The School Nursing Role in Integrated Community Nursing Teams

School Nursing Priority Areas and Pathways

ANNEXES
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ANNEX 1. SCHOOL NURSING – MENTAL HEALTH AND WELLBEING PATHWAY

All referrals received into the school nursing service regarding young people’s mental health and wellbeing are prioritised using clinical judgement, information from the referral form and historical content from child health records.

- The school nurse will triage all referrals prior to initial assessment. The young person may require referral to other services (e.g., sleep/enuresis). Consider group interventions (local arrangements/resources apply).
- Ongoing re-assessment/evaluation/clinical judgement will take place.
- Feedback to the referrer and Named Person will be with the young person’s knowledge (unless risk assessment requires information-sharing without consent).
- Include parent/carer routinely in assessment unless the young person requests otherwise.

- Contact young person within four weeks.
- Discuss the role of the school nurse and reasons why they have been referred. Take particular account of the young person’s expectations.
- Ask them to undertake an SDQ assessment with parent and child (average UK score 10).
- SDQ will inform overall GIRFEC assessment and pathways.

Assessment results indicate some areas of concern or symptoms, and areas of strength that could be built on. SDQ results from either child/parent/teacher are within 20–40. Results of assessment and formulation indicate an area for intervention (for example, need for increased confidence in parenting skills, need for problem-solving skills, skills to cope with anxiety).

If they score 20–40 points:

- Explain that their presentation suggests there may be difficulties.
- Contact CAMHS for advice.
- Agree choice of intervention, e.g., Solihull, evidence-based guided self-help, solution-focused therapy, Triple P or Incredible Years parenting groups.
- Co-produce intervention with young person/parent/carer/teacher, agree desired outcomes and form a contract.
- Consider outcome measures.
- Consider discharge and inform the referrer and Named Person/parent/carer.
- Consider the need for further intervention or referral on to other services. Inform referrer and Named Person/parent/carer.

Assessment results indicate some areas of concern or symptoms, and areas of strength that could be built on. SDQ results from either child/parent/teacher are within 16–19. Results of assessment and formulation indicate an area for intervention (for example, need for increased confidence in parenting skills, need for problem-solving skills, skills to cope with anxiety).

If they score 16–19:

- Explain that their presentation suggests they might benefit from some additional support.
- Consider contacting CAMHS for advice.
- Agree choice of intervention, e.g., Solihull, evidence-based guided self-help, solution-focused therapy, Triple P or Incredible Years parenting groups. Also consider activities described to the right that support resilience.
- Co-produce intervention with young person, agree desired outcomes and form a contract.
- Consider outcome measures.
- Consider discharge and inform referrer and Named Person/parent/carer.
- Consider the need for further intervention or referral on to other services. Inform referrer and Named Person/parent/carer.

Assessment results indicate good overall functioning across areas (school and home) with absent or minimal symptoms. SDQ results from parent, young person and school are all within the 0–15 range. If they score 0–15, advise that most people have a score between 0–15 and that there are five evidence-based steps we can all take to improve our mental wellbeing (below). Consider discharge and inform Named Person and referrer.

- Be active (examples).
- Connect with others (examples).
- Keep learning (examples).
- Be aware of yourself and the world (examples).
- Give to others (examples).

If the young person consents/requests further input or your assessment indicates the need to intervene:

- Agree choice of intervention, e.g., Solihull, evidence-based guided self-help, solution-focused therapy.
- Co-produce intervention with young person, agree desired outcomes and form a contract.
- Consider outcome measures.
- Consider discharge and inform referrer and Named Person/parent/carer.
- Consider the need for further intervention or referral on to other services. Inform referrer and Named Person/parent/carer.
- Contact young person within four weeks.
- Discuss the role of the school nurse and reasons why they have been referred. Take particular account of the young person’s expectations.
- Ask them to undertake an SDQ assessment with parent and child (average UK score 10).
- SDQ will inform overall GIRFEC assessment and pathways.

If they score 0–15:

- Advise that most people have a score between 0–15 and that there are five evidence-based steps we can all take to improve our mental wellbeing (below). Consider discharge and inform Named Person and referrer.
- Be active (examples).
- Connect with others (examples).
- Keep learning (examples).
- Be aware of yourself and the world (examples).
- Give to others (examples).

If the young person consents/requests further input or your assessment indicates the need to intervene:

- Agree choice of intervention, e.g., Solihull, evidence-based guided self-help, solution-focused therapy.
- Co-produce intervention with young person, agree desired outcomes and form a contract.
- Consider outcome measures.
- Consider discharge and inform referrer and Named Person/parent/carer.
- Consider the need for further intervention or referral on to other services. Inform referrer and Named Person/parent/carer.
ANNEX 2a. SCHOOL NURSING – DOMESTIC ABUSE AT HOME PATHWAY

Is child or young person experiencing domestic abuse at home?

Confirmed /disclosed

- Health assessment of child/young person.
- Use child protection guidance or local domestic abuse and child protection guidance if available to assess level of risk.
- Are there indications of escalation or increasing frequency of abuse within the home? Is this an ongoing pattern of behaviour?
- Are there indications of additional risk factors, such as parental mental health problems, alcohol/drug problems, homelessness, separation?
- Are there indications of additional risk factors for the child/young person, such as mental health, LAC, offending behaviour, homelessness? If yes, follow appropriate pathway.
- Pass information to Named Person.
- Document in health record.

If there are concerns or further assessment required:
- Discuss with Named Person and other relevant professionals.
- Include in child’s health plan.
- Request assistance from specialist service if you cannot provide support needed.
- Provide information to Named Person and others as appropriate.
- Intervention as per other pathways (e.g., mental health Tiers 1 & 2).
- If family is being discussed at multi-agency risk assessment conference, be prepared to provide information/report.
- Consider child protection procedures.

If there are safeguarding issues or concerns for immediate safety of the child/young person:
- Alert Named Person.
- Implement local child protection procedures.
- Appropriate documentation in health record.
ANNEX 2b. SCHOOL NURSING – TEENAGE DOMESTIC ABUSE PATHWAY

Is child or young person experiencing domestic abuse from boy/girlfriend?

- Health assessment of young person.
- Assess for risk factors (e.g., much older boy/girlfriend, sexually transmitted infections, eating difficulties, self-harm, emotional problems, negative sexual behaviour).
- Assess for other indications of risk (e.g., mental health problems, LAC, homelessness) and follow relevant protocol.
- Pass information to Named Person as appropriate and with consent of young person if possible.
- Document in health record.

If boy/girlfriend is a peer:
- Health assessment of child/young person.
- Assess level of risk for indications of escalation, increasing frequency, sexual coercion using the SafeLives Risk Indicators Checklist ([http://www.safelives.org.uk/sites/default/files/resources/YP%20RIC%20guidance%20FINAL.pdf](http://www.safelives.org.uk/sites/default/files/resources/YP%20RIC%20guidance%20FINAL.pdf))
- Are there indications of additional risk factors for the young person (e.g., mental health, LAC, offending behaviour, homelessness)? If yes, follow appropriate pathway.
- No immediate concern – give information on healthy relationships and on services for young people.
- Pass information to Named Person.
- Document in health record.

If boy/girlfriend is much older:
- As above, but consider level of risk and potential for exploitation.
- Refer to local guidance on child protection and young people.

If there are concerns or further assessment is required:
- Discuss concerns with young person (include limits of confidentiality).
- Share information with Named Person and other relevant professionals as appropriate.
- Interventions as per other pathways (e.g., mental health Tiers 1 & 2).
- Request assistance from specialist service if you cannot provide support needed.
- Review risk of exploitation, especially if the boy/girlfriend is much older, in line with local child protection protocols.
- Document in record.

If there are safeguarding issues and/or concerns for the immediate safety of the young person:
- Alert Named Person.
- Implement local child protection procedures.
- Appropriate documentation in health record.
**ANNEX 3. SCHOOL NURSING – LOOKED-AFTER CHILDREN (LAC) PATHWAY**

**SCHOOL NURSING SERVICE RECEIVES LAC NOTIFICATION**  
(Local arrangements apply regarding source of notification.)

- Notification received.
- Apply appropriate protocols for giving, receiving and sharing information and gaining consent.
- Discuss the role of the school nurse and reasons for the notification.
- Arrange suitable appointment with the child/young person and/or parent/carer.
- Complete the LAC health assessment within 28 days or as per local arrangements (e.g., CEL 16 Assessment, BAAF, GIRFEC) and utilise risk assessment tools as necessary.
- Copy of the assessment to be shared with LAC nurse/team and partner agencies, including Lead Professional, as per local protocols.
- Appropriate documentation in the health record.
- In partnership with the Named Person (Education) and adopting the GIRFEC National Practice Model, contribute to the child’s plan.

**Needs/concerns identified requiring further assessment:**

- School nursing service delivers appropriate intervention to meet need/concern where appropriate.
- Request assistance/referral to specialist service(s) where the need/concern cannot be met by the school nursing service.
- Information-sharing with LAC team/nurse and partner agencies as per local protocols.
- School nurse attends multi-agency LAC review meetings six monthly or as required (local arrangements apply).

**LAC health assessment review will be completed by the school nurse annually or as per local protocols.**

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**Concerns for the immediate safety of the child/young person:**

- Implement local child protection procedures.
- Alert Named Person Education.
- Appropriate documentation in the health record.

**LAC health assessment review will be completed by the school nurse annually or as per local protocols.**

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- The school nurse can at any time directly discuss the care of the child with the LAC nurse/team.
- The school nurse will hand over the care of the young person, leaving education to the Lead Professional utilising the Transitions pathway.
ANNEX 4. SCHOOL NURSING – HOMELESSNESS PATHWAY

Information received regarding school-aged children from health, multi-agency, homeless services or other agency.

If the child is registered with a GP and enrolled in school, the school nurse will:

- Liaise with the head teacher and discuss the child’s attendance.
- Attempt to contact the family by letter, inviting them to contact the school nurse if there are any health concerns.
- If the child is attending school, invite them for a health interview in school. Assess health needs of the child and refer or signpost to the appropriate agency.
- If the child is not attending school, the school nurse will do a home visit.

If the child is registered with a GP but not enrolled in local school, the school nurse will:

- First – attempt to contact the family by letter.
- Second – attempt a home visit and continue to try and make contact (within the first week of receiving the notification).

Contact made
- Asses health needs of children and family and refer or signpost to the appropriate agency.
- Inform parent of the local school and inform Named Person and head teacher of the children.

Contact not made
- Link with Named Person and partner agencies to plan next steps, ensuring head teacher of local school is aware of family.

If the child is not registered with a GP and not enrolled in local school, the school nurse will:

- First – attempt contact by letter.
- Second – attempt a home visit and continue to try and make contact while liaising with the Named Person and partner agencies (social work, housing, education).

Contact made
- Follow process to support GP registration.
- Inform parent of the local school and Named Person, inform head teacher of the children.

Contact not made
- Link with Named Person and partner agencies to plan next steps.
- Contact not made: Named Person refers to child protection service. Contact not made and GP registration not complete: Named Person refers to child protection service.

- Referral to other agencies as appropriate to healthcare needs.
- Ensure liaison with dentist, social work, housing, drug and alcohol team, child protection team, learning disability team, GP, women’s aid, midwifery and enhanced support services.
School nurse receives request for assistance/referral re sexual health and wellbeing from teacher, health zone or young person.

- The school nurse will triage all referrals prior to initial assessment.
- Communication and discussion with the young person concerned. Discuss the role of the school nurse and why they have been referred.
- Information sharing will be discussed with the young person. School 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.

Is specialist knowledge/intervention required?

**NO**

- Wellbeing assessment using the GIRFEC National Practice Model.
- Follow the National Risk Framework/child protection procedures, as appropriate.
- School nurse should determine the young person’s understanding of consent and if the relationship they are involved in can be deemed ‘healthy’ and respectful or if they could be at risk of coercion or exploitation.
- Determine their knowledge/understanding of sex, including contraception.
- Offer sexual health advice within their scope of practice.
- Provide generalised feedback (without referring to young person or their circumstances specifically) into Relationship, Sexual Health & Parenting (RSHP) education via educational staff if there appear to be issues with lack of/poor knowledge or understanding.

**YES**

- Discuss with young person and refer to appropriate services that will meet their holistic needs. For example, specialist sexual health services, mental health and wellbeing services and youth work.
**ANNEX 5b. SCHOOL NURSING – PREGNANCY PATHWAY**

Note: REFERRAL TO THE SCHOOL NURSE SHOULD NOT DELAY REFERRAL TO APPROPRIATE SERVICES – GP, MATERNITY SERVICES, FAMILY–NURSE PARTNERSHIP (FNP) PROGRAMME or PREGNANCY TERMINATION SERVICES.

School nurse receives request for assistance/referral re pregnancy from teacher, health zone, or self-referral by young person/person(s) where a young couple self-refer.

- Initial contact by school nurse to establish communication and discussion with the young person concerned regarding role of the school nurse.
- 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). School 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.

**Is the pregnancy suspected or confirmed?**

**Suspected**
- Support young person to carry out pregnancy testing.
- Discuss with the young person if, and to whom, they want to disclose their pregnancy.
- Provide the young person with appropriate, non-judgemental support and practical advice and information regarding available service provision. Facilitate rapid referral to appropriate services as required.
- Consider support needs of the father if he is school age.
- School nurse should determine the young person’s understanding of consent and if the relationship they are involved in can be deemed ‘healthy’ and respectful or if they could be at risk of coercion or exploitation.
- Determine their knowledge/understanding of sexual health and wellbeing, including contraception.
- Feedback to the referrer will be with the young person’s knowledge and consent (unless the risk assessment indicates the need for information sharing without consent because of, for example, child protection concerns).
- Future involvement of the school nurse will be in response to a request for assistance/referral from the Named Person/Lead Professional within the GIRFEC child’s plan approach.
- Reference can also be made to local policies and procedures.

**Confirmed**
- Discuss with the young person if, and to whom, they want to disclose their pregnancy.
- Provide the young person with appropriate, non-judgemental support and practical advice and information regarding available service provision. Facilitate rapid referral to appropriate services as required.
- Consider support needs of the father if he is school age.
- School nurse should determine the young person’s understanding of consent and if the relationship they are involved in can be deemed ‘healthy’ and respectful or if they could be at risk of coercion or exploitation.
- Facilitate rapid referral to appropriate services (GP, maternity services, FNP programme, sexual health services, social work services), supporting young women confidentially to access services as soon as possible.
- Feedback to the referrer will be with the young person’s knowledge and consent (unless the risk assessment indicates the need for information sharing without consent because of, for example, child protection concerns).
- Future involvement of the school nurse will be in response to a request for assistance/referral from the Named Person/Lead Professional within the GIRFEC child’s plan approach.
- Reference can also be made to local policies and procedures.

**Where the young (school age) man (father) is involved:**
- Discuss with young person and refer to appropriate services that will meet his holistic needs, such as youth work services.

**Suspected**
- Discuss with the young person the circumstances in which they thought they might be pregnant.
- Carry out a risk assessment where appropriate.
- Follow national and local child protection procedures where necessary.
- School nurse should determine the young person’s understanding of consent and if the relationship they are involved in can be deemed ‘healthy’ and respectful or if they could be at risk of coercion or exploitation.
- Determine their knowledge/understanding of sexual health and wellbeing, including contraception.
- Confidential feedback to teaching staff for input into RSHP education.
- Refer to specialist services – notably sexual health, youth work for additional support – with the consent of the young person.

**Confirmed**
- Discuss with the young person if, and to whom, they want to disclose their pregnancy.
- Provide the young person with appropriate, non-judgemental support and practical advice and information regarding available service provision. Facilitate rapid referral to appropriate services as required.
- Consider support needs of the father if he is school age.
- School nurse should determine the young person’s understanding of consent and if the relationship they are involved in can be deemed ‘healthy’ and respectful or if they could be at risk of coercion or exploitation.
- Facilitate rapid referral to appropriate services (GP, maternity services, FNP programme, sexual health services, social work services), supporting young women confidentially to access services as soon as possible.
- Feedback to the referrer will be with the young person’s knowledge and consent (unless the risk assessment indicates the need for information sharing without consent because of, for example, child protection concerns).
- Future involvement of the school nurse will be in response to a request for assistance/referral from the Named Person/Lead Professional within the GIRFEC child’s plan approach.
- Reference can also be made to local policies and procedures.

**Positive**
- Discuss with the young person the circumstances in which they thought they might be pregnant.
- Carry out a risk assessment where appropriate.
- Follow national and local child protection procedures where necessary.
- School nurse should determine the young person’s understanding of consent and if the relationship they are involved in can be deemed ‘healthy’ and respectful or if they could be at risk of coercion or exploitation.
- Determine their knowledge/understanding of sexual health and wellbeing, including contraception.
- Confidential feedback to teaching staff for input into RSHP education.
- Refer to specialist services – notably sexual health, youth work for additional support – with the consent of the young person.

**Negative**
- Discuss with the young person the circumstances in which they thought they might be pregnant.
- Carry out a risk assessment where appropriate.
- Follow national and local child protection procedures where necessary.
- School nurse should determine the young person’s understanding of consent and if the relationship they are involved in can be deemed ‘healthy’ and respectful or if they could be at risk of coercion or exploitation.
- Determine their knowledge/understanding of sexual health and wellbeing, including contraception.
- Confidential feedback to teaching staff for input into RSHP education.
- Refer to specialist services – notably sexual health, youth work for additional support – with the consent of the young person.
ANNEX 5c. SCHOOL NURSING – OUTCOME OF PREGNANCY PATHWAY

School nurse receives request for assistance/referral re pregnancy from teacher, health zone or self-referral by young person/persons where a young couple self-refer.

- Initial contact by school nurse to establish communication and discussion with the young person regarding role of the school/family nurse.
- 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). School 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.

Young pregnant women continuing with their pregnancy

- School/family nurse responds to request for assistance/referral from Named Person and contributes to multi-agency support through the development of a child’s plan.
- Local policies and procedures may apply.
- School/family nurse will identify their role in supporting the young person within the child’s plan, working with multi-disciplinary/multi-agency colleagues.
- School/family nurse will liaise with the Named Person Health Visiting and Education as appropriate, with consent from young person.
- Undertake comprehensive holistic assessment/participate in multi-agency assessment and support of young person.
- With education colleagues, help create a positive school environment to enable the young woman to stay in school.

Young pregnant women NOT continuing with their pregnancy

- School nurse will respond appropriately to request for assistance/referral from professionals.
- OR
- School nurse will respond appropriately to self-referral by the young person.
- School nurse will support the young person working within the ten priority areas and the holistic needs of the young person.
- School nurse will:
  - Determine the young person’s understanding of consent and appropriate relationships or if they could be at risk of coercion or exploitation.
  - Determine their knowledge/understanding of sexual health and wellbeing, including contraception.
  - Offer sexual health advice within their scope of practice.
  - Refer to specialist services – notably sexual health and youth work – for additional support, with the consent of the young person.

Involvement of young father

- School nurse will:
  - Respond to request for assistance/referral from Named Person and contribute to multi-agency support through the development of a child’s plan.
  - Local policies and procedures may apply.
  - School/family nurse will identify their role in supporting the young person within the child’s plan, working with multi-disciplinary/multi-agency colleagues.
  - Determine the young person’s understanding of consent and healthy relationships.
  - Determine their knowledge/understanding of sexual health and wellbeing, including contraception.
  - Offer advice within their scope of practice.
  - Refer to specialist services – notably sexual health and youth work – for additional support, with the consent of the young person.
Annex 5d. School Nursing – Young Parent Pathway

Automatically referred to school nurse for advice and support on health and wellbeing/remaining in school.

- The school nurse will triage all referrals prior to initial assessment.
- Communication and discussion with the young person concerned. Discuss the role of the school nurse and why they have been referred.

Is the young woman an FNP client?

Yes
- Liaise with FNP nurse

No

School nurse is a key contact liaising between school and young woman and supporting case management.

- Undertake comprehensive holistic assessment/participate in multi-agency assessment and support of young person. Provide a liaison point for health and wellbeing and learning. Support the development of flexible timetables to enable the young person to meet the wellbeing needs of themselves and their babies as well as their learning needs.
- Link with family and local multiple agencies (including FNP nurse) to support holistic care of the young woman.
- Provide information and reassurance to young mothers around areas of anxiety (referring if necessary).
- With education colleagues, help to create a positive school environment to enable the young woman to stay in school.
- Help identify the needs of the young woman and refer to specialist services where appropriate and with consent of the young woman.

Where specialist expertise required:

- Discuss with young person and refer to appropriate services that will meet their holistic needs, such as youth work services or local peer support groups.
School nurse receives police concern report from multi-agency screening group (education, health, and police and social work).

- School nurse is aware the child/young person has committed an offence and adopts the GIRFEC approach.
- Where appropriate, school nurse will utilise national risk assessment tools to identify child/young person’s needs, vulnerabilities and risk of becoming involved in criminal or anti-social behaviour.
- School nurse will apply professional judgement for agreed intervention/support.
- School nurse will record police concern in child/young person’s health records (local policy/procedures apply).

Using GIRFEC approach, school nurse will:
- Assess the health and wellbeing needs of children and young people in conjunction with the Named Person (Education) role and other partners, providing the health assessment component to the child’s plan.
- Respond to requests for assistance from Named Person.
- Apply appropriate protocols for giving, receiving and sharing information and gaining consent.

Interventions and pathways:
- School nurse maps local services/utilises local pathways.
- Delivers appropriate brief intervention, e.g. lifestyle behaviour changes.
- Appropriately supports restorative approaches programmes.
- Provides advocacy.
- Community resolutions.
- Mental health intervention Tiers 1 & 2 (as agreed).

School nurse will measure impact of services provided to support quality healthcare delivery.

- Engage children and young people and families in service design, delivery and reviews.
- Include children and young people in service developments and decisions where appropriate. Improve delivery through sharing what works.
- Review pathways to update local variation in service contingency and delivery (requires local collaboration between youth justice service, service leads and practitioners).
- Monitor outcomes for children and young people using SMART SHANARRI Indicators.
- Utilise agreed tools/assessments (local arrangements apply).
- School nurse will have awareness of informing local youth justice service strategy and apply actions appropriately.
ANNEX 7. SCHOOL NURSING – YOUNG CARERS PATHWAY

Identification

Do you consider the child or young person to be a young carer (5–18 yrs) or 16+ and still in education?

Yes

Does the child or young person provide support for a parent, sibling or family member? A young carer may undertake some or all of the following:
- Provide emotional support.
- Provide physical and personal care, such as lifting, washing and dressing, dispensing medication.
- Assume practical responsibilities, such as cooking, shopping and homework.

No

School nurse to contact Named Person for sharing of appropriate information.

School nurse to respond to requests from Named Person:
- Share information.
- Contribute to multi-agency support through the development of child’s plan + crisis + emergency plan. Health and wellbeing needs to be identified, assessed and met in a timely manner.
- Incorporate young carer statement.
- Ensure mechanism in place to review and evaluate care plans.
- Provide evidence-based care to maximise health and wellbeing.

Using GIRFEC approach, the school nurse will assess:
- Crisis situations.
- Needs/impact on young person.
- Safeguarding.
- Wellbeing.
- Holistic support.
- GIRFEC approach, adopting the National Practice Model.
- Assessment of risk using agreed national risk assessment tools.

Ensure support is available/accessible through both adult and children services. School nurse will liaise with specialist services and request for assistance/refer as need indicates.

School nurse will liaise with other services, ensuring effective communication and collaboration.

Safeguarding issues identified:
- School nurse adheres to local policy and procedures.
- Identify need for emergency, practical help, supporting, safeguarding or mental health risk.

Develop key partnerships and collaborating with:
- Young carers.
- Parents.
- Family.
- Wider health services, including community nursing and GPs.
- School/education (social care).
- Adult services.
- Mental health services.
- Substance misuse team.
- Learning disabilities team.

Ensure clear lines of communication, offers of support are actioned in a timely manner and services work in partnership using local assessment tools.

Apply appropriate protocols for giving, receiving and sharing information and gaining consent.

School nurse will liaise with other services to support quality healthcare delivery.

Engage young carers and families in service design, delivery and reviews.

Include young carers in service developments and decisions where appropriate. Improve delivery through sharing what works.

Review pathway to update local variation in service contingency and delivery – requires local collaboration between school nurse, young carers, service leads and practitioners.

Monitor outcomes for children and young people using SMART SHANARRI Indicators.

Utilise agreed tools/assessments (local arrangements apply).

School nurse will have an awareness of informing local young carer strategy and apply actions appropriately.

Transition: school nurse will alert professionals to the needs of specific young carers at all stages of change/transition within education:
- Primary to secondary.
- Year to year.
- School to school.
- Young carers to young adult carers.
- Leaving school.
- Follow School Nursing Transition pathway (Appendix 7).

Obtain consent to make local referral to young carer services (local arrangements apply).

Adhere to local policy and procedure.
All children and young people transferring from pre-school → primary school → leaving school (0–19 yrs)

Additional (HPI): children with current issues, including LAC

School nurse will:
- Prepare records, reports, attend and contribute to the pre-school face-to-face. Named Person (Health) handover to Named Person (Education).
- Discuss with Named Person once child starts school (local arrangements apply).
- Following Named Person handover, review and agree children requiring additional support/intervention in discussion with the Named Person.
- Alert Named Person to specific needs of children and young people with Additional HPI at all stages of significant change/transition with education, including:
  - School to school.
  - Year to year.
  - Moving into adult services.
  - Leaving school.
- Respond to requests for assistance from Named Person, adopting the GIRFEC National Practice Model, and contribute to child’s plan as required.
- Use professional judgement to decide involvement required to support health and wellbeing during transition process and level of engagement from young people leaving school.
- Deliver appropriate brief interventions to help reduce any negative impact of transition that may affect continuity of current health interventions/services.
- Ensure transition is seamless and early communication with children, young people and families to assess need prior to transition.
- Follow locally agreed transfer process to ensure pertinent information is shared between other services as required.
- Apply appropriate protocols for giving, receiving and sharing information and gaining consent.

Core Health Plan Indicator (HPI):
children with no outstanding issues:
Child/young person transferred to core school nurse caseload and Child Health Department (local arrangements apply).

School nurse team members will attend annual induction welcome events for new pupils to highlight school nursing service.

Working in collaboration with other agencies, attend school transition events (local arrangements apply).

Provide information on what the school nursing service can offer.

School nursing team will increase visibility/arrange appropriate contact in schools (minimum of one occasion per month) to link with Named Person, maintaining links/relationships with school and ensuring effective liaison between services.

- The school nurse can at any time directly discuss and/or add information to the child’s notes, e.g. change of circumstances, information or concerns.
- Handover meetings when required can take place at any time on the lead up to the child starting school but will not officially hand over to the school nurse until term begins. Every child remains the responsibility of the health visitor until the school term begins.
ANNEX 9. UNIVERSAL SCHOOL HEALTH SERVICES – HEALTH ZONES

WHEN
Provided weekly over lunch-time/break for 45 minutes (to be agreed locally).

WHERE
Provided in or close to the school, particularly in areas of greatest need.

BY WHOM
Provided by wider school health team, other colleagues and agencies with referral as appropriate to the school nurse.

CRITERIA

 General health and wellbeing advice, including mental health and wellbeing.
 Sexual health and relationship advice.
 Drop-in provision or appointment.
 Referral from Named Person.
 Signposted.

CONTENT
General drop-in provision with emphasis on six key elements.

1. Sexual health

Improvements in sexual health and wellbeing, including supporting young people to have healthy positive relationships as well as the reduction of teenage pregnancy and sexually transmitted infections (STIs).

This should include:
 General discussions about relationships.
 Condom provision.
 Pregnancy testing.
 STI screening.
 Relationships/parenting advice, with signposting to appropriate services (such as health visiting).
General discussion regarding other methods of contraception (particularly longer-acting methods) available from local specialist services and provide leaflets where available.

Referral to specialist sexual health services.

2. Child sex exploitation

- Trafficking.
- Female genital mutilation.
- Forced marriage.

3. Substance misuse

4. Domestic abuse

5. Mental health and well-being

6. Referral to specialised or support services and/or the school nurse as appropriate to the priority areas

Links should be made between school nursing services and school staff regarding generalised feedback on trends in behaviours/vulnerabilities of children and young people identified within health zones to feed back to school staff and inform the provision of relationships, sexual health and parenthood education as part of Curriculum for Excellence.