

The role of the school nurse in the UK: where are we now?

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Abstract

In the UK, school nurses play a crucial role in promoting the health and wellbeing of children and young people, giving them the best start in life and supporting them to sustain optimal health. They have a vital and unique link between education settings, home and the community. Their key role is within the public health arena, they are an important part of the primary health care team and a key link for acute and community paediatric teams and therapies. The onset of school nursing came in the Victorian era with a focus on improving the health of children living in poverty, this coincided with a report from the British army at the time which highlighted that young men joining the service were unfit for purpose. Now, in the 21st century, we are faced with widening health inequalities, shocking levels of poverty and increases in the number of people living with major illness and mental health problems. It is argued that the school nurse has never been more essential in supporting the health and well-being of children and young people which includes their integral role in safeguarding. In this article we will explore why this might be the case, the difficulties and opportunities and, importantly, how, alongside our paediatric colleagues in both community and acute settings, we can best garner our combined efforts to rise above and beyond the escalating challenges.

Keywords Children; health and wellbeing; health inequalities; poverty, medical conditions, mental health; public health; school nurse; young people

School nursing: yesterday and today

Britain's first school nurses emerged in the early twentieth century because of political and societal pressures to improve the health of children living in poverty and to reduce the number of children missing school due to minor ailments. A concurrent report published by the British army stressed the need to focus on improving child health as over half of young men who had volunteered to join were medically unfit for service. Many treatable conditions had been left untreated and poor nutrition amongst volunteers was a key factor for poor health.

In 1907, an Act of Parliament was passed to introduce the medical inspection of children in school; this included measuring

the height and weight of pupils to assess their health and well-being. This is broadly still in place over 110 years later, this time in the form of the National Child Measurement Programme which assesses the growth of over one million children annually aged 4–5 and 10–11 years. School nurses worked to treat disease and illnesses and to promote overall child health, alongside other medical professionals. This reduced the burden on local health services such as GPs and hospitals. They took on other vital roles, such as health protection and identifying and excluding those at risk of (or infected with) an infectious disease.¹

In 1989, a multidisciplinary panel led by the British Paediatric Association carried out a first significant review of health checks for children and young people and published the first edition of '*Health for all children*' which focused on a medical model. The fourth edition, in 2006 saw a greater emphasis on health promotion, primary prevention and active intervention for children at risk, whether for medical or social reasons thus moving further away from a medical model. It recognised the increasing inequalities and the social and educational dimensions of child development including increasing levels of violence, family breakdown, disaffection, and alienation.²

In 2009, publication of the Healthy Child Programme (HCP) 5–19, gave guidance to encourage the development of high-quality services that make a measurable contribution to the prevention of ill health and to the reduction of health inequalities.³ In the last 2 years, following reviews of this guidance, there has been a plethora of publications updating the evidence base, offering commissioning guidance (www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning) and providing a revised schedule of interventions (www.gov.uk/government/publications/healthy-child-programme-schedule-of-interventions; screening tests, immunisations, developmental reviews) and resources to support parents and help keep children and young people healthy and well spanning preconception to adulthood.⁴

Since April 2013 local authorities have been responsible for the commissioning of public health services for school-aged children. This was the first shift since 1974 when school nurses were moved from local authorities to work within NHS community services, commissioned by the NHS. This return to local authority has seen a re-focusing of the role to prevention and the wider determinants of health to improve outcomes for young people.

The process of local authority tendering opened options for services delivered by a wider range of providers including NHS Trusts, social enterprises, private sector and GP services. This provided opportunities and created challenges. It could be argued that one of the challenges of delivery by a range of providers has meant that there is a greater variation in school nursing delivery models across the country which might further bring confusion to clarity about the role of the school nurse. However, opportunities such as widening of thinking and increasing innovation of how services are delivered were created. This was perhaps in part due to the freeing of rigidity that delivery by large organisation such as the NHS brings and providers such as social enterprises taking on contracts.

One such social enterprise successfully tendered to provide school nursing, and, through adopting and investing in nationally-recognised school nursing expertise via the School

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and Public Health Nurses Association (SAPHNA), research based models, frameworks, tools, skill mix, training and expanding their workforce, have not only retained the service for over 5 years but have gone on to influence and achieve a doubling of the financial envelope dedicated to them by commissioners.

Historically, the professional status of school nurses has been poorly understood. School nurses are registered nurses and who originally held a certificate in school nursing. In 2004, the Nursing and Midwifery Council (NMC) approved standards for a post-graduate qualification in school nursing and established the specialist community public health nursing (SCPHN) training programme at degree and later master's level leading to registration on part 3 of the NMC register. Many school nurses also have additional post registration and post graduate qualifications in other fields including leadership, mental health, sexual health and medical conditions e.g., asthma management. The advancement of educational programmes has supported the role to develop over time. School nurses are now more autonomous, working as system leaders and building partnerships with families and the local communities to lead initiatives for children and young people.

The contemporary role of the school nurse

Many of the early ambitions of the school nursing service are still in place today. Local authority commissioning supports them to continue to play a vital role in reducing health inequalities, improving health outcomes and protecting the health of school-aged children and young people. Safeguarding is an integral part of the role of the school nurse, running as a thread throughout all areas of the HCP 0–19, universal, targeted and specialist components.

The COVID-19 pandemic and the cost-of-living crisis has highlighted and reinforced the importance and relevance of the role of the school nurse. Services are seeing increasing numbers of children and young people presenting with complex needs, worsening patterns of non-school attendance, reduced levels physical activity, poor diet and declining mental health.⁵

An unintended consequence of the COVID-19 lockdowns restrictions resulted in children and young people becoming hidden from services, increasing their vulnerability to issues such as domestic abuse, substance abuse and online bullying, emotional abuse, grooming, sexting and virtual sex. Those already vulnerable or with complex needs were at greater risk.⁶

School nurses are system leaders and system connectors. They have a significant role as leaders of the HCP 5–19 delivered as part of multi-professional care pathways and working in partnership with a range of stakeholders including education, social care, primary care teams, secondary care providers and the voluntary sector.⁴ School nurses deliver a model of 'Universal in Reach – Personalised in Response' (www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model). They offer a schedule of interventions designed to promote optimal health and wellbeing for all children and young people and provide more intensive, individual, personalised support for those who need it. School nurses use their expertise to identify health needs early, determine potential risk, and providing early intervention to prevent issues escalating.⁷ The 4 levels of the programme as listed in [Box 1](#).

The HCP 5–19 is based on four levels of support depending on the needs of the child or young person and their family

1. **Community** – the wider role of leading public health within schools and contributing to the wider assessment of health needs. This also includes utilising community-based assets or strengths.
2. **Universal** – leading and coordinating evidence-based services and programmes, this could include drop-in clinics, health reviews, health promotion sessions and signposting to other services.
3. **Targeted** – providing early help to those children who require additional services such as for emotional health and wellbeing.
4. **Specialist** – involvement in providing additional services to vulnerable children and families with specific problems requiring coordinated input from a range of professionals. This could require referrals to an additional specialist service or additional signposting, working in partnership with other agencies.

Box 1

Changing behaviour to improve health outcomes for children and young people is a part of the school nurses' public health role. The effectiveness of any behaviour change requires interventions to be delivered by practitioners with the necessary skills and competencies who work in partnership with recipients, considering local and national context and taking a strength-based approach to working with communities.⁸

School nurses are uniquely placed to develop trusting relationships with children and young people, their parents, their school and the local community. The confidential and accessible support provided by school nurses throughout a child's time in education and beyond, allows children and young people to thrive and develop health promoting behaviours as they progress into adulthood. They are supported by skilled, mixed teams of staff, including nursery nurses and community staff nurses working year-round support to children and young people both in and out of school and education settings working in a range of settings including children's own homes, clinics, schools and community buildings.

At an individual level they work with children, young people, their parents, carers and families and other key agencies to assess needs and identify the most suitable interventions. The HCP recommends a framework of universal reviews for children and young people. These are opportunities to review individual health and wellbeing needs, support behaviour change and influence health outcomes. These are shown in [Box 2](#).

At a population level, School nurses use needs assessment (www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/population-health-needs-assessment-a-guide-for-0-to-19-health-visiting-and-school-nursing-services) to gain a more in depth understanding of the needs of populations that they work with including schools, specific groups of children and young people or the local communities that they live in. They use this intelligence to prioritise, deliver the most up-to-date evidence base effective and comprehensive interventions for children and young people and evaluate their effectiveness. This work is not done in isolation, school nurses work in partnership and collaboratively and are part of an [Early Help offer](#)

HCP 5–19 Universal health reviews at key development stages

- 4- to 5-year-old health needs review; this could include assessing immunisation status, speech and language skills and healthy weight.
- 7- to 8-year-old needs contact; this could include brief interventions around supporting emotional and mental resilience.
- 10- to 11-year-old health needs assessment; this could include supporting the transition to high School and providing information around healthy weight.
- 12- to 13-year-old health needs assessment; this could include providing information about healthy relationships and sexual health, and promoting uptake and delivering the HPV vaccine (human papillomavirus).
- School leavers post-16 health needs review; this could include supporting with emotional and mental resilience and preparing for transition to work or further education.
- Transition to adult services; this could include supporting young people as they move into adulthood and become more autonomous or require support in managing their health and care needs.
- 18- to 24-year-old health needs review; for children and young people with additional vulnerabilities, such as those who are care experienced or with special educational needs and disabilities.

Box 2

www.local.gov.uk/sites/default/files/documents/15.66%20Early%20Help%20resource%20pack_May%202019.pdf#:~:text=Examples%20of%20early%20intervention%20include%3A%20support%20for%20children%20E2%80%99s,between%20parents%3B%20and%20mentoring%20for%20vulnerable%20young%20people to ensure the right help is offered at the right time to children, young people and families to improve health outcomes.

Public health challenges are increasing and there a wide range of health and health related issues that need action. School nurses have been tasked with focusing on six broad high impact areas where they can have a significant impact on health and wellbeing. The aims of interventions in the high impact areas are to reduce inequalities and risk, ensure school readiness, support autonomy and independence and increase life chances and opportunity. The high impact areas are shown in [Box 3](#).

Accessing school nursing services

School nursing services are universal and accessible to all children and young people. Services should offer open access, ways that young people and parents can contact the service to gain

HCP 6 school age years high-impact areas

- Supporting resilience and wellbeing
- Improving health behaviours and reducing risk-taking
- Supporting healthy lifestyles
- Supporting vulnerable young people and improving health inequalities
- Supporting complex and additional health and wellbeing needs
- Promoting self-care and improving health literacy

Box 3

support without the need for referral from other services or agencies. Many school nursing services operate single points of contact or access which offer open access to young people and parents or carers. This enables direct access to brief advice, sign posting or onward referral if more specialist services are required. The digital presence of school nursing is increasing and grew rapidly during the COVID-19 pandemic. Many services provide text services for young people and for parents or carers, offering access to confidential and anonymous support and access to information via websites. Virtual appointments on digital platforms became common place during COVID-19 alongside health promotion sessions and interventions offered through pre-recorded webinar approaches or online group sessions. Whilst this improved reach and accessibility and allowed access to children and families during the lockdown restrictions, there were limitations particularly when individual assessments were being made, the inability to assess parent/child interactions, pick up on non-verbal communication and assess home conditions was limited. The use of digital technology has value and limitations, and more hybrid modelling is now being adopted by many services post pandemic.

School nurse working in partnership and collaboration

Whilst school nurses lead the 5–19 elements of the HCP a range of services and agencies working collaboratively to achieve better outcomes for children and young people. In local areas, outcomes measures should align between health, education and social care systems and take into consideration national outcome measures.

It is essential that school nurses work with integrated pathways to support a child or young person's journey through services and prevent them falling through gaps. There are clear areas that fall within the remit of health, supporting children and young people with medical conditions and disability. Links with GP's, CAMHS, therapy services, specialist nurses, community paediatricians and acute paediatric services is essential. In addition, pathways on interrelated issues such as child sexual exploitation, neglect, substance misuse and domestic violence are crucial. School nurses, alongside other health professional must carry out their responsibilities to safeguard children which is laid out in Working Together arrangements. Key area's that school nurses and paediatricians might work together to support children and young people are explored below.

School nurses' role in supporting children and young people with medical needs

There is statutory guidance in place for UK schools to support pupils (www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3) with medical needs enabling them to fully access education, including access to extra curriculum activities. The guidance covers both physical and mental health conditions and recognises that an increasing number of children and young people will have complex needs, some will be disabled under the Equality Act 2010 and others may require interventions in emergency situations. Children or young people who miss significant time from School due to their medical condition risk having their education impacted and integration with their peers. Time missed from School

might be due to long term illness or short-term frequent absence to attend appointments. Parents and carers need to be assured that whilst their child is at School that their medical needs are appropriately managed and responded to. This includes ensuring the children are emotionally supported, children and young people can be self-conscious about their condition, might be bullied or develop anxiety or depression. Whilst the duty to falls on School governors to ensure that arrangements are in place in School, the School needs to work effectively with health professionals. School staff need to be supported to understand how medical conditions might impact on a child's ability to learn, knowledge of the medical condition and their role in supporting the child, develop confidence in managing emergency situations and promoting self-care. School nurses are well placed to provide training to Schools on the management of common medical problems such as asthma and allergy, support the development of a school policy and provide health promotion sessions. School nurses are often the first port of call for School staff when they need support for a child, this might be to develop a health care plan or to explore attendances concerns which appear to be related to a medical condition. The health professionals best placed to support schools to develop health care plans are often those treating the child, including GP's and paediatricians. School nurses can act as the link between the school, child and their family and that health professional thus facilitating appropriate sharing of information that will support the development of care plans and delivery of training to school staff.

School nurses' role in supporting children and young people with emotional health and behavioural concerns

One in 6 children aged 5–16 are likely to have a mental health problem and the Children's Society Good Childhood Report 2022 (childrenssociety.org.uk) shows children's happiness continues to decline. In the last 3 years the likelihood of young people having a mental health problem has increased by 50% and yet, the specialist mental health support is overstretched and there can be long waiting times. Poor mental health is linked to exclusion and to health inequalities. Promotion of emotional wellbeing and good mental health alongside detecting and addressing mental health problems at an early stage can prevent escalation. School nurses provide a key role in promote wellbeing through supporting delivery of emotional health and wellbeing in the curriculum, identifying children's needs, signposting to appropriate services and providing health promotion messages and targeted evidence-based interventions including parenting support and teaching skills to improve resilience and manage low level anxiety and low mood. School nurses are often the first point of contact by Schools parents and self-referral when children or young people are presenting with challenging behaviours. Whilst most will behave in challenging ways at some point, in response to situations that are upsets, stressful, disappointing or annoying, there are times when these behaviours become more frequent and begin to impact on relationships and learning. Parents and carers can understandably become anxious and concerned that their child might have an additional need, neurodiverse condition, developmental or learning difficulty.

School nurses can make a holistic assessment of the difficulties, exploring environmental and social contexts, linking with the education setting to understand the child's need and offer parenting support as a first level of intervention. Liaising with other professionals such as those in child and adolescent mental health services or community paediatrics can be a key part of an assessment process and ensure that if a child or young person needs referral to a specialist service than this can be appropriately supported. Likewise, community paediatricians might receive referrals from GP's who have concerns about child having a neurodiverse or developmental condition, linking into School nursing services can be option if a child or their parent may benefit from some targeted support such as skill development or parenting support.

The challenges facing school nurses

If we want our children and young people to reach their full potential in adulthood, providing access to school nurses who are specialists in public health and early intervention is fundamental. Sadly, the diminishing public health grant and disinvestment in school nursing services has led to variation in delivery across the country and in some areas impeded the delivery of the Healthy Child Programme and ability to focus on key public health priorities.

There is a groundswell of organisations in the UK calling for an urgent increase in the public health grant, thus the funding to commission a school nurse for every secondary school and cluster of primary schools as well as a comprehensive workforce plan to address shortages. These include the local government association, the Royal College of Nursing, the Royal College of Paediatrics and Child Health, the Royal College of Physicians and school unions. Although the recently published NHS Long term workforce plan (www.england.nhs.uk/publication/nhs-long-term-workforce-plan/) sets out an ambition to reinvest and grow the school nursing workforce, there remains ambiguity and clarity on the funding and ow, given the nursing workforce challenges, this will happen. The pending publication of the new Chief Nursing Officer's strategy which will focus on health equity, prevention and population health management brings promise and is an exciting development for public health nursing.

Conclusion

The child health promotion programme has developed over many years into its current incarnation of the Healthy Child Programme 0–19 the emphasis of school nurses as the lead for the 5–19 element remains. They offer continuity to children and young people and provide a navigating role through the health system. Partnership working and collaboration is fundamental to meeting the needs of a child and family, school nurses continue to work with a range of professionals from health, education and social care and voluntary sector organisations.

The needs of the child and their family may change over time or due to their circumstances however most children and young people's needs will be met at universal level whilst a small number will require a more targeted level of support which will be tailored by the school nurse accordingly. ◆

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FURTHER READING

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