

Transition to the School Nursing Service

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Section B - Working in the community

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Introduction

This chapter aims to help you develop your understanding of working in the community within school nursing practice and a School Health Team (SHT). You will need to develop your skills and knowledge of working with children, young people and their families and understand the factors that influence their health and wellbeing.

The aim of this Chapter is to:

- Consider issues around moving to public health nursing and assessing the needs of children, young people and their families
- Develop an understanding of the community setting as a work environment
- Extend your knowledge of the skills you need for working with families, children and young people.

When making the transition from another area of nursing practice to community or school nursing, there are many practical aspects that may need to be taken into consideration. You may be moving from the hospital setting into the community, from one community discipline to another or from one geographical area to another. One key factor will be to familiarise yourself with the emphasis on public health practice, which may be unfamiliar. The focus of public health is to increase healthy life expectancy and reduce the differences that exist in life expectancy between communities. A key to this is to establish a good start in life for children and help young people and their families to make healthy lifestyle choices.



Reflection point: Think about the term 'healthy life expectancy' and consider what this means to you. How different is public health practice from the one that you are familiar with?

There is much evidence to suggest that where you live is a key determinant of health and therefore, as an initial exercise, take some time to explore the area where you will be working and take note of:

The people in the area

- Is there an ethnic/cultural mix evident?
- Are there many young people/teenagers?
- Are there many older people?
- Can you identify different types of family?
- What type of housing is in the area?
- Is there a mix of accommodation types?
- What condition are the houses in?

What does the environment look like?

- Cleanliness of the streets
- Graffiti
- Parks and green spaces
- Children's playgrounds

'The focus of public health is to increase healthy life expectancy.'

The Facilities in the area such as:

- Primary Schools?
- Secondary Schools?
- Are there local shops?
- Is there a pharmacist?
- Is there a supermarket nearby?
- Post Office?
- Where is the nearest GP Surgery?
- Community Centre ?
- Children's Centres?
- Religious establishments/Places of worship?
- Youth clubs or other places for YP?
- Leisure Facilities?
- Police station?
- Library – you might find some useful information about the local area here.

Transport

- What public transport is available?
- Are there frequent bus services?
- What else can you tell about the area?
- Is it rural or urban?
- Are there any local businesses?
- Consider local employment opportunities e.g. are there large employers?
- Can you tell if there are any particular cultural or ethnic groups in the area – how do you know this?



Reflection point: What might this information tell you about your local practice area? How might this information help to you understand the local influences on the health and wellbeing of children, young people and their families?

Local health information can be found through Joint Strategic Needs Assessments (JSNA). These are developed through Health and Wellbeing Boards locally and aim to improve the health and wellbeing of local communities. They are intended to be a continuous process of assessment and planning to develop local priorities according to local need.

You can find out more about these strategies and discuss them with your mentor:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

You will also need to be aware of other information that will help you to understand the particular health needs of the local population. The following list of resources may be helpful for you to access

information to gain a greater understanding about the health needs of the children, young people and families you are working with.

Discuss these with your mentor to find out what data is kept by school health locally and how you might access them:

- Existing School Health Profiles
- Child and Maternal Health Observatory (Chimat) information
- Previous community Health Needs Assessments
- Existing School Health Records
- Local A and E attendance rates
- Trust health profiles
- Local Authority Data
- Local Public Health Reports
- Healthy Schools Data
- Information held by schools / clusters (local authority)
- Local Children and Young People's Plans
- Local crime statistics in your area

Public Health Issues

The key public issues today are well recognised both nationally and internationally and the burden of disease across the world is highlighted by the World Health Organisation (WHO). In high income countries such as the UK, particular public health problems include: cardio-vascular disorders, obesity, smoking, diabetes types 1 and 2, mental health problems and cancer.

See the fact sheet on the WHO website for an overview of world health: www.who.int/features/factfiles/global_burden/facts/en/index5.html.

Also see the link below for the Public Health Outcomes Framework:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf

The key priorities for Public Health England are:

1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol.
2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency.



3. Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics.
4. Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme.
5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives.

To underpin these outcome-focused priorities PHE plans to:

- Promote the development of place-based public health systems.
- Develop its own capacity and capability to provide professional, scientific and delivery expertise to our partners.

See the link below:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf

The causes of disease can be attributed to a number of factors including: the environment in which we live, the lifestyle choices that we make and the spread of infectious diseases. There are avoidable, non-communicable diseases, which begin in childhood; the SHT can contribute in many ways to influence the choices that young people make and support families to live healthier lives. This has to be balanced with broader political or social influences, which may be out of the control of the individual. It is important to take care not to make judgements about the way people live their lives.

There is also a responsibility for SHT's to contribute to the reduction in the spread of childhood infectious diseases. This is achieved through immunisation and vaccination programmes and also through health education in the community. For example, hygiene, hand washing advice or advice to parents about when to keep their child off school when they are ill.

More specifically, some of the ways that school nurses contribute to the public health agenda is to:

- Lead and deliver the Healthy Child Programme 5-19.
- Help to improve readiness for school by working in partnership with other agencies, such as health visitors, and screening children as they enter the school system.
- Build community capacity – for example working with schools to help create a healthy and safe educational environment.
- Contribute to the obesity agenda by tackling excess weight in 4-5 and 10-11 year olds through the NCMP and also through health education on nutrition and healthy eating.
- Support positive emotional health and wellbeing development throughout early childhood into young adulthood through education and providing one to one help and support where appropriate.
- Help young people make decisions about sexual health through

'It is important to take care not to make judgements about the way people live their lives.'

contributing to the sex and relationships education curriculum as well as providing sexual health services in schools or signposting to other community services if necessary.

- Contribute to reducing smoking, drugs and alcohol use in young people through early education and ongoing individual support as children and young people develop.
- Increase population vaccination cover through the childhood immunisation programmes.
- Provide good evidence to commissioners (JSNA) for services through assessing and determining individual and local needs. This will include evaluation of services already in place.



Discussion point: think about some of these public health issues and your local needs assessment. Discuss with members of the SHT and your mentor to identify what is being done in your local area and how success is measured and reported to commissioning bodies.

Working together

It has been recognised for some time that public health problems cannot be solved by one approach and there has also been a drive to increase the involvement of communities in addressing local issues. This approach has been termed different things by different governments such as: building community capacity, community engagement and building social capital.

The fundamental principles are:

- Using 'bottom up' approaches as well as top down policy. This is sometimes referred to as upstream and downstream strategies (see - The ambulance down in the valley: www.youtube.com/watch?v=qXNWWRFcrVE)
- Understanding (and respecting) the skills and knowledge of the population.
- Utilising the potential within a community (social capital).
- Building effective alliances/partnerships - this requires breaking down professional boundaries and working together.

You will work with a range of health professionals

as well as education, social care and the voluntary sector and you will need to familiarise yourself with who you are likely to work with in the local area. There may also be individual differences between areas in the types of public health initiatives that are in place. Discuss with your mentor what is happening in your area and think about how local people are engaged in projects.

Working with families, children and young people

There is a diverse range of family types in the community, including those that may be experiencing hardship for a variety of reasons. Children and young people may be living with their biological parents, adoptive parents, grandparents or foster parents. They may be with a single parent, with same sex parents, living in an extended family or within a stepfamily. Understanding the individual circumstances of the families that you are working with is important for you to develop a good, trusting relationship with them.

You are most likely to first encounter a family when a child enters the education system at five. Children with particular, additional health or social needs may already have been identified and care packages put in place, but there may be others where issues arise from health screening which requires you or the team to talk to the family.

Case scenario

You have measured Tom's (age five) height and weight on school entry as part of the NCMP. He falls into the overweight category and the school is also concerned that his older sister Hayley in year 6 is overweight and is finding it difficult to join in any physical exercise. This has been getting gradually worse over the last two years. Hayley is being teased by her classmates and Tom's class teacher is beginning to see the same thing happening to him.

- What would be your first step in this scenario?
- What might you need to find out?
- Who would you discuss this with?
- How would you approach Hayley and Tom's family?

You will need to discuss this scenario with your mentor and the school nurse team in the first instance. You could also discuss with the class teachers and any pastoral support workers in the school. You could also liaise with the health visitor to see if there have been any issues in the past.



It would be useful to establish the family circumstances and in particular if there have been any changes in the family circumstances that the school is aware of, as the problem for Hayley has been developing over the previous two years.

You or your mentor might meet with the Tom and Hayley's parents or carers to discuss this issue and offer support. This meeting needs to be sensitively approached for obvious reasons, but where children's physical health or mental wellbeing may be at risk as in this case, there may be a need to be assertive. Hayley will be moving up to secondary school and there is a risk of the teasing becoming more serious bullying. Being honest with parents/carers is very important and highlighting the risks will often help parents make positive changes. Knowing that you are there to help and support them and not judge their decisions will help to develop trust.

Case Scenario (talking to young children)

You have spoken to Tom and Hayley's mother (Anne) and although very defensive to begin with, she has become very grateful for any help that can be offered to her and the two young children. She also reveals that she has an older teenager at the local secondary school (Sasha) who is 14. Two years ago, their father (Stuart) left the family home and Anne has been finding it difficult to cope both emotionally and financially. Anne says she has times where she feels very low in mood and she has been buying cheap, fast food, partly because she has lost the desire to cook and partly because she is struggling financially. She is particularly worried about Hayley and asks if you could talk to Hayley in school.

- Think about the problems for Anne, Tom, Hayley and Sasha, what would you do first?

In the first instance, you should talk to your mentor:

- It might be sensible for Anne to seek some help from her GP. She may be depressed and need extra support.
- As you have developed a good relationship with Anne and have here consent to see Hayley, it would be appropriate for you to talk to Hayley and assess the situation.
- You would need to find out the most appropriate time at school for you to talk to Hayley and make sure that she is happy to come and see you. Taking children out of lessons can highlight the issue to others, so think about this carefully.
- Talking to children at lunchtime can work quite well but, negotiate with the school and the class teacher.
- You will need to establish a relationship with Hayley where she will feel comfortable and safe to talk to you. You will need to be open and honest with her from the start and ensure that she understands that she can talk to you freely, but if she tells you anything that makes you worried about her, you would share it with appropriate people. Finding out about her and her interests is a good start: ask what she likes to do and what she doesn't like in school for example. She may open up to you, she may not. It is advisable not to rush a first contact but establish with her if she feels that she would like to talk to you further. You may be able to assess her

'Being honest with parents/carers is very important and highlighting the risks will often help parents make positive changes.'

mood by her body language: does she make eye contact for example, is she chatty or very quiet, and is she nervous or confident? You will need all your observational skills in this first contact. You can then decide whether it is sensible to see Hayley again yourself or if someone else would be more appropriate. It is very important to abide by the Code of Professional Conduct (2015) and not undertake anything that you do not feel qualified to do.

- If you felt that she needed a referral to child and adolescent mental health services (CAMHS), for example, you would need to discuss this with the school nursing team.

Some of the issues for Hayley might be:

- Her weight
- Her father leaving the family home
- Her mother's possible depression
- The teasing that she is experiencing in school

Case Scenario (talking to young people)

You have spoken to Hayley in school and established a good relationship with her; she is happy to come and talk to you and looks forward to seeing you. At the moment, it is not thought that she needs more input from CAMHS and you have discussed this with your mentor. Her main worry is about her mother and that she does not see her father very much now he has left the family home.

Anne (Hayley's Mum) has been to the GP who has arranged some talking therapy sessions for her. She has found a part time job now that Tom is at school and is feeling much happier. You have given her some leaflets about cooking healthy meals and portion sizes and with the extra money from the job and more time, she is able to shop more sensibly and is beginning to enjoy cooking for the family again. You now have a good relationship with Anne as well as Hayley and she often calls to see you at the school when you are in.

On one of these visits she raises some concerns about Sasha, her 14 year old who is at the local secondary school and asks if you can help. Sasha is apparently becoming more withdrawn and although was also overweight like Tom and Hayley, she now seems to be losing weight very quickly and Anne has noticed that she is avoiding eating with the family.

- What do you think the issues might be?

- Who should you talk to first?
- What are the differences in talking to Hayley who is 11 and Sasha who is 14?
- Think about the key communication strategies for talking to teenagers and talk to your mentor about them.

Some of the issues for Sasha might be:

- The problems associated with puberty: physical changes/ ideal body image
- Worrying about her mother
- Her father leaving the family home
- School and exam pressures
- Peer influences (possible bullying)
- Perhaps the early signs of anorexia

If it is considered appropriate for you to talk to Sasha, you will need to carefully consider how you will do this. You will need to find out if she wants to talk to you in the first instance and if so, where would she like to do this? This approach may be made through Anne or through a trusted teacher at Sasha's school. You could do a home visit, Sasha could come to your base or she may be happy to see you in school. She may want to communicate in a different way, for example through texting services if that is an option in your area of work.

Finding out what young people want from communication strategies is important. You will find that there are a range of issues that young people want to communicate about and you may become a trusted person for them. A flexible approach is important and an embracement of the technology that they use in the modern world. Text messaging for example has been used in many school nurse teams very successfully; this can provide good signposting to appropriate services and also can be used to answer sensitive questions when they don't want a face to face encounter. Face to face contacts can draw attention to individuals and if they are worried about being bullied this may not be the most appropriate method of communication.

Some schools have also set up web pages for health issues and this also helps to make the school nurse more visible and accessible. Alternatively, there are some areas where school nurses are based in a secondary school with responsibility for the feeder schools. This means that young people may be more accustomed to this availability and may be more likely to access a face to face service.



One of the primary concerns for young people when talking to adults is confidentiality. While complete confidentiality should never be promised to young people, they need to be confident that you will act in their best interests and you must be clear from the outset about this if you talk to Sasha.

You will need to ensure that you explore local guidelines about talking to young people between the ages of 13-16 if you did not have consent from a parent/carer.

Fraser guidelines are often used to help form these policies around talking to young people. These guidelines originated to allow health professionals to provide sexual health services to young people under 16 and have been used to also allow health professionals to advise young people in other areas of their health without the consent of a parent/carer.

Discuss these guidelines with your mentor and look online for further information:

<http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20050425225930411760>

<http://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

Some general tips when talking to young people (Wright 2012) :

- **Consider position** - This need to be comfortable for you and the young person. This may mean sitting to one side rather than directly in front. Avoid a barrier between you such as a desk or table.
- **Body Language** – You should be relaxed and open. Sitting forward slightly tends to demonstrate attentiveness. Crossed arms can be seen as defensive. You can also take the opportunity to observe the young person’s body language. Are they agitated, worried, uncomfortable, restless, constantly looking at the door, reluctant to engage. These may mean that they are not really ready to talk to you or that they are nervous and may take time to settle down. As nurses we also make an assessment of their physical appearance; are they tired, pale, thin, overweight etc.
- **Eye contact** – be careful with eye contact, it is good to show that you are interested in the young person but they can find it threatening if you stare. In some cultures, eye contact is seen as disrespectful so judge each situation on its own merit.
- **Privacy** – Ensure that you have no interruptions when talking on a one to one basis. Turn off your phone and ensure no one is going to disturb you for the duration of the session.
- **Listen carefully** – active listening means that you need to ensure that you understand what is being said. This can be problematic with adolescents when they use language that you may not understand. Feedback and clarify as you go along but don’t interrupt. Don’t be tempted to fill silences, wait for the young person to speak and give them time to do so.
- **Be non-judgemental** - You may not like what the young person

‘One of the primary concerns for young people about talking to adults is around confidentiality.’

is telling you but in order to build trust, you must remain neutral in your expressions and body language. However, you must follow guidelines on confidentiality and child protection.

- **Show empathy** – No one can fully understand another person’s experience as this is unique to them, but you can show that you are sensitive to their situation.
- **Confidentiality** – you must establish from the start that you may have to disclose information to others if you are worried about the young person’s safety.
- **Consider clear ‘endings’** - agree timings and keep to time for the sessions; young people will respond better to a structure. They will begin to trust you if you do as you say you are going to do. Equally, agree how many times you need to talk and fix that at the first session if necessary.

Case scenario - summing up

The key issues in the scenario were the weight issues for the whole family and the potential impact of this on their mental health and wellbeing. There was also an issue around the father of the children leaving the family home and the effect of this loss on the family.

The school nurse team’s action in this case is to:

- Make contact with the family and establish a none-judgemental, supportive relationship to understand the situation.
- Offer nutritional advice about healthy eating, portion sizes and recommend eating together as a family. (In some cases, a referral to the GP or a dietician might be a useful option). Increasing physical exercise would also be important to highlight once a relationship is established. A discussion around sleep may also be useful as obesity in children and young people has been shown to be related to poor sleeping patterns.

See the leaflet on this from NHS choices: <http://www.nhs.uk/Livewell/Childrenssleep/Pages/childrenssleephome.aspx>

- Ongoing measurements of weight might be an option, but care has to be taken when deciding this. NICE guidelines suggest that there needs to be an individualised plan for children and young people and it is more important to establish

healthy eating habits and increase physical exercise than to weigh too often which may be more emotionally damaging.

The NICE obesity guidelines for children and young people can be found at:

<http://www.nice.org.uk/guidance/ng7/chapter/1-Recommendations#4-further-advice-for-parents-and-carers-of-children-and-young-people>

- Offer support to Anne and give her a chance to talk - a referral to the GP might be advisable.
- Discuss some support for Hayley and Kate and ensure the most appropriate person or service is involved; this might be the qualified school nurse, a community staff nurse, a counsellor or it might be Child and Adult Mental Health Services (CAMHS).



Chapter Summary

This chapter began with an overview of the public health role of school nurses and the School Health Team (SHT). It has encouraged you to consider the skills and knowledge that you need in your role and how you might work with families, children and young people. It has given an example scenario of two key public health issues: obesity and emotional health and wellbeing and how you might develop your communication skills with a family.

References/ Web Resources

- Child and Maternal Health Observatory (Chimat) www.chimat.org.uk
- Childhood obesity http://www.noo.org.uk/uploads/doc/vid_11762_classifyingBMIinchildren.pdf
- Census data www.ons.gov.uk/ons/guide-method/census/2011/index.html
- Department of Health Website www.gov.uk
- Joseph Rowntree Foundation <http://www.jrf.org.uk/search/site/young%20people>
- Local Health Profiles <http://www.apho.org.uk/>
- National Children’s Bureau <http://www.ncb.org.uk/>
- NHS Health Information Centre for Health and Social Care <http://www.hscic.gov.uk/>



- NMC (2015) The Code Online: <http://www.nmc.org.uk/standards/code/>
- Office for National Statistics <http://www.statistics.gov.uk/hub/index.html>
- Public Health England <https://www.gov.uk/government/organisations/public-health-england>
- Public Health Outcomes Framework https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377450/Framework_for_personalised_care_and_population_health_for_nurses.pdf
- Young Minds www.youngminds.org.uk
- Wright J (2012) School nurse survival guide: common questions and answers for the school nurse. London, Quay books.