services need to be responsive and flexible e.g. early mornings, lunchtimes, after school, evening and weekends and should use technology and innovation to ensure that they reach children and young people.

Specific details of location are to be agreed locally and should be based on feedback from key stakeholders, children and young people. Reviews should be undertaken by the provider regularly to ensure they are suitable for local need and meets the quality indicators.

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Appendix 1

The school nursing contribution to the Healthy Child Programme (5-19)

Support for children and families, school nurses leading and working with partners to ensure seamless delivery of the Healthy Child Programme (5-19).

Review	Description	Delivered by	Commissioned by
Health promotion in: prevention of unintentional injuries and accidents	A range of activities to minimise risk	A/E and school nursing teams	CCGs and Local Authorities
Health development review	School entry review to identify targeted support to full health and social care assessment of needs, risks and choices Health Visiting to School Nursing transition. Identifying the needs of children with additional or complex needs and referring to appropriate services Health assessment Year 6/7 review Mid-teen health review	Health Visiting and School Nursing teams School nurses and schools	Local Authorities and NHS England Local Authorities and Clinical Commissioning Groups
Healthy weight	National Child Measurement Programme, plus interventions on healthy weight and exercise	School Nursing teams	Local Authorities
Targeted support	Looked After Children Young offenders Supporting and training for complex needs Support for young carers' health needs Support for young people at risk of abuse or violence including domestic violence and child sexual exploitation	School Nursing teams and Children's services	Local Authorities and CCGs Education providers / CCGs Local Authorities

Sexual health and contraception	Support to reduce teenage conceptions and reduce STIs including; Puberty sessions, condom distribution; Pregnancy testing, enhanced service to prescribe LARC, emergency hormonal contraception, STI testing	School Nursing teams or Contraceptive and sexual health services	Local Authorities
Drugs, alcohol and tobacco	Drug and alcohol misuse, smoking cessation	School nursing teams and local substance misuse teams	Local Authorities
Emotional wellbeing	Supporting the emotional and health wellbeing early help offer Specialist support	School Nursing teams CAMHs	Local Authorities CCGs
Safeguarding	Supporting children, young people and families through integrated working	School Nursing teams	Local Authorities
Screening	Hearing and vision	Optometrists and audiologists	Local Authorities
Immunisation	Reviewing immunisation and vaccine status and providing; DTP / Men C, HPV, school leaver booster, childhood flu	Immunisation teams or School nurse teams	NHS England / Area teams

Appendix 2

Locally defined strategies to achieve outcomes

School nursing services will contribute to year on year improvements in:

Outcomes	Suggested strategies and data sources
Improving access to public health and early intervention	- School health profile completed, data analysed and identification of agreed priorities for each school or community setting with matching allocation of services to meet identified needs. Number of interventions/contacts with children and young people including vulnerable young people and young people or hard to reach groups - Numbers of young people supported who are within: - Universal - Universal plus - Universal partnership plus
Reducing the prevalence of obesity in school aged children and exercising clinical decision making to support evidence based individual packages of support as appropriate	- Brief Interventions²³ (see definition below) - Active referral and monitoring to Family Weight Management service - Whole school approach to healthy eating within targeted schools (see other guidance on whole school approaches) - Supporting and promoting physical activity
Building capacity e.g. supporting health promoting education and other settings	Defined delivery options to support the community offer and partnership approaches with community and third sector organisation to ensure delivery
Promoting good mental health and wellbeing, supporting early intervention in mental ill health, and identify and help children and young people, and their families, who need support with their emotional or mental health, including referring for primary care and/or specialist support where appropriate	- Care pathways clearly defined with other organisations and agencies providing level 1,2 and or 3 Mental wellbeing services and other primary care providers - Early identification and access for C&YP showing early signs of emotional distress - Active referral and monitoring to CAMHs - Support schools to adopt a comprehensive 'whole-school' approach to social and emotional wellbeing²⁴

²³ By this we mean a conversation that aims to give people the tools to change attitudes and handle underlying problems. It should include assessing an individual's motivation to change, explaining the consequences of behaviours, giving advice to change behaviour, providing a range of options to change, encouraging self efficacy, agreeing steps on the journey and offering follow up.

Promoting emotional wellbeing of looked after children and vulnerable children	• Completion of annual health assessments and anonymised reporting of issues / concerns • Contribution to in care reviews • Early identification of health needs of young carers and support provided tailored to individual need • Identification of health needs of young offenders and sign posting to appropriate services
Improving readiness for school both at primary and secondary	• Handover between health visiting and school nursing • Identification of continence issues and referral to appropriate services • Puberty sessions in schools • Identified tailored packages of care for children with additional or complex health needs
Contributing to a reduction in school absences and supporting educational attainment	• Working with schools to identify persistent absentees due to health and wellbeing including young carers • Delivering support for health and wellbeing to improve attendance
Increasing population immunisation and vaccination cover	• Working with Area Teams and Immunisation providers to achieve 90% coverage for vaccination programmes in all schools • Working with Area Teams and Immunisation providers to implement recovery plans in schools where this is not achieved
Contributing to a reduction in dental decay and promoting oral health	• Brief Interventions • Encourage registration with a dentist • Include within whole school approach to healthy eating within targeted schools

²⁴ Taken from NICE guidance Social and emotional wellbeing in primary education (PH12) - Develop and agree arrangements as to ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing. All primary schools should: create an ethos and conditions that support positive behaviours for learning and for successful relationships, provide an emotionally secure and safe environment that prevents any form of bullying or violence, support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked after children), provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems, offer teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing.

Contributing to a reduction in the number of children with continence problems	• Identify need on school entry • Sign posting and referral to appropriate providers commissioned by CCGs
Contributing to a reduction in hospital admissions due to unintentional or deliberate injuries in under 18 year olds	• Brief Interventions with parents, children and young people • Awareness raising on injury prevention and promotion of child safety • Actively follow-up A&E attendances and anonymised reporting of issues to offer support and to determine trends • Identify vulnerable families & refer into support services e.g. parenting programmes • Education programmes in schools and communities
Contributing to a reduction in under 18 conception rates and supporting the diagnosis of chlamydia in 15-24 year olds	• Care pathways clearly defined with other organisations and agencies providing level 1,2 and or 3 sexual health services and other primary care providers • Brief Interventions including all related risk-taking behaviour e.g. alcohol and unprotected sex • Active participation in development & delivery of PSHE • Active referral and monitoring to sexual health services • Active promotion and where appropriate prescribing of LARC • Access to EHC and pregnancy testing • Active promotion of national Chlamydia screening programme in all settings
Contributing to a reduction in smoking prevalence in young people	• Brief Interventions • Referrals to appropriate Stop Smoking service • Nicotine Replacement Treatment prescribing • Whole school approach to smoke-free policy within targeted schools²⁵

²⁵ Taken from NICE Guidance School-base interventions to prevent smoking (PH23) - Develop a whole-school or organisation-wide smoke free policy in consultation with young people and staff. This should include smoking prevention activities and staff training and development. Ensure the policy forms part of the wider healthy school or healthy further education strategy on wellbeing, sex and relationships education, drug

Contributing to a reduction in alcohol and drug misuse	• Brief interventions • Use age-specific screening & assessment tools to identify vulnerable young people & refer into services • Establish referral pathways with specialist young people's substance misuse treatment services • Ensure delivery of drug and alcohol education within science & PHSE tailored for primary, secondary and college ages as part of a whole-school, approach to alcohol and drug harm reduction, including parents.
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education and behaviour. Apply the policy to everyone using the premises (grounds as well as buildings), for any purpose, at any time. Do not allow any areas in the grounds to be designated for smoking (with the exception of caretakers' homes, as specified by law). Widely publicise the policy and ensure it is easily accessible so that everyone using the premises is aware of its content. (This includes making a printed version available.) Ensure the policy supports smoking cessation in addition to prevention, by making information on local NHS Stop Smoking Services easily available to staff and students. This should include details on the type of help available, when and where, and how to access the services.

Appendix 3

Service planner for the year

Time specific	Focussed time	Flexible
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		Delivery detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Prevention and early intervention	Health inequalities	Supporting delivery of: • SRE / PSHE • Safety e.g. road safety	Sun safety					Road safety – early travel						
		Identification of additional needs and support for: • Young carers		Training					Training					
		• Health needs of LAC												
		• Children with SEN												
		• Children with complex needs												
		• Families where there is domestic abuse												
		• Young people in contact with youth justice												

		Delivery Detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Prevention and early intervention	Emotional health and wellbeing	• Targeted mental health	Support for exam stress											
		• Support across the tiers												
		• Bullying							Assembly					
	Healthy Weight	• NCMP reception	Data input					School roll list				Growth monitoring		Letters to parents
		• NCMP Year 6	Data input					School roll list	Data input					
		• Healthy weight, nutritional advice and physical activity – signposting and parental support							Year 6			Reception		
	Long term conditions and disabilities	• Care planning												
		• Training for schools												
		• Support for specific needs, e.g. enuresis												
		• Review												

		Delivery detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Prevention and early intervention	Teenage pregnancy prevention and sexual health	Contraceptive and sexual health services:												
		• SRE												
		• Condom distribution												
		• Sexual health and contraceptive advice												
		• Pregnancy testing												
		• EHC												
		• LARC												
		• Support for teen parents												
	Drugs, alcohol and tobacco	• Drug screening												
		• Drug and alcohol misuse												
		• Smoking cessation												

		Delivery detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Safeguarding	Child protection and safeguarding	• Review				Review and follow up								
		• Therapeutic support												
		• Building resilience												
		• Support for awareness of domestic violence												
Health protection	Health development and review	• Health profiling in schools												
		• Health visitor to school nurse transition / handover												
		• Health assessment – school entry												
		• Year 6/7 health review												
	Screening	• Hearing and vision	Data input					School roll list	Data input					
		• Chlamydia												
	Immunisation	• HPV				Maintain clinic								
		• School leaver booster												
		• MEN C												
		• Childhood flu												

		Delivery detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Signposting	Communication and information	• General												
		• Web based												
		• Text messaging												
		• Social media												
		• Parents evenings												
		• Assemblies		Stress busting										
		• Building community capacity												