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School Nursing Services in Wales - Scoping Research Report

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School Nursing Services in Wales - Scoping Report

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Views expressed in this report are those of the researchers and not
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Glossary

Acronym/Key word	Definition
ACEs	Adverse Childhood Experiences
ALN	Additional Learning Needs
CAMHS	Child and Adolescent Mental Health Services
Child Measurement Programme (CMP)	The Child Measurement Programme is coordinated by Public Health Wales and standardises the way primary school children's height and weight are measured across Wales.
Enhanced services (under Healthy Child Wales Programme)	Additional interventions based on the assessment and analysis of resilience and identification of additional need.
EOTAS	Education Other Than At School
Flying Start	Flying Start is part of Welsh Government's early years programme for families with children under four years of age living in disadvantaged areas of Wales.
HCWP	Healthy Child Wales Programme
Intensive services (under Healthy Child Wales Programme)	These are further interventions, built upon ongoing assessment and analysis of greater need.
Progressive universalism	Universal services that are systematically planned and delivered to provide a continuum of support according to need
PRU	Pupil Referral Unit
PSE	Personal and Social Education
Skill mix	Skill mix is the combination or grouping of different categories of workers employed in any field of work.
SCPHN	Specialist Community Public Health Nurse

Universal services (under Healthy Child Wales Programme)	Universal service that is the core minimum intervention offered to all families, regardless of need.
WCCIS	Welsh Community Care Information System
WFGA	Well Being of Future Generations (Wales) Act 2015

1. Executive summary

Overview of the Healthy Child Wales Programme

- 1.1 The Healthy Child Wales Programme (HCWP), a universal health programme for all families in Wales with children aged between 0 and 7 years, has been rolled out across all health boards in Wales since October 2016. The HCWP sets out what planned contacts children and their families can expect from health visitors and other health professionals, from the time of maternity service handover up to the first years of schooling.
- 1.2 The HCWP includes both surveillance¹ and screening responsibilities² for school nursing services provided to primary school children up to the age of seven.
- 1.3 In order to inform future policy on school nursing services in Wales for children beyond the age of seven, Welsh Government commissioned Miller Research³ to carry out scoping research into the way school nursing services are currently being delivered in different school settings⁴ in each health board across Wales.

Aims and objectives of the research

- 1.4 The overarching aim of the research was to provide an evidence base of current school nursing services in Wales. The specific objectives for the research were to:
 - understand what stakeholders perceive to be the role and function of school nursing services
 - clarify the universal and enhanced services currently being delivered by school nurses

¹ Specifically School Health Nurse Review, which is offered to children of reception class age (4-5 years) and should involve: a formal or informal handover from the health visitor to the school nurse, a questionnaire to be completed by the parent/carer regarding the child's current health and immunisation status and key information about the school nursing service provided to parents/carers. For more details see: [an overview of the Healthy Wales Child Programme](#).

² The HCWP requires the following to be completed "soon after school entry" or "by 5 years": hearing impairment screening, vision impairment screening and Child Measurement Programme.

³ Miller Research had already been appointed in October 2017 to [deliver a formative evaluation of the HCWP](#).

⁴ Including primary, secondary and special schools and Pupil Referral Unit.

- identify any inconsistencies in the services being delivered, including examples of best practice
- establish how school nursing services are documented and monitored currently
- explore how school nurses work in partnership with other services
- obtain stakeholder views on areas for improvement in school nursing services.

Research methodology

1.5 The methodology for the research was qualitative in nature and included:

- a desk-based review of policy and guidance documentation
- telephone interviews with HCWP Board members⁵ and other relevant stakeholders (x7)
- telephone interviews with lead school nurses in all seven health boards in Wales^{6,7} (x8)
- telephone interviews with school nurses of varying bands⁸ from each of the seven health boards (x26)
- telephone interviews with teaching practitioners in primary, secondary and special schools and Pupil Referral Units (PRUs) across Wales (x13)
- telephone interviews with other health professionals working in schools across Wales (x7).

⁵ The HCWP Board is comprised of representation from: Welsh Government, the All Wales Health Visiting and School Health Nursing Forum, Public Health Wales, the Welsh Immunisation Group and the Public Health Wales immunisation and vaccination programme, the Chief Nursing Officer Women's Reproductive Health, NHS Wales Informatics Service (NWIS) and various health boards.

⁶ In one case, the interview was carried out with nursing manager, in the absence of the lead school nurse.

⁷ Specifically, Swansea Bay UHB, Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and the Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys THB.

⁸ Nursing posts are aligned to the Agenda for Change pay bands. Each of the nine pay bands has a number of pay points.

Key findings of the research

- 1.6 The research has clearly demonstrated the value of school nursing services in Wales. Nonetheless, there is considerably variation in the service being provided to school pupils across Wales, in terms of what is being delivered, who delivers it and the extent to which school nurses and other professionals can provide follow-up support to those who need it. There is also uncertainty about the appropriateness of some aspects of school nursing services in Wales.
- 1.7 The national immunisation programme is a successful element of school nursing services and a vital preventative health measure. It is a time-consuming process however, and immunisations need to be delivered by highly qualified Band 5 and 6 nurses⁹, thus limiting opportunities to deploy skill-mix.
- 1.8 The screening programme is helping to identify children with vision or hearing issues at an early stage; however, whilst in some areas the programme is being delivered using skill-mix, this is not the case everywhere.
- 1.9 In general, skill-mix in school nursing services is highly variable, and clarity is needed at a national level over what activities should and should not be delegated.
- 1.10 The research has raised questions around the clarity of the rationale for the Child Measurement Programme, given a widespread lack of capacity to provide follow-up support to children who are under- or over-weight.
- 1.11 The role of school nurses in safeguarding cases has also been questioned through this research, given both the large amount of resource that it involves as well as the fact that school nurses have limited, or even no first-hand knowledge of the children involved in these cases.
- 1.12 There is significant call for school nursing services to have a greater health promotion focus in areas like healthy eating, sex education and smoking, alcohol and drug use, in order to fulfil a more preventative role.

⁹ This is because immunisations are provided under a Patient Group Directive, which provides a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

- 1.13 There is not currently a system in place to target areas of deprivation with more intensive school nursing services in the same way that enhanced health visiting services are delivered through Flying Start.
- 1.14 Predictably, there is demand for investing in school nursing services in Wales given the increasing demands on the service from safeguarding, the commitment set out in key Welsh Government policies to invest in prevention, and the growing focus on mental health.

Implications for future school nursing services

- 1.15 Based on the findings from the research, there are some key measures that Welsh Government and other stakeholders could adopt to improve the delivery of school nursing services in Wales. These include:
- Revisiting the rationale for the CMP with appropriate national and health board stakeholders¹⁰ and, if appropriate, agreeing standardised follow-up measures to be taken by school nursing teams in relation to children outside the parameters of healthy weight.
 - Working with social services and other stakeholders to consider the relevance and value of school nurses' involvement in safeguarding cases and, if appropriate, agree an appropriate level of involvement for school nurses in the future.
 - Defining an appropriate minimum programme of health promotion activities to be undertaken by school nursing services in all areas of Wales.
 - Conducting a comprehensive audit of school nursing teams across Wales to clarify the extent of staffing and resource gaps and shortages¹¹.
 - Defining an ideal staffing structure based around appropriate skill mix and the principles of Prudent Healthcare.
 - Introducing a formal system of monitoring and evaluating school nursing services, including relevant and meaningful key performance indicators.

¹⁰ For example, the HCWP Board and school nurse leads in each health board.

¹¹ This could be done internally by all lead school nurses, using a standardized pro forma developed nationally.

- Exploring options for ensuring health boards invest in the necessary staffing and resources to deliver the national immunisation programme, the screening programme and the defined minimum programme of health promotion¹².
- Considering opportunities for a national programme providing more intensive support via school nursing services in areas of high deprivation and/or free school meals.

¹² And, if appropriate, the CMP and necessary safeguarding responsibilities.

2. Introduction

Overview of the Healthy Child Wales Programme

- 2.1 The Healthy Child Wales Programme (HCWP), a universal health programme for all families in Wales with children aged between 0 and 7 years, has been rolled out across all health boards in Wales since October 2016.
- 2.2 The HCWP is built on the concept of progressive universalism¹³ and therefore, identifies a minimum set of key interventions for all families, irrespective of need. In recognition that some families will require a greater intensity of intervention, HCWP also establishes a framework for the provision of enhanced and intensive levels of support and intervention, based upon assessment and analysis of resilience and identification of additional need¹⁴.
- 2.3 The HCWP sets out what planned contacts children and their families can expect from health visitors and other health professionals, from the time of maternity service handover up to the first years of schooling. These universal contacts cover three areas of intervention:
- screening
 - immunisation
 - monitoring and supporting child development (surveillance).
- 2.4 Miller Research was appointed in October 2017 to deliver a [formative evaluation of the HCWP](#).

¹³ Progressive universalism defines universal services that are systematically planned and delivered to provide a continuum of support according to need.

¹⁴ For more details of the different levels of provision offered under Universal, Intensive and Enhanced levels of the HCWP, please see [An overview of the Healthy Child Wales Programme](#).

School nursing services and alignment with the Healthy Child Wales Programme

- 2.5 The HCWP covers children up to the age of seven years and includes both surveillance¹⁵ and screening responsibilities¹⁶ for school nursing services to provide to children of primary school age.
- 2.6 Whilst the School Nursing Framework sets out the immunisation programme that all school age children should receive and key functions of the school nursing role in broad terms, for children older than seven years, there is not currently a prescribed programme of screening and surveillance in the same detail as the HCWP¹⁷.
- 2.7 In order to inform future policy on what school nursing services should comprise in Wales, Welsh Government commissioned Miller Research to carry out scoping research into the way school nursing services are currently being delivered in each health board across Wales.

Aims and objectives of the research

- 2.8 The overarching aim of the research was to provide an evidence base of current school nursing services in Wales. The specific objectives for the research were to:
- understand what stakeholders perceive to be the role and function of school nursing services
 - clarify the universal and enhanced services currently being delivered by school nurses
 - identify any inconsistencies in the services being delivered, including examples of best practice

¹⁵ Specifically School Health Nurse Review, which is offered to children of reception class age (4-5 years) and should involve: a formal or informal handover from the health visitor to the school nurse, a questionnaire to be completed by the parent/carer regarding the child's current health and immunisation status and key information about the school nursing service provided to parents/carers. For more details see: [an overview of the Healthy Wales Child Programme](#).

¹⁶ The HCWP requires the following to be completed "soon after school entry" or "by 5 years": hearing impairment screening, vision impairment screening and Child Measurement Programme.

¹⁷ i.e.: what should be delivered, when and where it should be delivered and who should deliver it.

- establish how school nursing services are documented and monitored currently
- explore how school nurses work in partnership with other services
- obtain stakeholder views on areas for improvement in school nursing services.

3. Research Methodology

Overview of the methodology

3.1 The methodology for this scoping research was entirely qualitative in nature and included:

- a desk-based review of policy and guidance documentation
- telephone interviews with HCWP Board members¹⁸ and other relevant stakeholders
- telephone interviews with lead school nurses in all seven health boards in Wales^{19,20}
- telephone interviews with school nurses of varying bands²¹ from each of the seven health boards
- telephone interviews with teaching practitioners in primary, secondary and special schools and Pupil Referral Units (PRUs) across Wales.
- telephone interviews with other health professionals working in schools across Wales.

Desk-based review

3.2 A review of relevant policy and guidance documentation was undertaken at the start of the research, and included:

- [The Child Measurement Programme 2017/18](#)
- [A School Nursing Framework for Wales 2017](#)
- the HCWP Health Visiting and School Health Nursing Component 0-7 years
- an overview of the Healthy Child Wales Programme
- [An RCN Toolkit for School Nurses \(2017\)](#)

¹⁸ The HCWP Board is comprised of representation from: Welsh Government, the All Wales Health Visiting and School Health Nursing Forum, Public Health Wales, the Welsh Immunisation Group and the Public Health Wales immunisation and vaccination programme, the Chief Nursing Officer Women's Reproductive Health, NHS Wales Informatics Service (NWIS) and various health boards.

¹⁹ In one case, the interview was carried out with a nursing manager, in the absence of the lead school nurse.

²⁰ Specifically, Swansea Bay UHB, Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and the Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys THB.

²¹ Nursing posts are aligned to the Agenda for Change pay bands. Each of the nine pay bands has a number of pay points.

- [Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales.](#)
- [the draft Additional Learning Needs Code for Wales \(2018\).](#)

Fieldwork approach

- 3.3 Consent for participation in the research was obtained from school nurse leads in each of the health boards and practitioners were recruited via team leaders in the relevant areas. All interviews were done over the telephone and were arranged by team leaders and administrative staff. Given that the commission did not meet the [definition of research](#) used by the Health Research Authority, formal NHS ethics approval was not sought.
- 3.4 Fieldwork took place between May 2019 and July 2019. The research team interviewed the range of professionals on a one-to-one basis from within each of the health boards, with interviews lasting between 45 minutes and an hour. Please see Annex 1 for full topic guides used for the interviews.
- 3.5 The table below provides a breakdown of the research sample by professional group across all seven health boards:

Professional group	Total number interviewed
National stakeholders ²²	7
Lead School Nurses ²³	8 ²⁴
School Nurses	26
Other health professionals working in schools ²⁵ .	7
Teaching Staff	13
Total	61

²² This included various representatives from Public Health Wales and Welsh Government and representation from NHS Wales Informatics Service and the National Association of Headteachers.

²³ Or delegated alternative.

²⁴ This included two of the three lead school nurses in Betsi Cadwaladr University Health Board.

²⁵ This included Speech and Language Therapists and Healthy Schools coordinators.

3.6 The table below provides a breakdown of the operational staff research sample by health board²⁶:

Health board	School Nurses	Teaching Staff	Other health professionals working in schools
Aneurin Bevan UHB	4	5	1
Betsi Cadwaladr UHB	6	1	2
Cardiff and Vale UHB	3	3	1
Cwm Taf Morgannwg UHB	4	1	0
Hywel Dda UHB	3	1	0
Powys THB	3	1	2
Swansea Bay UHB	3	1	1
Total	26	13	7

3.7 Interviews were transcribed in situ and analysed using [Mindmeister](#) mind mapping qualitative analysis software.

²⁶ This excludes national stakeholders and lead school nurses.

4. Background and policy context

The HCWP

- 4.1 As part of an NHS Wales review of early years services, health boards agreed that there would be significant benefit derived from having an all-Wales approach to child surveillance, to ensure that all children and families in Wales receive the same service, regardless of where they live. Specifically, this includes those services delivered by health visitors and school nurses (specialist community public health nurses). This review resulted in the creation of the HCWP, what is now considered to be the first phase of the HCWP.
- 4.2 At the core of HCWP is an agreed all-Wales universal²⁷ schedule of health visiting and school nursing contacts for every child, with enhanced²⁸ and intensive²⁹ interventions delivered to those families and children with increased levels of need.
- 4.3 The Welsh Government expects that every child and family will be offered the HCWP. The programme is underpinned by the concept of progressive universalism and sets out to provide a set of key interventions to all families with children, irrespective of need to ensure a consistent offer across Wales. For some families there is a need for additional interventions to facilitate more intensive support. This could include, for example, extra contacts with the health professionals or referral to other professionals such as speech and language therapists or child and adolescent mental health services (CAMHS)³⁰.

²⁷ This is the core minimum intervention offered to all families, regardless of need.

²⁸ These are additional interventions based on the assessment and analysis of resilience and identification of additional need.

²⁹ These are further interventions, built upon ongoing assessment and analysis of greater need.

³⁰ For more details of universal, intensive and enhanced support under the HCWP please see Welsh Government (2016). *An overview of the Healthy Child Wales Programme*. Cardiff: Welsh Government.

Policy context and strategic fit

- 4.4 The importance of enabling children and young people to develop healthy behaviours through their formative years is recognised throughout Welsh policy. The Programme for Government, [Taking Wales Forward](#), sets out the Welsh Government's commitments for 2016 to 2021 and supports delivery of governmental commitment to the *Well Being of Future Generations (Wales) Act 2015 (WFGA)*. [Prosperity for All](#) is the national strategy for delivering the commitments outlined in *Taking Wales Forward*. Early years is one of the five cross-cutting government priority areas within *Prosperity for All*, in recognition that early years play a pivotal part in determining an individual's chances of leading a healthy, prosperous and fulfilling life in adulthood. The strategy's vision for early years is to deliver appropriate support for all children, particularly those from deprived backgrounds, in order to break the poverty cycle, mitigate the impact of [Adverse Childhood Experiences](#), raise universal aspiration and attainment, reduce inequality, and promote well-being. *Prosperity for All* highlights the importance of 'confident, positive and resilient parenting' in providing a supportive and inspiring environment for child development. However, the strategy acknowledges the challenges associated with being a parent and points to the need for help and support that is adaptable to the circumstances of individual families. As a cross-cutting priority, early years has implications for many of the policy areas covered within the strategy, including education and learning, health and wellbeing and housing.

School nursing

- 4.5 School nursing is provided by a specialist community public health nurse (SCPHN) and other nursing professionals based primarily in a school setting. In Wales, since 2009, the guideline has been for one named SCPHN to be assigned to every secondary school and its feeder primary schools. In 2015 there were 70³¹ full time school nurses employed in Wales³² and [207 secondary](#)

³¹ *An RCN Toolkit for School Nurses: Supporting your practice to deliver services for children and young people in educational settings* (2017) page 8.

³² Up from 41 in 2009

[schools](#), indicating that health boards are far from meeting this guideline. By working in this cluster-based way there should be continuity for children and young people as they progress from a feeder primary school into secondary school.

- 4.6 The school nurse is usually based outside of school premises and available to schools through email and telephone contact for support and advice.
- 4.7 The fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions.'³³ They are to occupy the position of a line manager heading a team to deliver school nursing. School nursing teams are a part of the wider approach to promoting and protecting health involving several different agencies.³⁴ The guidance suggests that by operating as the coordinator for interventions, complex needs can be met effectively.
- 4.8 The role is expected to vary 'based on a needs assessment for specific children within a school/group of schools, rather than the type of school or educational setting'.³⁵ The focus is 'holistic, individualised community and population level public health services'³⁶ as well as supporting and contributing to the public health agenda for school aged children and young people. As an example, school nurses 'have a role to play in identifying and supporting children and young people who may have Additional Learning Needs (ALN)'.³⁷ Each case is expected to be very specific to an individual child or young person regardless of their educational setting.

The aims of school nursing

- 4.9 The aim of school nursing is to provide a health service within an educational setting for the immediate benefit of pupils and parents. Additionally, school nursing is expected to play a role in a curriculum that seeks to create healthy individuals capable of making informed decisions about their own wellbeing.

³³ *An RCN Toolkit for School Nurses* (2017) page 10

³⁴ *A School Nursing Framework for Wales* (2017) page 11

³⁵ *An RCN Toolkit for School Nurses* (2017) page 4

³⁶ *A School Nursing Framework for Wales* (2017) page 4

³⁷ *Draft Additional Learning Needs Code for Wales* (2018) page 67

- 4.10 From the perspective of children and young people, school nursing needs to be a proactive service that they can access to suit their health and well-being needs. Pupils and parents are to be offered advice and signposting to available services that address their concerns. This can range from support for mental health issues, access to smoking cessation advice and substance abuse, as well as sexual health and pregnancy advice.
- 4.11 The HCWP considers that school nursing services should be underpinned by the concept of progressive universalism, with the core components offered via a 'team around the child' approach at three levels.
- **Universality** of school nursing services requires contact and services to be offered to every child regardless of their circumstances. In a school nursing context this is accepted as very brief for compulsory contact. The Royal College of Nursing gives a UK wide figure of just twelve minutes, per child per year, being available if every child was to see a school nurse.³⁸ Service delivery is based on the premise of early identification and assessment, including delivery of national screening and immunisation programmes.
 - An **Enhanced** service that requires additional interventions based on ongoing assessment and identification of additional need. This will be determined by individual need and lead to additional assessment and signposting to specialist services. Or it can be a local public health need that has been identified and the school nurse will work in partnership with others to address this.
 - An **Intensive** service that goes further based on ongoing assessment and identification of greater need.
- 4.12 School nursing aims to provide the same service in a special school as it would in any other school setting. Given the nature of the school nursing service, and the conditions of a special school setting, the role is expected to 'align to the Enhanced and Intensive levels of the model.'³⁹

³⁸ *An RCN Toolkit for School Nurses (2017) page 5*

³⁹ *School Nursing Framework Part 2 - Nursing in Special Schools (2018) page 3*

- 4.13 School nursing is already seen to fit within the wider scheme of the HCWP. By continuing to work closely with health visiting services, continuity of service should be provided from birth to early adulthood.⁴⁰ School nursing teams should be part of the wider multi-disciplinary and multi-agency approach to promoting and protecting the health of children and young people in Wales.⁴¹
- 4.14 A further aim for school nursing is to create a whole school health profile and agree on a measurable action plan with headteachers and other staff responsible for delivering services. There is expected to be overlap with the Healthy Schools Coordinator who they will work with to address locally identified population level health needs and to support local public health team and Public Health Wales initiatives.

Guidance

- 4.15 The Royal College of Nursing provides guidance for school nurses through a toolkit to disseminate best practice. The toolkit provides school nurses with information, examples of good practice, templates and relevant websites to support and develop professional practice.⁴² Being a UK wide guide the RCN toolkit acknowledges and demonstrates differences between the four nations, so the guide has to be fairly high-level to be relevant to local circumstances. Given the variable nature of the role on the ground, there is the expectation that individual school conditions will determine what school nursing looks like on a day-to-day basis and regional frameworks will be in place to offer more specific guidance.
- 4.16 A [School Nursing Framework for Wales](#) was published in 2017 with a follow up Part 2 in 2018 to cover special schools. The new framework incorporates Welsh legislation such as the Wellbeing of Future Generations (Wales) Act (2015) and the ethos of the HCWP, the Welsh ACEs study and the principles of prudent healthcare. The Framework lays out All Wales Standards for NHS school nursing services in safeguarding, emotional wellbeing and mental health, immunisation

⁴⁰ *A School Nursing Framework for Wales* (2017) page 12

⁴¹ *Ibid*, page 11

⁴² *An RCN Toolkit for School Nurses* (2017) page 4

standards for all school age children, and standards for implementing the Child Measurement Programme for Wales. It also provides clarity on how school nursing services should be structured in Wales: “The overarching philosophy in this revised document is the reiteration of the expectation to ensure that every mainstream secondary school and its cluster of partner primary schools will have a unique named SCPHN (SN) school nursing service based on level of need, and a team with relevant skill mix, employed by the NHS on an all year basis.”

- 4.17 Health and Wellbeing forms one of six curriculum areas in the new Curriculum for Wales 2022, which was developed based on evidence from [Successful Futures](#). ‘*The Donaldson report*’ engaged with the policies discussed above by identifying the need to create ‘healthy, confident individuals ready to lead fulfilling lives as members of society’ as one of four purposes of the curriculum. There is room for extra guidance for school nurses here, replicating the focus on numeracy and literacy, with health and wellbeing cross cutting the curriculum.

5. Key Findings

Perception of the role of School Nursing in Wales currently

The role of School Nursing

- 5.1 School nurses describe their role as bridging the gap between health and education, which requires them to support the development of healthy children within the education system by providing them with services that cater for their individual needs.
- 5.2 The public health and health promotion role of school nurses was widely cited as something that is delivered to children and young people collectively: *“More about population health and wellbeing than individuals.”* (Lead school nurse)
- 5.3 This can mean that school nurses can often be quite invisible to most school children: *“If you’re not from a ‘troubled family’ you won’t see the school nurse.”* (School nurse) Some of those working within the sector described the role in practice in quite negative terms, given the typical size of a school nurse’s caseload, which undermines their ability to deliver their public health role:
- [school nurses are] “Jack of all trades – master of none. Get caught up in safeguarding. 2,000-2,500 on a case load is too much.”* (Lead school nurse)
- “Case-loads are too big – we are a very invisible service and not able to be as proactive as we could.”* (Lead school nurse)
- 5.4 School practitioners tended to describe school nurses as a source of guidance and advice on anything health related, although many felt the role had been eroded in recent years and that the school nurse was less visible and less accessible than had previously been the case:
- [the role has] “...massively changed in years. Currently if we have a concern, we can contact her and ask for advice, but other than that, she very rarely comes.”* (Assistant headteacher, secondary school)
- 5.5 Several school nurses suggested that schools often do not understand their role and the kind of services that are offered through school nursing – and perhaps more critically, what they are *not* responsible for delivering: *“Schools don’t*

appreciate that our role is mainly around health promotion, not first aid or sticking a plaster on". (School nurse)

- 5.6 Likewise, schools have called for a better understanding of the school nursing remit: *"It would be nice for me to have more awareness of the bigger picture behind school nursing – what they are seeking to achieve as I don't know."* (Assistant head, Secondary school)

"Being able to see what their remit actually is [would be an improvement to school nursing services], and this is what the school needs to do to assist that. Some sort of agreement between school nurse [is needed]. Terms of reference." (Headteacher, primary school)

- 5.7 Only one teaching practitioner had heard of the School Nursing Framework (SNF) but was unaware of what was in it.
- 5.8 Other health professionals working in schools tended to define the role as quite operational, delivering vaccinations, giving talks about hygiene and healthy eating and attending child protection case conferences.

Delivery of school nursing services

Universal services

- 5.9 School nurses are responsible for delivering the Child Measurement Programme (CMP). This surveillance programme has been set up to collect data annually on the height and weight of children in Year One. Some school nurses questioned the ethics of gathering these data without dedicated resource to support children considered to have an 'unhealthy' body mass index (BMI):

"For it [CMP] to be worthwhile, we need to be doing more to engage with parents of obese children and support them to make effective lifestyle changes." (School nurse)

- 5.10 In most cases, school nurses (Band 5 or 6⁴³) will telephone parents of children who are under or overweight. However, it was commonly felt that this had little impact as parents were either oblivious to the problem or had been told repeatedly by other health practitioners that their child's weight needed addressing.
- 5.11 In some cases, this contact with parents will result in a voluntary health assessment being offered to the parents, but this is not standardised across all health boards and many parents decline the assessment when offered. One school nurse had delivered some nutrition and healthy eating sessions in schools with a significant number of overweight children.
- 5.12 Several stakeholders suggested the universal CMP could be removed altogether or replaced by annual weight and height measurement of just a sample of children. This would potentially provide additional resource that could go into targeted healthy eating and exercise initiatives.
- 5.13 Whilst not all school nurses interviewed were negative about the CMP, none were able to identify any benefit of the programme in terms of the health and wellbeing of young children.
- 5.14 Alongside the CMP, pupils in Year One have vision and hearing tests. Through the screening programme, children with visual or hearing impairment are identified and subsequently referred onto ophthalmology or audiology specialists, as appropriate.
- 5.15 School nurses are also responsible for distributing and collecting a school entry questionnaire. The pan-Wales questionnaire asks questions about reception-aged children's general health and wellbeing: *"It's as much a self-assessment or aide memoir for the parent – sets foundation for starting school."* (Lead school nurse). Some school nurses were doubtful of the value of the questionnaire on the grounds that it is resource-intensive to review the completed forms and that

⁴³ Please see section below on staffing structures and operational ways of working for further details on skill mix.

the responses are often of little value: *“Quite often it’s just an opportunity for the parent to rant about their child.”* (School nurse)

- 5.16 Another key universal service delivered by school nurses is the national immunisation programme, in line with the Immunisation Standards for School Age Children in Wales set out in the SNF. There is little flexibility in the timings of the immunisation programme, and many school nurses described immunisation as the core element of the service they provide, which impacts on when and how much they can offer other services. Different schools will offer different levels of support in implementing the programme; some will distribute and pro-actively collect back in consent forms and send a text message reminding parents to complete them, whilst others leave it entirely to the school nursing service. Many school nurses expressed frustrations over the time involved in chasing consent forms. The way in which immunisations are delivered is described in more detail below, under skill mix.
- 5.17 The final element of universal school nursing services is health promotion; however, this was found to be one of the most inconsistently delivered services across schools in Wales. Many stakeholders suggested that insufficient clarity in the SNF⁴⁴, compounded by a lack of human resource to deliver preventative sessions to school pupils and a lack of materials to support these sessions meant that it was the first thing to be dropped when other priorities arose - particularly safeguarding (see below) and immunisations, both of which have fixed timeframes and procedures: *“Demands from imms [sic] and safeguarding means we aren’t doing the preventative service.”* (School nurse)
- 5.18 Investment is also needed in resources that are generation appropriate. School nurses described using the same films for Year Six puberty talks that they used in 2004.

⁴⁴ For example, under core services within primary settings, the SNF states that school nursing services will: *“Work in partnership to deliver evidenced based classroom sessions that address National Curriculum components related to healthy eating.”* (School Nursing Framework, p. 10)

5.19 In most areas, sexual health and puberty sessions are being delivered in primary schools to Year Five and/or Six pupils and in some cases to Key Stage three pupils in secondary schools:

“We have set health promotion that we deliver – growing up and puberty classroom sessions in all primary schools - Years Five and Six. Sexual health classroom sessions are also delivered to Year Nine, if allowed [by the school]. One Catholic school won’t let us do it.” (Lead school nurse)

5.20 The way in which sexual health information is provided varies across and within health board areas, in a variety of ways. In some cases, where other public services (for example, the police) are delivering sexual health sessions too, school nursing services have tried to align with the information they are providing:

“They [the Police] are coming from the legal angle, and we try to dovetail with that, but coming from a health and wellbeing perspective.” (School nurse)

5.21 The delivery of sexual health information is also affected by individual local authorities’ education policy and school nurses described having to work differently across areas within their health board footprint:

“We have a challenge that the three local authorities operate differently – for example, when we do sex education, in some counties we just tell the schools what we deliver and get on with it, in another one the local authority gets involved in planning and delivering the sessions.” (Lead school nurse)

5.22 In some areas, rather than delivering sessions themselves, school nurses are providing schools with materials and/or training to do sessions themselves in-house:

“We make resources available to Year Six teachers so they can deliver sex education.” (School nurse)

“The school nurse used to do puberty talks to Years Five and Six, but now our staff have been trained by the school nurse to deliver it ourselves.” (ALN coordinator, primary school)

5.23 School practitioners and school nurses in more than one health board area reported that sexual health and puberty sessions are not being delivered at all, in most cases because the school nursing team lack the capacity to devote time to it:

“It seems at the moment that we are left to do it [deliver sexual health information] on our own. There is no-one to phone up to ask for advice.”

(Assistant head teacher, secondary school)

“Puberty, etcetera should be core offer, but we don’t do it.” (Lead school nurse)

5.24 ‘Physical, emotional and mental health and well-being’, and ‘healthy eating’ are the other two areas specified in the SNF in which school nurses should be delivering sessions within both primary and secondary schools. Again, however, not all school nursing services have the capacity to provide these sessions or are providing them in some schools but not others – for example, in response to a specific request from the school.

5.25 There is a clear lack of any consistency and continuity in the way health promotion is done and many school nurses acknowledged that they were failing to deliver what they see as a key element of school nursing services: *“Health promotion doesn’t always happen because of immunisation caseload.”* (School nurse)

5.26 In several instances, Band 6 school nurses commented on their qualification (Specialist Community Public Health Nursing) and expressed frustration that they are unable to fulfil the public health aspect of their role: *“Health promotion and actively intervening in child health rather than reacting to the consequences would massively improve school nursing practices.”* (School nurse)

5.27 In a number of instances, health promotion is only being delivered following a specific request from a school:

“Sometimes we do sessions on healthy eating and sun safety, but only in response to a particular request from education colleagues, for example if they have high levels of obesity or eating disorders.” (School nurse)

- 5.28 In reality therefore, health promotion is commonly being provided as an enhanced rather than a core service. Hygiene, handwashing, testicular cancer, breast awareness, bereavement, stress management and smoking and drugs are other topics being delivered in some schools by school nurses in some health boards.
- 5.29 In many cases, the catalyst for delivering the session is the school requesting it as a result of one or more pupils having particular issues, for example an individual child experiencing a family bereavement or concern about the impact of exam pressure on pupils' wellbeing: *"I often get requested to do extra things, for example healthy eating sessions with the children."* (School nurse)
- 5.30 Health promotion of more 'medical' issues – for example testicular cancer and breast awareness – were less frequently cited and tended to be delivered on the initiative of the school nurse.
- 5.31 In some areas, the decision not to deliver a particular aspect of health promotion is made because other services are fulfilling this role: *"We don't do drug awareness – in our area 'Choices'⁴⁵ do this."* (Lead school nurse)

Enhanced and intensive services

- 5.32 The SNF provides very little detail of what enhanced and intensive services should be delivered. Most stakeholders only differentiated between 'core' (a term used more commonly than universal) and 'enhanced', and no-one provided a clear description or example of 'intensive' services or how they differed from 'enhanced'.
- 5.33 Therefore, the following section only refers to 'enhanced' services in recognition that this is what they were termed by stakeholders, although some activities (for example ongoing safeguarding cases) could potentially be interpreted as 'intensive'⁴⁶.

⁴⁵ An NHS-funded service.

⁴⁶ The School Nursing Framework defines Intensive as: "further interventions, built upon ongoing assessment and analysis of greater need." A School Nursing Framework for Wales, Welsh Government 2017 p.9.

- 5.34 Some practitioners acknowledged a lack of consistency in the way enhanced services are interpreted and delivered: *“We [school nurses] don’t do enhanced in same way as health visiting, as the case load is so vast.”* (Lead school nurse)
- 5.35 Safeguarding is the main aspect of enhanced services, although many school nurses questioned whether it was appropriate for them to be involved in child protection cases. Several stakeholders suggested that they were only attending case conferences because of a need for ‘bums on seats’ and someone in the health profession:
- “I go to case conferences on children I have never met ... I go on Child Health to find out whether they’re up-to-date with imms [sic] or have missed any hospital appointments ... I don’t know anything about the child.”* (School nurse)
- 5.36 Several school nurses felt that the new SNF had legitimised a reduction in their involvement in case conferences by stating that a written report might be provided instead of attendance in person at initial case conferences and that ‘professional judgement’ should inform school nurses’ attendance at subsequent review conferences.⁴⁷
- 5.37 Nonetheless, local authority expectations meant that in practice, school nurses often feel obliged to attend case conferences and review conferences and with increasing numbers of child protection cases, this is impacting more and more on their ability to deliver other (what should be core) aspects of their role, particularly health promotion.
- 5.38 Moreover, several school nurses noted that areas with high levels of safeguarding issues⁴⁸ are typically in less affluent communities, which would benefit most from health promotion:

⁴⁷ Specifically, the SNF states: “The School Nurse should attend and/or provide a written report for all initial case conferences for children 4/5 years of age and older in line with local policy ... As above and informed by professional judgement, a decision will be made as to whether School Nurse attendance is necessary at a subsequent review conference and/or core group.”

⁴⁸ For example. childhood exploitation, child trafficking, neglect, physical/sexual harm, forced marriages and FGM.

“prevention is not being delivered to the pupils who need it most because all their [school nurses] time is being taken up attending case conference.” (Lead school nurse)

- 5.39 A minority of school nurses perceived safeguarding as the only intensive service provided via school nursing, whilst the majority of practitioners saw the service as only two-tier (universal and enhanced).
- 5.40 The SNF states that in providing a universal service in secondary schools, school nurses should: ‘Be available at the school to provide regular opportunities for pupils and staff to access them for advice / support.’⁴⁹ In most areas this has been interpreted as drop-in sessions for pupils and defined as an enhanced service, given that it is intended for pupils with specific issues or needs.
- 5.41 Drop-in sessions tend to take place weekly, but the length of time the school nurse is available varies and may not be consistent on a week-by-week basis within the same school: *[Drop-ins are] “...half a day a week in school, but it’s not tied to a specific day.”* (Assistant head teacher, secondary school)
- 5.42 Many school nurses reported having to cancel drop-in sessions, often at the last minute, to attend case conferences, and teaching practitioners expressed frustrations over a lack of continuity in the service: *“We don’t know from one week to the next whether she’s coming, and we’re then left trying to support the young person ourselves.”* (Assistant head teacher, secondary school)
- 5.43 Pupils can either be referred into the drop-ins by a teacher or GP or can self-refer, and sessions can cover a variety of issues including anxiety and depression, eating disorders, teenage pregnancy, transsexuality, stress and bullying:

“She’ll provide one-to-one sessions with potential eating disorder students – she’ll weigh them and monitor them and give them strategies. Or if a relationship seems unhealthy – like a very dominating male, she’ll work with them on care and respect.” (Assistant head, secondary school)

⁴⁹ Page 10, School Nursing Framework

- 5.44 Several school nurses expressed concern that they did not have sufficient training to appropriately support pupils with mental health problems. In one health board, the school nursing service is collaborating with CAMHS to upskill Band 6 school nurses to be able to support pupils more effectively: *“We are trying to reinforce links with CAMHS to achieve required standards for mental health and wellbeing.”* (Lead school nurse) Specific training in mental health was identified as essential by school nurses in most areas.
- 5.45 A minority of school nurses referred to the CAMHS in-reach school pilot programme⁵⁰ having helped to improve the quality and quantity of mental health support being offered, particularly in secondary schools. In one area, school nurses have attended the training delivered to teaching staff through the programme, which was thought to have been advantageous.
- 5.46 School nurses felt that in many cases the outcome from a drop-in session with a pupil would be simply that they refer or signpost the pupil onto other services, for example community mental health teams or the school counsellor. In a minority of cases, they may see young people on a regular basis at drop-in sessions, for example pupils with mental health problems who do not meet the criteria for CAMHS.
- 5.47 The drop-in sessions are highly valued by schools, particularly given increasing prevalence of mental health issues and a perceived lack of capacity within CAMHS to meet this escalating demand. Drop-ins are also important in terms of making the school nurse visible within the school – both to pupils and teachers. Some schools felt that in addition to regular drop-in sessions, it is valuable that pupils can access their school nurse at other times: *“Students know they can contact her directly. They are not reliant on teachers as [the school nurse’s] number is emblazoned on her office.”* (Assistant head-teacher, secondary school)

⁵⁰ The two-year pilot programme began in September 2018 and is running in six local authorities in Wales. The programme aims to strengthen support from specialist mental health services to schools by enabling dedicated CAMHS practitioners to provide schools with a range of support including face-to-face help and advice in school.

5.48 Not all health boards are providing drop-ins as part of their school nursing services, and school practitioners in these areas expressed frustration over a lack of regular, face-to-face contact with the school nurse:

“I believe that school nurses do clinics at NHS bases – but they [the young person] would have to be referred in by the GP... it’s not drop-in.” (Assistant head-teacher, secondary school)

5.49 Several primary school practitioners felt that drop-in sessions would be valuable for their pupils. In one primary school included in this research, the school nurse was found to be providing drop-in sessions on an ad hoc basis, although it was for parents and not pupils: *“We have coffee mornings once a term and she’s attended now and again to answer parents’ questions.”* (ALN Coordinator, primary school)

5.50 One health board is also in the process of developing an app-based telephone service for young people to access their school nursing service:

“It’s to make it easier for young people – particularly boys – to have a confidential conversation with school nurse ... we’re the first Welsh health board to try it.” (Lead school nurse)

5.51 There have, however, been problems to date. Whilst it is meant to be a confidential service, there are cases (for example where the caller is at risk of suicide and a school nurse is not available to speak at that moment) where the caller might be asked to provide their telephone number, which therefore compromises their anonymity. As a result, the health board has not been able to get approval from their IT governance to run it as a 24-hour service and is only able to operate it during school hours, when it can be staffed.

5.52 In some primary schools, school nurses are engaging with parents to support children with particular issues that have been identified either by the school or the school nursing service. These include:

- Children identified as overweight through the CMP: *“Also, where we are concerned about children’s weight, she will meet with families and work with the doctors [GPs].”* (Primary school head teacher)

- Supporting compulsory engagement from parents with developing healthcare plans: *“We have a child whose attendance is really poor, and parent says it’s asthma – so we’ve said she needs to attend a compulsory meet with school nurse to develop an asthma plan.”* (ALN Coordinator, primary school)
- Investigating suspected cases of Munchausen by proxy syndrome: *“We had a child with apparent soiling issues – the parent getting wet room installed [funded through Disability Living Allowance] and the child was missing a lot of school, so the school nurse contacted the consultant to check it was legitimate ... we couldn’t have accessed that information.”* (Acting head, primary school)
- Advising parents on appropriate laxative dosages for children with toileting problems.

5.53 Other examples of enhanced support being delivered by school nurses currently include:

- Enuresis services in clinic, typically introduced on the initiative of the school nurse(s) delivering it.
- Annual epi-pen updates in primary and secondary schools with pupils with epilepsy – this could be in response to specific demands from the school or following a handover from a health visitor⁵¹.
- Supporting the development of a care plan for children with an identified health issue (for example, epilepsy).
- Annual Looked After Children (LAC) assessments of health and well-being and six-monthly LAC reviews.
- Delivery of the C-Card (condom card) scheme that provides free access to condoms and sexual health information to young people, on the initiative of the health board and with permission of the school.

School nursing in special schools, Pupil Referral Units and independent schools

5.54 School nursing services within special schools and Pupil Referral Units (PRUs) vary considerably from those delivered in mainstream settings. Within special

⁵¹ i.e.: where a health visitor notifies the school nurse that a child starting school has epilepsy.

schools, despite the publication of [part two of the SNF](#), which relates to special schools, there appears to be considerable inconsistency in the way the service is delivered and many school nurses, including lead school nurses, called for more clarity over what they should be providing in special schools.

- 5.55 The national immunisation programme, CMP and audio and visual screening are carried out in almost all special school settings by school nursing services. Although some school nurses reported doing immunisations in PRUs also, there is evidence to suggest that in at least one health board area, it is not policy to deliver the immunisation programme within PRUs. The headteacher of a special school that had until recently been a PRU reported that the immunisation programme was not available to their pupils:

“I’ve been fighting for them to come to do vaccinations since we became a special school – they [school nursing services] say [the pupils should] go to their GP or mainstream school⁵², even though most [pupils] stay with us permanently.” (Headteacher, special school)

- 5.56 Health promotion is an area of greater inconsistency and many school nurses expressed concern about this aspect of their role:

“There is a lack of understanding of what we should be doing around PSE in special schools.” (Lead school nurse)

“I’m nervous about PSE in special schools as it’s still new.” (School nurse)

- 5.57 School nurses described delivering PSE sessions in special schools to smaller groups of children and using simpler language than in mainstream. In some cases, this is delivered jointly with the dedicated special school nurse. Many school nurses called for greater clarity over the role of school nurses operating in special schools and special school nurses:

⁵² Referral to a PRU is typically for a temporary period of time, after which the pupil would be expected to return to their mainstream school.

“Phase two Healthy Child Wales Programme has to drill down what a school nurse does and what a special school nurse does – the frameworks don’t do that.” (Lead school nurse)

- 5.58 School nurses talked very little about their role in independent schools. The immunisation programme is delivered via school nursing services, but very little else. The SNF states that the All Wales Safeguarding Standards for NHS School Nursing Services apply to children in private school settings; however not one school nurse described being involved in a safeguarding case relating to a child in an independent school.

School nursing services for home educated children and young people

- 5.59 The school nursing service offered to children who are home educated varies even more widely than in mainstream or alternative institutions. As with the case of independent schools, the SNF states that both the Immunisation standards for school age children in Wales and the All Wales Safeguarding Standards for NHS School Nursing Services apply to children who are educated at home. There is no further reference to home educated children in the SNF, however. Most school nurses were critical of the service that is offered to home educated children in their area: *“Home ed – it’s a big gap and comes up at every meeting we attend.”* (Lead school nurse)
- 5.60 Accessing these children is the biggest challenge. In theory, home educated children should receive the same service as those in mainstream schools. However, in practice this is not possible as school nursing services are not always aware of who is being home educated and it was suggested that parents of these children are often keen to limit contact with public services. In some cases, the school nurse is able to form a relationship with the family – for example where there is a formal handover from the health visitor. Some health boards have linked with education and established an information sharing protocol on home educated children. However, as local authorities are not always aware of who is being home educated, this does not mean that all relevant children are engaged.

- 5.61 Where home educated children are identified, they will receive details of the services to which they are entitled, either via their health visitor or in the post. Generally, the services offered to these children are the immunisation programme, the CMP and the screening programme. The school nurse may offer to conduct these programmes in the home or will signpost families to their GP practice for immunisations or audio or visual screening.
- 5.62 Some school nurses stated that they offer to go to people's homes to deliver health promotion (especially on puberty and sex education), but this is not widely taken up. A small minority of school nurses stated that they would not offer home visits on principle, given that this was not offered to children in mainstream education and would therefore be an inequality.
- 5.63 In most cases a lack of capacity on the part of the school nurse compounded by a disinclination on the part of the families means that home educated children receive a very limited school nursing service: *"They get none of the PSE or access to drop-in sessions."* (Lead school nurse)
- 5.64 In one area, the school nursing service was engaging home educated children via a dedicated group: *"We're developing links with the elective home education group coffee mornings run by the local authority ... we go and talk about imms [sic]."* (Lead school nurse)
- 5.65 Nonetheless, the general consensus is that there is significant room for improvement in the school nursing service provided to home educated children. In addition to the issue of ensuring parity of service, several school nurses expressed concern about the danger that issues of safeguarding are harder to pick up with home educated children: *"The children who move around a lot and aren't in school are the ones who slip through the gap."* (School nurse)

Alignment with the School Nursing Framework

- 5.66 Stakeholder views on the extent to which school nursing services were aligned to the SNF ranged from *"not at all"* (Lead school nurse) to *"Pretty good – we already followed the original framework quite well."* (Lead school nurse)

5.67 Interpretation of what an 'all-year' service means varied; in most health boards some practitioners (typically Bands 6 and 7) are employed year-round, but there is little scope to do anything beyond safeguarding:

"Holidays are totally dominated by child protection conferences, core groups, human trafficking meetings, county lines meetings etcetera – so can't do anything else, so don't offer a [child-facing] nursing service in school holidays."

(Lead school nurse)

"A 52-week service isn't really happening ... there is no direct access service [in school holidays] ... the work going on is paper-work and safeguarding. Even if in theory there is a [drop-in] clinic – schools are unaware of them."

(Lead school nurse)

5.68 In a minority of cases, school nurses are providing other (enhanced) services during school holidays: *"I know that the school nurse did home visits to a child in holidays where there were concerns about ASD."* (ALN Coordinator, primary school)

5.69 School practitioners typically believed that school nursing was offered in term time only or at least that it was the widespread perception amongst children, young people and parents that it was unavailable during school holidays: *"I would like to say it's year round but I don't think parents would know how to get hold of them."* (Assistant headteacher)

5.70 The other aspects in which it was reported that some health boards were failing to comply with the SNF are:

- Involvement in safeguarding conferences: *"We haven't yet fully implemented the [School Nursing] Framework so our school nurses still attend all case conference meetings."* (Lead school nurse)
- Promotion of emotional wellbeing: *"We're probably amber on emotional wellbeing – we're aware of issues but not sure if we're doing enough about it ... more needs to be done with CAMHS to address the needs of the 'missing middle' who don't meet the criteria for CAMHS, but doing horrible self-harm."* (Lead school nurse)

- Developing an immunisation passport, which would enable children and young people to leave school with a formal record of all the immunisations they have ever had: *“We’re not doing that yet; it’s finding the resource for someone to do it – Child Health could do it.”* (Lead school nurse)

Progressive universalism

- 5.71 Views were mixed on the extent to which school nursing services are underpinned by the concept of progressive universalism. Most lead school nurses – many of whom were familiar with health visiting services and phase one of the HCWP – felt that school nursing is more of a generalised, reactive service than one based upon progressive universalism: *“The vast majority of what we do is universal – progressive UEI [universal, intensive, enhanced] is only really about safeguarding.”* (Lead school nurse)
- 5.72 The high take-up of immunisations was widely cited as an example of where the service is effectively delivering to (almost) all children, irrespective of need. In areas where regular drop-in clinics are taking place, the service is providing a continuum of support to those with higher needs to a degree. However, as already noted, this is an aspect of considerable inconsistency in the service within and between health boards, and only supports young people who are referred or who self-refer into the sessions.
- 5.73 The CMP is another way in which school nursing services are, arguably, helping to address inequalities, given that it is a way of identifying weight issues, which can inform targeted engagement with families and/or referral to a GP or dieticians. Nonetheless, the general consensus amongst school nurses was that they have little effect in this way, and that there is more value in focusing on prevention through healthy eating sessions on a whole-class basis.
- 5.74 It was also suggested that given the need to avoid identifying individuals in need and causing embarrassment, targeted intervention are disguised as a universal service, i.e.: where a school identifies an issue with one child, the school nurse

might deliver a session to the whole class on, for example, personal hygiene or head-lice:

“There may be only one or two children who don’t seem to be washing themselves properly, but we’d do a session for the whole class to save embarrassing them.” (School nurse)

- 5.75 The role of health visitors is clearly vital in terms of identifying those children needing additional levels of support from a very young age and then passing this information onto school nurses as they transition into school:

“Health inequalities are identified when children are born with the health visitors and therefore the hand over from health visitors to school nurses is key to ensure that any disadvantages for those with inequalities are addressed.” (School nurse)

- 5.76 The extent to which school nursing services can continue to provide an enhanced level of support to those needing it is, however, undermined by a lack of capacity:

“If capacity wasn’t an issue, we could really focus on young people’s health, having a young person’s health clinic. We need to pull back from safeguarding and investment in someone – maybe a Band 4 – who could work more intensely with families who need it.” (School nurse)

- 5.77 Furthermore, whilst health visitors have a professional relationship with individual families, school nurses typically have a case load of between 1,500 and 2,500 that is based upon a school population, which makes identifying those requiring additional support after they have transitioned out of the health visiting service a major challenge:

“It’s more of a reactive service – picked up as it comes. We need to be doing more targeting. We need to be better at understanding our population health – to target resources. For example, we need to understand how many [children] have asthma or are obese.” (Lead school nurse)

- 5.78 The existence of the Flying Start programme is critical in enabling progressive universalism in the service available to young children, whilst the advent of an acuity tool for health visitors should support greater targeting of resource to

families with higher needs. The absence of any sort of enhanced investment in school nursing services in higher needs areas limits how far the service can align with the concept of progressive universalism.

- 5.79 Many questioned the rationale of health visiting services having targeted resources to address health inequalities based on geography only for these services to stop when children reach the age of five. Several school nurses explicitly called for ‘Flying Start school nurses’, or investment in more school nurses in areas of high need, which would provide greater capacity for delivering enhanced services – for example drop-in clinics:

“Flying Start health visitors are great, but the problems don’t just suddenly vanish when the children turn five ... there should be Flying Start school nurses.” (School nurse)

- 5.80 School practitioners were almost all unfamiliar with the terms ‘progressive universalism’. Some, however, felt that school nursing services were helping to address health inequalities, particularly in primary settings where the school nurse is available for advice and support: *“We’re just outside a Communities First⁵³ area – we have 19 per cent on free school meals and lots of rented houses and working poor. Parents don’t want to nag their GP, but if they have a friendly face they can ask for help – our school nurse is so important. So [the school nursing service] does help to narrow the gap as medical need does seem to go hand-in-hand with poverty.”* (ALN Coordinator, primary school)

Staffing structures and operational ways of working

- 5.81 All health boards in Wales are moving towards skill mix in the way they deliver the school nursing service. The extent to which this is happening varies widely, however.
- 5.82 In one health board, Band 3 nurses conduct the CMP and vision and hearing screening, deliver public health sessions, like handwashing, and provide

⁵³ Communities First was a Welsh Government programme aimed at reducing poverty. The programme was community focused and supported the most disadvantaged people in the most deprived areas of Wales with the aim of contributing to alleviating persistent poverty. It was launched in 2001 and phased out in 2018.

administrative and pastoral support with immunisations. Band 5s have a delegated primary school case load, will take on some of the more straightforward safeguarding work⁵⁴ and manage the immunisation programme. Band 6s are responsible for coordinating a cluster case load⁵⁵, taking on the more complex child protection cases and doing drop-in sessions in secondary schools. Sub-regions within the health board are then overseen by a Band 7 team leader who is largely managerial but also has a small caseload to maintain a hands-on role in the service. There is also a small immunisation team of Band 5 nurses to support the immunisation programme.

5.83 Whilst most health boards are following a similar way of working to some degree, this is not the case in all areas: *“We have to adopt skill mix better, so we’re working prudently. I still have Band 6 nurses reluctant to give up screening.”* (School nurse lead) Some lead school nurses referred to the existence of ‘professional protectionism’, where SCPHNs are unwilling to delegate aspects of their role to junior colleagues.

5.84 Some health boards have moved away from having a dedicated immunisation team:

“Band 5s were originally taken on as imms [sic] only, but we had a retention issue as it’s quite a boring job, so now they’re doing more and more low-level health promotion and screening.” (Lead school nurse)

5.85 In some areas, vision and hearing screening is done by nursery nurses under the health visiting service. This is a legacy from previous policy when screening had been the responsibility of the health visiting service, but the current situation is thought to blur the division of responsibility between health visiting and school nursing:

“Nursery nurses do screening in one locality on behalf of health visitors, but they are reporting back to the school nurse, so it can cause issues in terms of who follows up [any vision or hearing deficiencies].” (Lead school nurse)

⁵⁴ For example, attending core group meetings.

⁵⁵ i.e.: A secondary school with its feeder primary schools.

- 5.86 It was suggested that the 2017 SNF had helped to standardise practice, which included the deployment of skill mix, although there is clearly further progress needed to ensure all school nursing services are operating in line with prudent healthcare principles.

Cross-border issues

- 5.87 For Aneurin Bevan University Health Board, Betsi Cadwaladr University Health Board, and Powys Teaching Health Board there can be challenges associated with being on the border with England.
- 5.88 In the case of children and young people who are living in Wales but are educated in England, it can be difficult for the school nursing service to ascertain whether they have received immunisations:
- “We rely on pupil or parental consent forms to find out if pupils living in England have had their vaccinations. (School nurse)*
- “Immunisations can be tricky – if a child from [Welsh health board] goes to school in England, the health authorities in England aren’t always very good at telling us whether they’ve had them.” (School nurse).*
- 5.89 Similarly, there can be difficulties in accessing information about secondary care services that a Welsh domiciled child or young person receives in England
- “We don’t always get health information if a patient goes to a different hospital [i.e.: in England] ... the information has to then come through the GP, or children’s services. Has to be in our mind all the time.” (School nurse)*
- 5.90 Where there are child protection issues in relation to Welsh pupils attending school in England, it may be necessary for school nurses to attend meetings over the border.
- 5.91 Cross border transferral of information is not just an issue between England and Wales, but between and even within health boards. School nurses described the transition from primary to secondary school being an instance of where records of engagement with school nursing service is not transferring: *“Child health IT*

systems are not compatible in different areas ... have to follow up referral on paper It's ok but could be better.” (School nurse)

- 5.92 Similar challenges arise when children and young people move from one health board area to another and there is concern that some children – particularly higher needs children – are slipping through the net if details of an identified need are not being shared.

Documentation of School Nursing Services

- 5.93 There is little consistency in the way school nursing practices are currently documented in Wales and it is evident that much of the very valuable preventative work that school nurses are doing is not formally recorded or monitored: *“There is no record of the informal support that school nurses are providing ... the ad hoc advice and guidance to schools.”* (School nurse)
- 5.94 Records of immunisations are recorded on Child Health. Nonetheless, there is no evidence of the work undertaken in obtaining consent.
- 5.95 In the majority of areas, work relating to individual children and young people – for example conversations and outcomes from the drop-in sessions, support given to schools in preparing a health-care plan or advice provided to parents on bedwetting – is recorded on paper. In one health board area this kind of information is recorded on WCCIS (Welsh Community Care Information System) and this has enabled data sharing between different health professionals.
- 5.96 Health promotion work (for example puberty and sexual health talks) may only be recorded in school nurses' individual Outlook calendars; some (but not all) might note the number of pupils who attended the session (after the event), but there is no evidence to suggest that this is subsequently monitored by a manager.
- 5.97 It was suggested that a formal reporting system would provide clarity over what school nursing services are supposed to entail and would also raise the profile of, and investment in, the service:

“We need a reporting system to Welsh Government to hold health boards to account and make them realise the need to invest in school nurses – doesn’t appear to be any accountability as yet.” (Lead school nurse)

Data sharing between school nursing services and education

5.98 School nursing services and education share information on a need to know basis, and it tends to be informal and in a verbal format.

5.99 Within the primary sector, school nurses require permission from the parents to share any details of a pupils’ health with the school. Where a school nurse has identified a problem themselves (i.e.: it has not come through a referral from the school), the nurse may contact the parents:

“If I had concerns about a child, for example, they were dirty or had head lice or strange behaviour, I’d probably ring the parent and then ask their permission to talk to the teacher.” (School nurse)

5.100 At secondary level it is more complicated as some of the issues disclosed to a school nurse may not be known to the parents. The details of one-to-one sessions a school nurse may have with a pupil would never be shared with the school: *“Notes from our conversation with the students are confidential and cannot be shown to schools.”* (School nurse) Only in cases where the pupil was thought to be at risk of harm might the information be shared with social services or other appropriate agencies.

5.101 Schools seem to be more relaxed about sharing information with school nurses. When a pupil is referred to the school nurse, teaching staff may provide additional contextual information about the pupil or their family:

“She [health visitor] usually comes to see the head if there is a referral, who [i.e.: the headteacher] is very open about the information she knows about the family – so it’s all verbal.” (ALN Coordinator, primary school)

5.102 Schools may also share attendance records with the school nurse, who can then cross reference this with information on Child Health to establish whether there

was a medical reason why a pupil was not in school. Although the details of any hospital or GP appointment would not be shared with the school, the school nurse would be able to clarify to the school whether or not an appointment had taken place.

- 5.103 Similarly, if the school has concerns about whether a parent has followed up on an accident (burns, falls etc.) or ongoing health issue (for example headaches), the school will ask the school nurse to check whether this has happened.

Handover from health visiting services to school nurses

- 5.104 In all health board areas, a formal handover of children from health visiting to school nursing only takes place with those identified as needing enhanced or intensive services by the health visitor. This would involve a face-to-face meeting or a telephone call for the health visitor to provide some background to the child and their family and the detail of any services they might have received. At these meetings case notes are exchanged, a handover sheet is completed, and Child Health notes are filed or retained as necessary. In areas where school nurses are sharing a working space with health visitors handover can be more straightforward, given that school nurses may have already, informally, acquired some knowledge of their new caseload and also have the opportunity to have ongoing discussion with the health visitors about individuals with particular needs.
- 5.105 In some cases, the school nurse may meet with the families of higher needs children the summer before they start school to build a relationship that can be useful in any future interventions.
- 5.106 For most children, however, it is simply a case that the notes are handed over from the health visitor to the school nurse – either in paper-based format or via WCCIS.
- 5.107 There can be logistical challenges for the handover if the health visitor is unsure of the school the child is going to be attending – and therefore the school nurse they will be under.

5.108 Occasionally children with higher needs can slip through the net as engagement with health visitors may have been minimal and so their needs have not been identified.

5.109 Whilst not a negative reflection on school nursing services, it is apparent that some schools have found the relationship they have with the health visiting service in relation to children under five years to be quite poor:

“For under-fives there is an issue with health visitors as the school has poor links with them. We don’t know them [the health visitors], some are inaccessible, some not interested with communicating with the school, we have to use the school nurse to be a go-between. Once the handover [from health visiting to school nursing] happens it is a massive relief.” (Headteacher, primary school)

Partnership working and referrals

5.110 School nurses work with a wide variety of other professions and services. Much of the interaction that they have is around sharing information. For example, community paediatricians looking after a child with a chronic health issue may ask the school nurse for a recent weight. Social Services may ask for immunisation history or any previous issues or concerns identified by the school nurse. School nurses may refer children and young people to a range of services, including dieticians, speech and language therapists, occupational therapists, neuro-development team, Action for Children, Team Around the Family, Healthy School coordinators and continence services. School nurses also have access to the Multiagency Safeguarding Hub (MASH) which is used as a single point of contact for safeguarding concerns.

5.111 Commonly, school nurses may make an informal referral by telephone to check the most appropriate route for a formal referral, which means children access services more quickly and inappropriate referrals are avoided. It is evident that informal discussions with other professionals are an integral part of the role of

school nurses in terms of providing context to the children and young people they support.

- 5.112 There are isolated examples of where school nurses have worked in partnership with Healthy Schools coordinators. In one area, for example, the Healthy Schools coordinator identified head lice as an issue in a particular school, and so worked with the school nurse and the public health team within the health board to draft a headlice policy. In general, however, the feedback from school nurses is that more could be done to integrate the Healthy Schools Scheme and school nursing services.
- 5.113 CAMHS is also a service where partnership working and communication with school nursing services could be improved. Many school nurses would welcome training and guidance from CAMHS to enable them to support children and young people who do not meet the threshold for CAMHS, but who are suffering with their mental health.
- 5.114 Some school nurses expressed frustration that when pupils are referred into CAMHS, information about their conditions was not being shared with school nursing services, which undermines their ability to monitor and support the young person.

6. Conclusions and implications for future school nursing services in Wales

Conclusions

- 6.1 This scoping research has revealed that school nursing in Wales is a highly valued service. It is being delivered by a motivated and committed workforce and is a critical link between education and primary and secondary health care.
- 6.2 The national immunisation programme is considered a particularly successful element of school nursing services and a vital preventative health measure. It is, however, a time-consuming process and given that immunisations are provided under a patient group directive⁵⁶ it means that they need to be delivered by highly qualified Band 5 and 6 nurses.
- 6.3 The screening programme is also deemed to be of value as a way of identifying children with vision or hearing issues before they can impact on their learning and social development in school.
- 6.4 The merit and ethics of the CMP have however been called into question given a widespread lack of capacity to follow up with children who are outside the parameters of healthy weight. More clarity is needed on the rationale for the CMP and if it is to be maintained as a universal service, it needs to be delivered in all areas using skill mix, to reduce the demands on Band 5 and 6 nurses.
- 6.5 The role of school nurses in safeguarding cases has also been questioned extensively through this study, given both the large amount of resource that it involves as well as the fact that school nurses have limited, and in many cases no first-hand, knowledge of the children involved in these cases.
- 6.6 The deployment of skill mix in school nursing services is highly variable, and whilst all areas are moving towards greater delegation of tasks, there is still room for improvement, and clarity needs to be given at a national level over what activities should and should not be delegated.

⁵⁶ Patient Group Directions provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

- 6.7 Unsurprisingly, there is a strong call for investing in the school nursing workforce in general given the increasing demands on the service from safeguarding, the commitment set out in key Welsh Government policy to invest in prevention, and the growing focus on mental health.
- 6.8 An ageing workforce and challenges in recruiting and retaining nurses in general means that this issue is not just one of finance, but also promotion of school nursing as a career choice. Furthermore, there are issues in terms of the training of Band 6 school nurses, in that in most cases they attain their SCPHN accreditation through a health visiting course. In order to meet the increasing demand for mental health support and the requirements of the SNF around mental and emotional wellbeing, school nurses need to have the appropriate skills.
- 6.9 Targeting resource in areas of deprivation is deemed to be necessary, given that areas in most need of health promotion and prevention typically have the least support in this area as resource is going into safeguarding. Many school nurses have called for more proactive targeting of resources by profiling case-loads and identifying where intervention is most needed.
- 6.10 The workforce structure and delivery of school nursing services is very different to those of health visiting services. Whilst health visitors work directly with children and families on an individual basis, school nurses are generally working with children and young people collectively. This inevitably makes proactive identification of need and targeting of resources much more challenging, and school nurses generally have to respond to children or schools referring into the service.
- 6.11 Across Wales, school nurses have identified the need for a greater focus on health promotion in areas like healthy eating, sex education and smoking, alcohol and drug use as a way of preventing problems in these areas manifesting or escalating. Furthermore, many school nurses expressed frustration that they are not able to deliver the public health function of their role currently.

- 6.12 There is a need to increase the visibility and clarify the remit of the school nursing role. There is still a misconception that school nurses fulfil a first aid or clinical function, which is compounded by the difficulties they face into allocating time to public health in their work.
- 6.13 Having the capacity to spend time in schools is key, and the teaching practitioners who commended the school nursing service they receive were all in regular face-to-face and telephone contact with their named school nurse. Drop-in sessions are evidently a key part of this, and they would be welcomed in primary as well as secondary school settings.
- 6.14 School nursing services in Wales are already moving towards greater skill mix and the utilisation of multi-level teams. Further progress in this area is limited to some extent by existing workforce contracts, but as people retire or move on, there is an opportunity to bring in a wider variety of roles and maximise the value of the available funding, in line with the principles of prudent healthcare.
- 6.15 Whilst the SNF has provided welcome guidance on what school nursing services should cover, more detail is required on exactly how, when and where these services should be delivered in mainstream, special schools and EOTAS settings⁵⁷, along with clarity on how this would be monitored.
- 6.16 Particular clarity is needed in what a year-round service should involve, based on what is feasible for school nursing teams to deliver and what schools, children and parents would value.
- 6.17 Finally, there is a need to demonstrate the value of school nursing services. Several school practitioners stated that being interviewed for this study had been the first time they had been asked to comment on the school nursing service that they receive and felt it was a good way to assess the effectiveness of the service.
- 6.18 Obtaining feedback from schools, children and young people and parents would not only enable identification of areas for improvement but would also help to raise the profile of the school nursing service.

⁵⁷ This should include both services in PRUs and service for children who are home educated.

Implications for future school nursing services

6.19 Based on the findings outlined here, there are some key measures that Welsh Government and other stakeholders could adopt to improve the delivery of school nursing services in Wales. These include:

- Revisiting the rationale for the CMP with appropriate national and health board stakeholders⁵⁸ and, if appropriate, agreeing standardised follow-up measures to be taken by school nursing teams in relation to children outside the parameters of healthy weight.
- Working with social services and other stakeholders to consider the relevance and value of school nurses' involvement in safeguarding cases and, if appropriate, agree an appropriate level of involvement for school nurses in the future.
- Defining an appropriate minimum programme of health promotion activities to be undertaken by school nursing services in all areas of Wales.
- Conducting a comprehensive audit of school nursing teams across Wales to clarify the extent of staffing and resource gaps and shortages⁵⁹.
- Defining an ideal staffing structure based around appropriate skill mix and the principles of prudent healthcare.
- Introducing a formal system of monitoring and evaluating school nursing services, including relevant and meaningful key performance indicators.
- Exploring options for ensuring health boards invest in the necessary staffing and resources to deliver the national immunisation programme, the screening programme and the defined minimum programme of health promotion⁶⁰.
- Considering opportunities for a national programme providing more intensive support via school nursing services in areas of high deprivation and/or free school meal entitlement.

⁵⁸ For example, the HCWP Board and school nurse leads in each health board.

⁵⁹ This could be done internally by all lead school nurses, using a standardized pro forma developed nationally.

⁶⁰ And, if appropriate, the CMP and necessary safeguarding responsibilities.

7. Appendices

Scoping Topic Guide

Miller Research has been commissioned by Welsh Government to undertake scoping research to inform the development of phase two of the Healthy Child Wales Programme.

The purpose of these interviews is to understand the scope of current practices within school nursing and desired outcomes and impacts from school nursing practices amongst key stakeholders.

Confidentiality:

Please reassure interviewee that anything said during the interview will be treated in complete confidence and that we will be reporting on general issues and themes only. Where direct quotes are used they will be sufficiently anonymised to ensure that they cannot be attributed to any one individual, or we will ask for your consent to be quoted.

Miller Research follows MRS guidelines.

Interviewee	
Role/organisation	
Time/date	
Interviewer	

Could you please provide a little background to your role in relation to school nursing services and phase two of the HCWP?

Current role and function of school nursing practices

1. What do you see as the role of school nursing in Wales currently? How, if at all, does this differ in the following settings:
 - Primary schools
 - Secondary schools
 - Special schools and pupil referral units?
2. What kind of core services (essential) and enhanced services (discretionary) are currently being delivered via school nursing? *Probe if necessary: for example, delivery of the national screening, surveillance and immunisation programmes, further support and/or signposting to local or specialist services etc.*
3. To what extent are these services effective? (based in policy, evidence, coverage)
4. To what extent are these services consistent with the School Nursing Framework?

5. To what extent are these services consistent across the Health Board and Wales? (If applicable), what kind of gaps or inconsistencies exist in school nursing services across Wales?
6. How does school nursing approach the concept of progressive universalism (i.e.: addressing health inequalities, by providing a service for all but with additional support for more disadvantaged groups)?
7. How, if at all, could school nursing practices in Wales be improved?
8. What is needed to bring about these improvements?

Wider context to school nursing

9. What services and professions work with or overlap with school nursing services? *Prompt if necessary: sexual health, CAMHS, community paediatrics and specialist nursing (for long term conditions such as asthma), healthy schools, drug and alcohol services, school counselling, school-based health services funded by the school.*
10. How, if at all, could partnership working with other professions be improved?
11. Are you aware of any wider policy developments that could impact on the way school nursing services are delivered in Wales?

Healthy Child Wales Programme going forward (NB, not all stakeholders will be able to comment extensively on this)

12. What do you see as the aims for school nursing services? What outcomes should be expected of school nursing services?
13. What elements of current school nursing services that you are aware of need to be brought into the Healthy Child Wales Programme as standardised practice across Wales?
14. What would be the best way to monitor delivery of school nursing services in line with phase two of the Healthy Child Wales Programme? (qualitatively and quantitatively)
15. Have you any other comments to make in relation to phase two of the Healthy Child Wales Programme?

Thank you for your time.

School Nurse Leads Topic Guide

Miller Research has been commissioned by Welsh Government to undertake scoping research to inform the development of phase two of the Healthy Child Wales Programme.

The purpose of these interviews is to understand the scope of current practices within school nursing and desired outcomes and impacts from school nursing practices amongst lead school nurses in each health board area.

Confidentiality:

Please reassure interviewee that anything said during the interview will be treated in complete confidence and that we will be reporting on general issues and themes only. Where direct quotes are used they will be sufficiently anonymised to ensure that they cannot be attributed to any one individual, or we will ask for your consent to be quoted.

Miller Research follows MRS guidelines.

Interviewee	
Role/organisation	
Time/date	
Interviewer	

Current role and function of school nursing practices

1. What do you see as the role of school nursing in Wales currently? How, if at all, does this differ in the following settings:
 - Primary schools
 - Secondary schools
 - Special schools and pupil referral units
 - EOTAS (education other than at school) settings?
2. What kind of core services (essential) and enhanced services (discretionary) are currently being delivered via school nursing in [refer to relevant health board]? *Probe if necessary: for example, delivery of the national screening, surveillance and immunisation programmes, drop in sessions, out of school activities, further support and/or signposting to local or specialist services etc.*
3. In [refer to relevant health board] what kind of services and interventions are being delivered?
 - a. When are they delivered?
 - b. Where are they delivered? I.e.: in school or another setting?
 - c. Who delivers them?
 - d. To whom are they delivered? (i.e.: what mechanisms for screening and targeting are used?)
 - e. What has informed these services and interventions?

4. To what extent are these services effective? (based in policy, evidence, coverage)
5. To what extent are these services consistent with the School Nursing Framework? *Probe for whether services are delivered in term time only or 52 weeks a year.*
6. To what extent are these services consistent across [refer to relevant health board] and Wales? (If applicable), what kind of gaps or inconsistencies exist in school nursing services across [refer to relevant health board]?
7. How does school nursing approach the concept of progressive universalism (i.e.: addressing health inequalities, by providing a service for all but with additional support for more disadvantaged groups)?
8. What kind of school nursing services do children in EOTAS settings receive? *If not discussed in detail in response to question 1.*
9. What staffing structures and operational ways of working across schools (e.g.: cluster-based approaches, use of skill mix), are used in [refer to relevant health board]? *Clarify that this is to inform the development of our sample structure.*
10. [For school nurse leads in ABUHB, BCUHB and Powys, i.e.: those along the border with England] To what extent do cross-border catchments for schools affect the delivery of a universal school nursing service to school pupils?
11. How are school nursing practices documented in [refer to relevant health board]? How do you share information between education and health?
12. How, if at all, could school nursing practices in [refer to relevant health board] be improved?
13. What is needed to bring about these improvements? What do you see as the barriers to these improvements?

Wider context to school nursing

14. What services and professions work with or overlap with school nursing services? *Prompt if necessary: sexual health, CAMHS, community paediatrics and specialist nursing (for long term conditions such as asthma), healthy schools, drug and alcohol services, school counselling, school-based health services funded by the school.*
15. What processes are in place for interface with and communication with/referral to additional support (e.g.: CAMHS, Community Dental Services/Designed to Smile, Healthy Schools) and referral into school nursing (e.g.: from Child Protection, Social Services).

16. Please could you describe the current approach to handover from health visiting services to school nursing services in [refer to relevant health board]?
17. How, if at all, could partnership working with other professions be improved?
18. Are you aware of any wider policy developments that could impact on the way school nursing services are delivered in Wales?

Healthy Child Wales Programme going forward

19. What do you see as the aims for school nursing services? What outcomes should be expected of school nursing services?
20. What elements of current school nursing services that you are aware of need to be brought into the Healthy Child Wales Programme as standardised practice across Wales?
21. What would be the best way to monitor delivery of school nursing services in line with phase two of the Healthy Child Wales Programme? (qualitatively and quantitatively)
22. Have you any other comments to make in relation to phase two of the Healthy Child Wales Programme?

Thank you for your time.

School Nurse Topic Guide

Miller Research has been commissioned by Welsh Government to undertake interviews with school nurses, teaching practitioners and parent representatives on school governing bodies to inform the development of phase two of the Healthy Child Wales Programme.

The purpose of these interviews is to understand the scope of current practices within school nursing and desired outcomes and impacts from school nursing practices from the perspectives of these different stakeholders.

Confidentiality:

Please reassure interviewee that anything said during the interview will be treated in complete confidence and that we will be reporting on general issues and themes only. Where direct quotes are used they will be sufficiently anonymised to ensure that they cannot be attributed to any one individual, or we will ask for your consent to be quoted.

Miller Research follows MRS guidelines.

Interviewee	
Role/organisation	
Time/date	
Interviewer	

Current role and function of school nursing practices

1. What do you see as the role of school nursing in Wales currently? How, if at all, does this differ in the following settings:
 - Primary schools
 - Secondary schools
 - Special schools and pupil referral units
 - EOTAS (education other than at school) settings?
2. What kind of core services (essential) and enhanced services (discretionary) are currently being delivered by you and your colleagues via school nursing in [refer to relevant health board]? *Probe if necessary: for example, delivery of the national screening, surveillance and immunisation programmes, drop in sessions, out of school activities, further support and/or signposting to local or specialist services etc.*
 - a. When are they delivered?
 - b. Where are they delivered? I.e.: in school or another setting?
 - c. Who delivers them?
 - d. To whom are they delivered? (i.e.: what mechanisms for screening and targeting are used?)
 - e. What has informed these services and interventions?
3. To what extent are these services effective in your opinion?

4. To what extent are these services consistent with the School Nursing Framework? *Probe for whether services are delivered in term time only or 52 weeks a year.*
5. Are you aware of whether the services that you deliver are consistent across [refer to relevant health board] and Wales? (If applicable), what kind of gaps or inconsistencies exist in school nursing services across [refer to relevant health board]?
6. How does school nursing approach the concept of progressive universalism (i.e.: addressing health inequalities, by providing a service for all but with additional support for more disadvantaged groups)?
7. What kind of school nursing services do children in EOTAS settings receive? *If not discussed in detail in response to question 1.*
8. What staffing structures and operational ways of working across schools (e.g.: cluster-based approaches, use of skill mix), are used in [refer to relevant health board]?
9. [For school nurses in ABUHB, BCUHB and Powys, i.e.: those along the border with England] To what extent do cross-border catchments for schools affect the delivery of a universal school nursing service to school pupils?
10. How are school nursing practices documented in [refer to relevant health board]? How do you share information between education and health?
11. How, if at all, could school nursing practices in [refer to relevant health board] be improved?
12. What is needed to bring about these improvements? What do you see as the barriers to these improvements?

Wider context to school nursing

13. What services and professions work with or overlap with school nursing services? *Prompt if necessary: sexual health, CAMHS, community paediatrics and specialist nursing (for long term conditions such as asthma), healthy schools, drug and alcohol services, school counselling, school-based health services funded by the school.*
14. What processes are in place for interface with and communication with/referral to additional support (e.g.: CAMHS, Community Dental Services/Designed to Smile, Healthy Schools) and referral into school nursing (e.g.: from Child Protection, Social Services).
15. Please could you describe the current approach to handover from health visiting services to school nursing services in [refer to relevant health board]?

16. How, if at all, could partnership working with other professions be improved?

17. Are you aware of any wider policy developments that could impact on the way school nursing services are delivered in Wales?

Healthy Child Wales Programme going forward

18. What do you see as the aims for school nursing services? What outcomes should be expected of school nursing services?

19. What elements of current school nursing services that you are aware of need to be brought into the Healthy Child Wales Programme as standardised practice across Wales?

20. What would be the best way to monitor delivery of school nursing services in line with phase two of the Healthy Child Wales Programme? (qualitatively and quantitatively)

21. Have you any other comments to make in relation to phase two of the Healthy Child Wales Programme?

Thank you for your time.