



The School Nursing Role in Integrated Community Nursing Teams

School Nursing Priority Areas and Pathways

September 2018



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SPECIALIST SCHOOL NURSING CONTRIBUTION – INTRODUCTION

Health visiting services focus on providing a robust preventative framework for all families and children in Scotland up to the age of 5 years. Building on this foundation, and reflecting the evidence base, the refocused school nursing role¹ will have a continuing focus on prevention, early intervention and support for the most vulnerable children over five years who have been identified as being at risk by health visiting services. The refocused role will concentrate primarily on ten priority areas under the overall headings of vulnerable children and families, mental health and wellbeing, and risk-taking behaviour.

The ten priority areas are set out in this document. The areas have been identified from evidence and have a sound rationale to support actions. They represent public health priority areas, and interventions on each have been found to be effective in preventing adverse childhood experiences (ACEs), the impacts of which not only affect health and development potential in childhood but can also persist deep into adulthood. School nurses have vitally important roles in preventing ACEs and, where they have occurred, mitigating their short- and long-term effects.

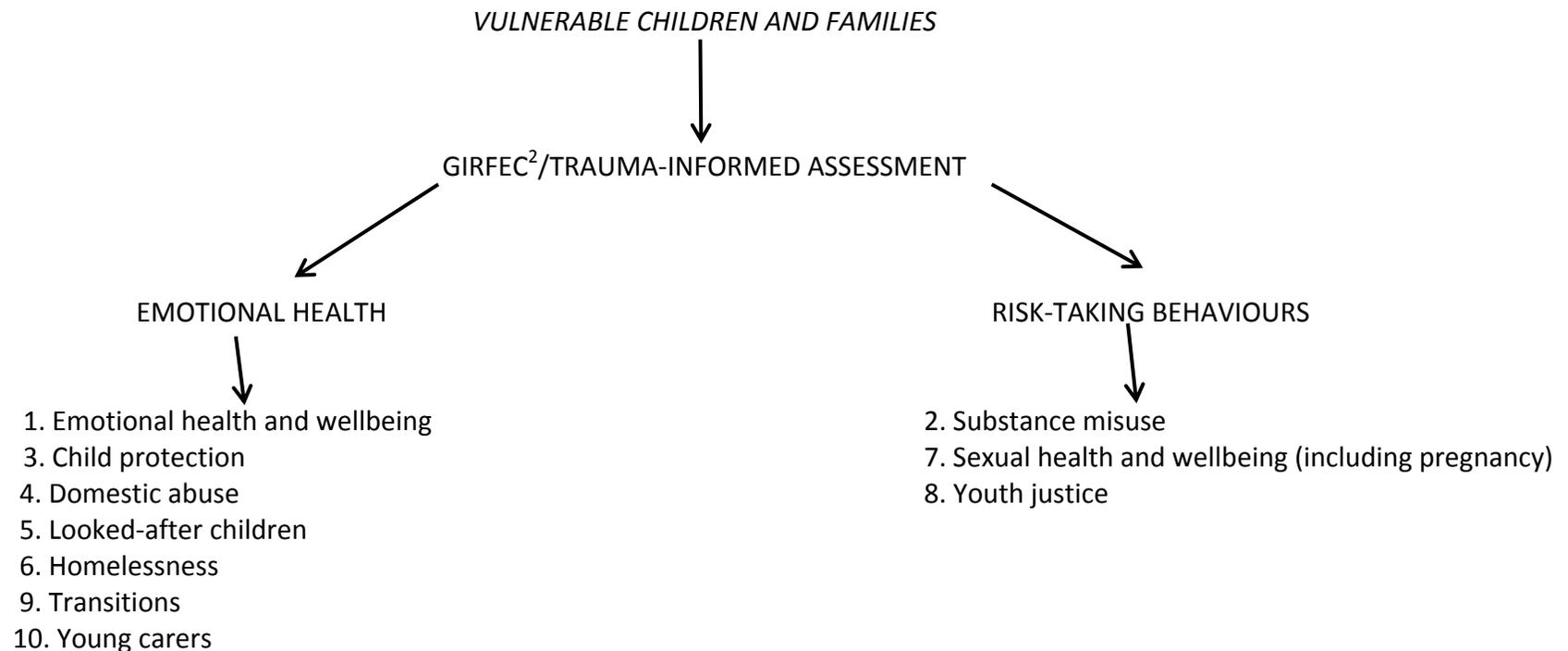
Supporting pathways have also been developed, providing additional detail summarising the broad nature of the refocused school nurse role within some of the more complex and overarching priority areas. These pathways have been developed in partnership with stakeholders and seek to clarify the focus of the school nursing contribution.

This document and the accompanying document of annexes detailing the supporting pathways (you can access this here: <https://www.gov.scot/isbn/9781787810204>) will be helpful not only for school nurses and managers, but also stakeholders in the education, social work and criminal justice sectors, and youth and voluntary, specialist, substance misuse, and drug and alcohol services.

¹ For a description of the process of developing the refocused school nurse role and its key features, see Paper 4 in the Transforming Roles series, *The School Nursing Role in Integrated Community Nursing Teams* (access at: <http://www.gov.scot/Publications/2017/12/6658>).

SPECIALIST SCHOOL NURSING CONTRIBUTION – PRIORITY AREAS AND PATHWAYS

Evaluations of two early adopter sites for the refocused school nursing role found that the mental health pathway provided an overarching focus for the school nursing service, with the remaining nine pathways clearly impacting on children and young people's emotional health and wellbeing. The ten existing priority areas were therefore reconfigured to sit under an overarching heading of 'Vulnerable Children and Families', indicating the two main sources of referral and intervention (mental health and wellbeing, and risk-taking behaviour).



² GIRFEC: Getting it Right for Every Child.

SPECIALIST SCHOOL NURSING CONTRIBUTION – PRIORITY AREAS OF INTERVENTION

School nurses may receive a request for assistance from the Named Person and/or directly from the child, young person or family member/carer at any time. Consideration should be given to issues around child confidentiality. In almost all cases, work should be undertaken with, and involving, the family. School nurses will adopt a GIRFEC approach when working with children and families for gaining consent, respecting confidentiality and sharing information where appropriate.

The pathways present details of what is expected to be provided as a minimum standard in relation to key priority areas. It is recognised that each pathway does not operate independently. Exact interventions and actions will depend on assessment, professional judgement, education and training. School nurses should work within their scope of practice, referring on to specialist services when, in their professional judgement, there is need for ongoing and or more specialist support.

Key priorities/assessment and targeted support to vulnerable children, young people and families	School nursing intervention/activity
1. Emotional/mental health and wellbeing	<p>School nurses will contribute to child and adolescent health services (CAMHS) Tiers 1 & 2.* Review initial referrals and re-direct to other agencies, such as Tier 3 CAMHS, if there is evidence of moderate to severe mental health difficulties or significant self-harm/risk.</p> <ul style="list-style-type: none">• Administer and score suitable emotional and mental health screening measure(s) (e.g., SDQ/YP-CORE) during the initial contact.• If scores indicate distress or mental ill health, undertake a full GIRFEC/emotional wellbeing health assessment, to include interviews, observations, screening questionnaire results, management plan and proposed next steps.• Refer to <u>ANNEX 1: School Nursing – Mental Health and Wellbeing pathway</u>.• Identify the need for further specialist intervention for emotional or mental health difficulties and take appropriate action by, for example, phone consultation with CAMHS or case-management supervision, where available.• Refer to the mental health and wellbeing pathway to consider the need for assistance from specialist services such as CAMHS, psychology, educational psychology, other children’s services, primary care and adult mental health services.• Offer support to CAMHS, psychology, educational psychology and other children’s services, as required, on discharge.

Key priorities/assessment and targeted support to vulnerable children, young people and families

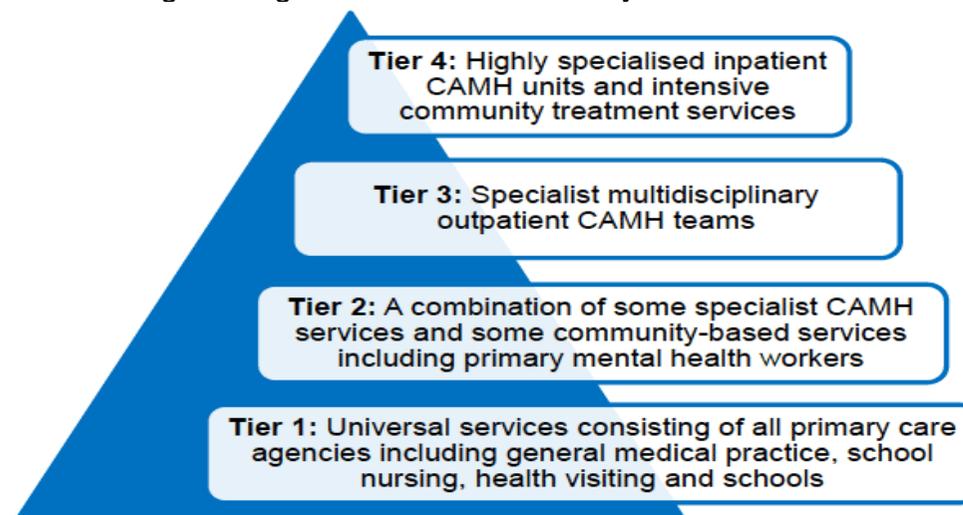
School nursing intervention/activity

- Document any intervention delivered along with pre- and post-outcome measure scores, and details of supervision/coaching received.
- Contribute to local profiling and population health needs assessment work with public health colleagues and direct information and data into local groups and agencies, as relevant.

*The CAMHS Tier System

The Scottish Mental Health Strategy (2017–2027, p.17) states:

“Child and adolescent mental health services (CAMHS) are usually planned and provided around a 4-tier model [see Figure below]. A characteristic of the model is that child and adolescent mental health specialists will usually offer consultation and support to the teams and individuals working in the generalist and community-based tiers.”



Key priorities/assessment and targeted support to vulnerable children, young people and families	School nursing intervention/activity
2. Substance misuse: drugs, alcohol and tobacco	<ul style="list-style-type: none"> • Request for assistance from Named Person and/or identification via referral or health zone. • Home visit/discussion as appropriate to undertake comprehensive assessment using GIRFEC National Practice Model. • Delivery of brief interventions, motivational interviewing, lifestyle behavioural change. • Appropriately support restorative approaches/programmes. • Request for assistance/refer to other specialist or voluntary services. • Assess need and benefits of family/community support/advocacy and refer as appropriate • Provide mental health interventions as required (Tiers 1 & 2). • Ensure effective communication and collaboration with key partners. • Documentation of intervention and outcome. • Feedback to Named Person. • Contribute to local profiling and population health needs assessment work with public health colleagues and by feeding information and data into local groups and agencies as relevant.
3. Child protection (child neglect)	<ul style="list-style-type: none"> • Follow national and local guidance. • Respond as appropriate to the Named Person supporting development of the child's plan. • Prepare records and reports, and attend and contribute to multi-agency planning where a health need or school nurse contribution has been identified as appropriate (such as looked-after and accommodated children (LAC) reviews and children's hearings). • Attend initial case conferences to present health assessment and assess possible need for ongoing support/role if health need identified. • Support children and young people through integrated working. • Contribute to the chronology held by the Named Person. • Monitor emerging data and trends.

Key priorities/assessment and targeted support to vulnerable children, young people and families	School nursing intervention/activity
4. Domestic abuse	<p>For children and young people who witness domestic abuse:</p> <ul style="list-style-type: none"> • Request assistance from Named Person and/or identify via referral. • Ensure inclusion where appropriate in health plan and in interventions on mental health, substance misuse and homelessness. • Follow national and local guidance on child protection as appropriate. • Share information and contribute to risk-assessment process on domestic abuse with Named Person to identify whether referral to local multi-agency risk assessment conference (MARAC) is required. • Contribute to local profiling and population health needs assessment work with public health colleagues and by feeding information and data into local groups and agencies as relevant. <p>Additionally, for young people <i>experiencing</i> domestic abuse from boy/girlfriend:</p> <ul style="list-style-type: none"> • Identify and assess health need, including mental, emotional and sexual health. • In partnership with the Named Person, ensure a risk assessment for young people experiencing domestic abuse is undertaken to assess potential and actual harm. • Refer to other professional agencies as required. <p>See: <u>ANNEX 2a/2b: School Nursing – Domestic Abuse pathways</u></p>
5. Looked-after children	<ul style="list-style-type: none"> • Support children and young people who are looked after and accommodated (LAC) through integrated working with the LAC nurse/team and multi-agency colleagues utilising <u>ANNEX 3: School Nursing – Looked-after Children pathway</u>. • Apply appropriate protocols for giving, receiving and sharing information and gaining consent. • Undertake comprehensive LAC review assessments annually utilising SDQ and local assessment tools (such as BAAF and CEL 16 Assessment) as per local agreements to inform clinical decisions and utilise risk-assessment tools as necessary.

Key priorities/assessment and targeted support to vulnerable children, young people and families	School nursing intervention/activity
	<ul style="list-style-type: none"> • Implement interventions by the school nursing team where appropriate to meet the health needs identified by the assessment. • Request assistance from specialist services as appropriate to meet the health needs identified by the assessment. • Prepare records and reports, and attend and contribute to multi-agency LAC review meetings where a school nurse contribution has been identified as appropriate. • Undertake appropriate information-sharing with the Named Person (Education) and contribute to the chronology held by them. • In partnership with the Named Person (Education) and adopting the GIRFEC National Practice Model, contribute to the child’s plan.
6. Homelessness	<ul style="list-style-type: none"> • Perform wellbeing assessment, adopting the GIRFEC National Practice Model. • Respond to requests for assistance from Named Person and contribute to the chronology held by the Named Person. • Undertake appropriate information-sharing with the Named Person (Education) and contribute to the chronology held by them. • Coordinate the health aspect of the child’s plan. • Refer/request assistance/support from other disciplines and agencies dependent on health need of child or family. • Support access to services for homeless families and children. • Scope out and utilise as required existing tools and programmes of interventions. • Measure impact of services provided to support quality healthcare delivery and improve outcomes for children and young people. • Follow <u>ANNEX 4: School Nursing – Homelessness pathway</u>.
7. Sexual health and wellbeing	<ul style="list-style-type: none"> • Support young people requiring advice or interventions in relation to sexual health and wellbeing (including relationships). • Request assistance from teacher, health zone, Named Person, young person and/or identification via referral or health zone.

Key priorities/assessment and targeted support to vulnerable children, young people and families	School nursing intervention/activity
7a Pregnancy and parenthood	<p data-bbox="763 1139 2040 1209">For young women (and their partners) experiencing pregnancy/pregnancy and parenthood while at school:</p> <ul data-bbox="813 312 2067 1134" style="list-style-type: none"> • Discuss/communicate with young person as appropriate to undertake comprehensive assessment with GIRFEC National Practice Model. • Assure the young person of their right to confidentiality and explain that any conversations will remain in confidence, unless there are issues of child protection. Apply appropriate protocols for giving, receiving and sharing information and gaining consent as per national and local guidance, policies and procedures. • If required, talk to the young person about their relationship(s) in order to understand if they are healthy and consensual, or if the young person could be at risk of coercion or exploitation. • Ensure conversations ascertain the young person’s knowledge and understanding of sex, including contraception. • Provide generalised feedback (without referral to specific persons or circumstances) into relationships, sexual health and parenthood (RSHP) education if there appear to be issues with lack of, or poor, understanding. • Implement interventions by the school nursing team where appropriate to meet the health needs identified by the assessment. • If more specialist skills are required, request assistance from/make referral to specialist services as appropriate to meet the health and social care needs of the young person (for example, sexual health services or youth work) as identified through the assessment. Such referrals should meet the holistic needs of the young person. • Follow <u>ANNEX 5a: School Nursing – Sexual Health pathway</u>. <p data-bbox="813 1217 2067 1359">The school health team/family nurse are the key links for education establishments in terms of health and wellbeing support in the first instance. The school nurse should be available to offer advice and support to young people and parents and be invited to any multi-agency meetings to discuss and contribute to support as appropriate.</p>

Key priorities/assessment and targeted support to vulnerable children, young people and families	School nursing intervention/activity
	<ul style="list-style-type: none"> • Referral to the school/family nurse from teacher, health zone or young person(s) – this should not delay referral of the young person to appropriate services (such as GP, maternity or sexual health services). • Perform wellbeing assessment using the GIRFEC National Practice Model and National Risk Framework/Child Protection Procedures, as appropriate. • Information-sharing will be discussed with the young person(s). The school nurse/family nurse will apply protocols for giving, receiving and sharing information and gaining consent, acknowledging the young person’s right to confidentiality as per national and local guidance, policies and procedures. • Support the young person to carry out pregnancy testing and provide non-judgemental practical advice, information and support to enable them to make an informed choice on how they proceed with the pregnancy, if pregnancy is confirmed. • Provide ongoing support as part of the multi-agency team supporting the young person. • Follow <u>ANNEX 5a–5c: School Nursing – pregnancy and parenthood pathways</u>.
8. Youth justice	<ul style="list-style-type: none"> • Perform wellbeing assessment using the GIRFEC National Practice Model. • Respond to requests for assistance from the Named Person and contribute to the chronology held by them. • Coordinate the health aspect of the child’s plan. • Scope out existing tools and programmes of interventions • Deliver brief interventions with feedback to the Named Person. • Alert Named Person/professionals to the specific needs of young people at all stages of change/transition within education. • Measure impact of services provided to support quality healthcare delivery and improve outcomes for children and young people. • Follow <u>ANNEX 6: School Nursing – Youth Justice pathway</u>.

Key priorities/assessment and targeted support to vulnerable children, young people and families	School nursing intervention/activity
9. Young carers	<ul style="list-style-type: none"> • Perform wellbeing assessment adopting the GIRFEC National Practice Model. • Respond to requests for assistance from Named Person and contribute to the chronology held by them. • Coordinate the health aspects of the child’s plan. • Alert professionals to the specific needs of young people at all stages of change/transition • Link with specialist children and adult services as appropriate. • Measure impact of service provided to support quality healthcare delivery and improve outcomes for children and young people. • Follow <u>ANNEX 7: School Nursing – Young Carers pathway</u>.
10. Transitions	<ul style="list-style-type: none"> • Prepare records and reports, and attend and contribute to the pre-school, health visitor and Named Person (Education) transition meeting. • Alert Named Person to specific children, young people and families with a Health Plan Indicator (HPI) of additional needs at all stages of change/transition, including year-to-year, school to school and leaving school. • Respond to requests for assistance from the Named Person. • Attend annual induction/welcome events for new pupils to highlight the school nursing service. • Attend P7–S1 transition events. • Measure impact of services provided to support quality healthcare delivery and improve outcomes for children and young people. • Follow <u>ANNEX 8: School Nursing – Transition pathway</u>.



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