



A scottish framework for
nursing
in schools





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ministerial foreword



School Nursing has a long and proud tradition, dating back to the beginning of the last century. Its focus has always been on improving the health and well-being of young people.

Sadly, in recent years, the service has not always seen the support and development necessary to enable it to respond to the changing needs of children and young people. The public health nursing review, *Nursing for Health*, recognised the need to develop and re-focus the service, a commitment further re-stated in *Our National Health, A Plan for Action, A plan for Change*.

The challenge of improving Scotland's health must start with our children – they are our future. The First Minister, Jack McConnell, has made a clear commitment to improving the health of Scotland's people, with a particular emphasis on a healthy start to life and helping young people make a healthy transition into adolescence and adulthood.

Achieving real improvements in health will require a sustained and joined up effort from everyone involved. The Scottish Framework for Nursing in Schools provides one part of the jigsaw. It sets out how nurses will contribute to improving the health of children and young people.

Achieving the standards set by the framework will be challenging and will require commitment from NHS Boards, Education Authorities, LHCCs, schools and a wide range of health and education professionals as well as the nurses themselves. Doing so, will give us a service we can be truly proud of, a service that is fit for the 21st Century and that can really help to make a difference to the lives and aspirations of our children and young people.



Malcolm Chisholm, MSP
Minister for Health
and Community Care



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Minister for Education
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Purpose and context

The purpose of this framework is to set out in clear terms the nursing service that should be delivered to children and young people in Scottish schools. Whilst nurses already make a vital and valued contribution, the framework re-focuses this to ensure that the best use is made of their skills and expertise.

The framework has been developed within the context of a much wider commitment, across the Scottish Executive, to improve the health, well-being and aspirations of our children and young people. Nurses working in isolation can only have a limited impact, yet they have a major contribution to make as part of a wider, multi-disciplinary, multi-agency approach. It is within this context that the framework has been developed and should be used.

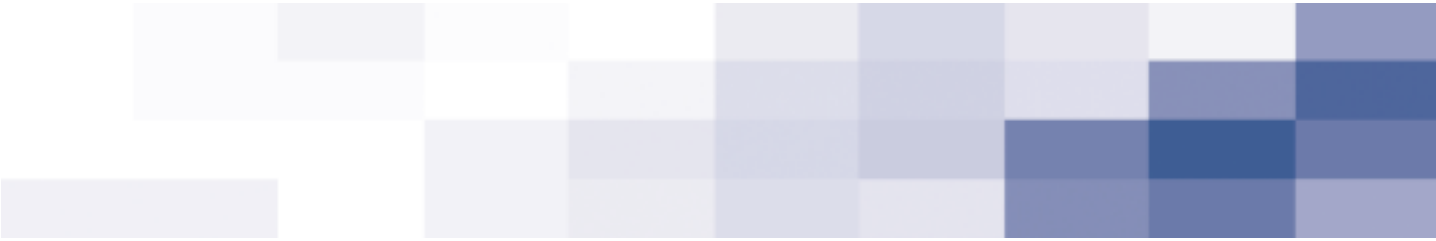
Nursing for Health

In 2001 the Scottish Executive Health Department published *Nursing for Health* the report of a review of the contribution of nurses, midwives and health visitors to improving the public's health. The review focused particularly on the roles of health visitors and school nurses.

The review process identified that the school nursing service had received little attention in policy terms over recent years and there was a lack of clarity over its role, with limited investment in the development of the service.

Nursing for Health made a number of recommendations about the school nursing service.

Firstly, it recommended that a new discipline of public health nursing should be developed, bringing together health visiting and school nursing into a single discipline with a shared educational preparation and a common focus on addressing the health needs of identified communities. In October 2001 the Health Improvement Fund funded the first 128 nurses on this programme, including 48 school nurses. The new public health nurses are now back in practice having completed the educational programme and ready to take a lead in developing practice.



Nursing for Health also recommended that a new model of practice should be developed for nurses working in schools, based on:

- Reduced commitment to surveillance
- Assessment of the health needs of each school and the development of school health plans
- Working with schools, children and parents to address identified needs
- Promoting healthy lifestyles and healthy schools
- Supporting children with chronic and complex health needs
- Supporting vulnerable children and young people

New Community Schools

The model draws heavily on the experience of the New Community Schools pilots. New Community Schools are founded on the twin principles of improving educational attainment and enhancing social inclusion, giving children the opportunity to realise their full potential so that they leave school with relevant skills, well motivated, with high self-esteem and better equipped for adult life. Since 1999, 62 three year pilots have been developed across all Local Authority areas, bringing together professionals from health, education and social work to take a holistic approach to improving opportunities for children.

Roll out of the concept commenced in April 2002. It is intended that by 2007, all schools will have adopted the New Community Schools concept. This will require a shift from testing out what works in a pilot, towards implementing the learning into mainstream practice across health, education and social work.

A key component of the development of each New Community School is a commitment to working towards becoming a Health Promoting School. All schools are to become Health Promoting Schools by 2007. The concept of the Health Promoting School underpins the entire framework. Many of the framework standards draw upon health promoting concepts. While there are specific sections in the framework on health promotion, highlighting key priority areas, the starting point is that the school nursing service focuses primarily on promoting health and well being as part of an integrated cross school approach, with a focus on the needs of each child as an individual.

The importance of the health and wellbeing of children and young people has been underlined by the Cabinet's commitment to take an Executive wide approach to improving the health of Scotland's people, with a particular emphasis on the needs of children and young people. The transition into teenage years is one of four priorities for multi-agency efforts to improve health. The school nursing service already makes a significant contribution to supporting children through this difficult transition when patterns of behaviour that can influence health for life are often established. The framework will ensure that this contribution is built upon and developed further.



Teamwork and Partnership

Some participants in the development of the framework have questioned the rationale of focusing purely on the contribution of nurses. Real improvements in the health of children and young people can only be achieved by many professionals, agencies working in partnership with one another and with children and young people and their families.

The framework takes as its starting point the principle that the school nursing service can not be effective without working in partnership with other professional colleagues in the child health service, primary health care teams, LHCCs and schools. However the need to refocus and develop the role of the school nursing service is such that a specific focus on the contribution of nurses is both necessary and appropriate.

Development of the Framework

In February 2002, two school nursing managers were seconded for nine months to the Nursing and Midwifery Practice Development Unit to job share the post of project officer, supporting the development of the framework. The first stage of the process was to investigate the current provision of school nursing services across Scotland.

The main element of this process included:

- A review of relevant literature and policies
- A questionnaire to the managers of school nursing services across Scotland, seeking quantitative and qualitative information on local services
- Focus group discussions in all mainland NHS Board areas (the island NHS Boards did not currently have dedicated school nursing services, although all were in the process of developing them). 262 nurses were involved in this process

The information gathered identified the strengths, weaknesses and aspirations of the service and formed the basis for the development of the framework.

A summary of the findings of this investigation is at Annex A.

The work of developing the framework was overseen by a steering group with wide representation from health and education services. The membership of the group is listed at Annex B.

Terminology

Throughout the framework, reference is made to the school nursing service and to nurses working in schools, rather than specifically referring to school nurses. The reason for this is an acknowledgement that the overall service needs to have a clear focus, but that elements of the service may be delivered by a variety of nurses, rather than just the group we currently think of as school nurses. This already happens in some more remote areas where the local nurse provides the local service. In future this may develop further with the introduction of more specialist roles such as paediatric nurses or mental health nurses to help deliver key parts of the service. It is important that the framework also incorporates their contribution.

In order to make the framework accessible to professionals from a variety of backgrounds a glossary of terms is included at Annex C.



using the framework

The purpose of the framework is to achieve consistent standards across the school nursing service alongside the roll out of the New Community School concept, ensuring that nurses are equipped and supported to play their role effectively.

The framework provides the basis for delivery of a school nursing service within the state education sector, covering children from 5-18. It does not apply directly to the independent sector, although the standards may be equally applicable.

The main body of the framework consists of 26 standards. The standards are broken down into 3 broad areas: Service Organisation and Management, Service Delivery and Service Components. Each standard consists of a statement, a rationale underpinning the statement and a number of criteria that describe the detail of what should be provided.

Two further columns are provided to support a self-assessment of whether the criteria is achieved fully, partly or not at all and an outline of proposed actions.

Presentation

The framework is intended to be a working document and is presented in a wire bind format to allow easy photocopying of pages for use in self-assessment and action planning.

Successfully implementing the Framework will require actions by individual nurses, nurse managers, LHCCs, school health services, schools, Child Health Commissioners, NHS Boards, Education Authorities and many others.

The Framework is intended to be used to support self-assessment, and action planning at a variety of levels from individuals through to NHS Board/Education Authority level.



using the framework

Timescales for Implementation

The framework should be implemented alongside the roll out of New Community Schools. The precise details of timing will therefore need to be agreed between Education Authorities and NHS Boards alongside plans for the roll out of New Community Schools, with complete implementation by 2007.

Each NHS Board will be asked to complete a self assessment and action plan by March 2004. Monitoring progress against action plans will then form part of the performance assessment framework from 2004/2005.

Further Developments

In addition to implementing the Framework at a local level, three pieces of work will be taken forward at National level.

Competency Framework for the School Nursing Service

NHS Education for Scotland will develop a competency framework which will clarify the competencies required for practice at a variety of levels from support posts through to public health nurses.

Health Profiling and Planning Framework

The newly established NHS Health Scotland will be asked to develop a common framework for school health profiles drawing upon existing information supplemented by local knowledge.

School Nursing Network

The Nursing and Midwifery Practice Development Unit will develop a network for School Nursing to support the sharing of best practice.

Framework Standards



SERVICE ORGANISATION AND MANAGEMENT

1. Leadership

Standard Statement

There are clearly defined professional leadership arrangements for nurses working in schools.

Rationale	Criteria	Achieved	Action Plan
<p>Effective leadership is essential in ensuring staff and service development.</p> <p>Caring for Scotland (2001) puts a clear emphasis on the development of effective clinical leadership.</p> <p>The success of a nursing service to the school aged population depends on clear leadership and direction. Trusts and LHCCs have a role in ensuring leadership issues are considered and addressed.</p>	<ul style="list-style-type: none"> • There is effective leadership and management of the school nursing service at a senior level as part of an integrated and combined child health service. • There is an identified senior nurse with overall professional leadership responsibility for the school nursing service. • Where local management arrangements are devolved, professional leadership of the overall service is developed in such a way as to ensure coherent direction and development of the service whilst enabling local flexibility and innovation. • Effective systems are in place to support the school nursing team in planning and delivering an effective service. • Public health nurses provide local clinical leadership and support for nursing teams in schools. • Public health practitioners provide specialist support and guidance on public health issues, ensuring that nurses working in schools are linked into public health networks and providing a direct connection between public health leadership and local practice. 		

SERVICE ORGANISATION AND MANAGEMENT

2. LHCCs

Standard Statement

Nurses working in schools are integrated into the Local Health Care Co-operative.

Rationale	Criteria	Achieved	Action Plan
<p>LHCCs have an important and growing role in assessing and improving the health of local communities. It is important that the school is seen as part of the community.</p> <p>Effective links with the LHCC will enable joint work with other primary care professionals.</p>	<ul style="list-style-type: none">• Nurses in schools play a key role in the LHCC public health workforce, working closely with public health practitioners.• The LHCC regards nurses working in schools as an integral part of the public health nursing team, supporting flexible innovative working.• Nurses working in schools work as part of a wider LHCC nursing team, ensuring appropriate access to specialist expertise.• Working relationships with other professional colleagues in the LHCC ensures an effective integrated response to the health needs of school children.• The LHCC regard school aged children and their families as an important community and work with partner agencies to ensure a consistent and integrated approach to addressing their health needs.		

SERVICE ORGANISATION AND MANAGEMENT

3. Accommodation

Standard Statement

School nursing teams have access to suitable accommodation at their agreed base and within the school environment.

Rationale	Criteria	Achieved	Action Plan
<p>Nurses who work with school age children must work in a variety of settings to meet the needs of their client group.</p> <p>In order to provide a professional service and meet the needs of children and young people, suitable accommodation and equipment is essential.</p>	<ul style="list-style-type: none"> The school nursing team are based in the most appropriate location to meet the needs of the school population. This may be in either NHS or education premises. Base accommodation reflects the needs of the individual or team using them and provides a safe working environment with access to a telephone, answer-phone, fax, adequate storage facilities and I.C.T. Accommodation provided within schools for provision of school nursing services meets the following standards: <ul style="list-style-type: none"> Privacy, dignity and confidentiality of children and young people is ensured Accommodation is adequately heated, lit and ventilated There are facilities for hand washing There is adequate space for any specialist equipment to be safely used There is access to a telephone (particularly when immunisations are being given). Provision of appropriate accommodation forms part of a service level agreement with the school. 		

4. Information and Communication Technology

Standard Statement

School nursing teams have ready access to information and communication technology including child health systems, e-mail and the internet.

Rationale	Criteria	Achieved	Action Plan
<p>Effective use of ICT is essential to the delivery of modern health care, ensuring ready means of communication and access to evidence and information to inform practice.</p> <p>The development of electronic records will increasingly form the basis of effective partnership delivery of services.</p>	<ul style="list-style-type: none"> • School nursing teams have ICT access at their base including e-mail and internet and access to a telephone and Fax machine. • E-mail is used effectively to share information within the school health team, with schools, LHCCs and other partners. • The needs of the school nursing service are considered when planning future ICT developments. • Nurses have access to appropriate professional development to enable them to make effective use of ICT. • ICT and the internet is used to inform evidence based practice. • The development of electronic school health records supports effective planning and delivery of services. • Information is electronically collated and analysed to support planning processes. 		

SERVICE ORGANISATION AND MANAGEMENT

5. Education and Continuing Professional Development

Standard Statement

Mechanisms are in place to ensure that nurses working in schools are adequately prepared for their role and receive continuing professional and personal development in response to the evolving needs of the service.

Rationale	Criteria	Achieved	Action Plan
<p>Learning Together (1999) requires that all NHS Scotland staff have access to appropriate education and CPD in order to effectively fulfil their role.</p> <p>In the light of rapidly evolving expectations and requirements for the school nursing service, adequate attention needs to be given to ensuring that nurses are equipped with the necessary skills and continue to develop those skills as the service develops.</p>	<ul style="list-style-type: none"> Nurses are adequately prepared for the roles they are expected to fulfil, in line with the NHS Education for Scotland competency framework for nursing in schools. Nurses with existing school nurse qualifications at certificate, and diploma level qualifications are enabled, where appropriate in line with the needs of the service, to work towards the acquisition of public health nurse competencies. Trusts and LHCCs work with higher education establishments, schools and Education Authorities to ensure that programmes of professional development are in place to meet the service needs. School nursing teams take part in joint training with education staff and other key partners to achieve shared understanding of roles and promote partnership working. Trusts and LHCCs work with higher education providers to ensure that clinical placements working with school aged children are varied, relevant and effectively meet the educational needs of nursing students. The competency framework is used as a basis for initial preparation and ongoing development of all members of the team ensuring that expertise and skills reflect the needs of the service. 		

Rationale	Criteria	Achieved	Action Plan
<p>[Redacted content]</p>	<ul style="list-style-type: none"> Nurses' individual personal development plans reflect the needs of the service, as set out in local health plans, LHCC plans, children's services plans and school health plans. 	<p>[Redacted content]</p>	
	<ul style="list-style-type: none"> A variety of development opportunities are made available in response to need including, for example, job shadowing, journal groups, research awareness groups, networking and visits to other areas/colleagues. 	<p>[Redacted content]</p>	
	<ul style="list-style-type: none"> Opportunities are sought to develop multi-disciplinary and multi-agency learning where appropriate. 	<p>[Redacted content]</p>	
	<ul style="list-style-type: none"> Nurses working in schools have access to regular clinical supervision and structured peer support. 	<p>[Redacted content]</p>	

SERVICE ORGANISATION AND MANAGEMENT

6. School Nursing Team

Standard Statement

There is an identified nursing team for each school cluster, consisting of an appropriate mix of skills and expertise to address the identified needs of the school community, led by a public health nurse.

Rationale	Criteria	Achieved	Action Plan
<p>Best use needs to be made of skills and expertise by appropriate delegation and making use of administrative support in order to effectively address identified needs.</p> <p>School clusters represent the local organisational structure of schools. The school health service should be organised around this structure to ensure consistency and coherence of provision.</p> <p>The framework does not refer specifically to staffing ratios as there are no reliable indicators of staffing levels that take account of geography and health needs. However the ratio of 1WTE:1700 population set out in School Nursing Within the Public Health Agenda: A Strategy for Practice (2000) is a useful benchmark.</p>	<ul style="list-style-type: none"> The size of teams reflects population size and geographical constraints. A single team may cover more than one cluster where that is appropriate to ensure the best balance of skills and accessibility. Each school nursing team is led by a public health nurse with either the formally registered qualification or a skills based portfolio demonstrating the acquisition of competencies in line with the NES framework. Responsibilities are allocated to other members of the school team in line with the competency framework. The make up of each team reflects the needs identified in school health profiles and plans. Effective use is made of the distinctive skills of each individual nurse, ensuring that specialist expertise is effectively developed and deployed. In remote and rural areas, where nursing input to schools is part of the combined duties of a community nurse, provision is made to ensure access to appropriate education, and expert advice and supervision. 		

7. New Community Schools

Standard Statement

The school nursing service is actively involved in the planning and development of New Community Schools.

Rationale	Criteria	Achieved	Action Plan
<p>The school nursing service has made a significant contribution to making the pilot New Community Schools a success.</p> <p>All schools will adopt the New Community Schools approach by 2007. This requires an integrated approach to planning and service delivery for school aged children and young people and their families.</p> <p>In order to achieve this transition, joint planning and service development is required at all levels.</p>	<ul style="list-style-type: none"> Nurses working in schools are regarded as core members of the New Community School team and actively involved in planning and management groups. Public health practitioners and school nursing leaders are involved at strategic level in the planning and development of New Community Schools. Effective links are made between planning processes within the Education Authority, the LHCC and NHS Board to ensure a coherent approach to rolling out the New Community School concept. The school health plan agreed with the school forms a key part of each school's development plans. Effective links between the school, the school nursing service and the LHCC ensure an integrated approach to planning and delivering effective services. 		

SERVICE DELIVERY

8. School Health Profiling and School Health Plans

Standard Statement

A profile is compiled of the health needs of each school community, from which a health plan is developed in partnership with the school, which forms a basis for the work of the school health service.

Rationale	Criteria	Achieved	Action Plan
<p>A shift in emphasis from a service based on routine surveillance and monitoring towards one based on local needs requires a clear understanding of needs and an agreed plan to prioritise and address them.</p> <p>Without a systematic assessment of need, identification of priorities and a plan to address the needs, practice will be unplanned, fragmented and difficult to assess and audit.</p>	<ul style="list-style-type: none"> Public health nurses are responsible for the development of a structured needs assessment and school profile for each school in their school cluster(s). Public health practitioners provide support and guidance in the development of school profiles, ensuring that the information is linked to wider community profiles. Profiling is undertaken on a multi – agency basis, agreed with relevant colleagues to provide a broad based assessment of need. The whole school community, including children and young people and their parents are involved in aspects of the assessment, prioritising and planning process. Identified needs are prioritised in partnership with stakeholders to formulate a school health plan. The school health service, the LHCC and the school sign off the final prioritised plan. School health plans form part of LHCC plans and school development plans, linking to wider planning and priority setting processes. 		

Rationale	Criteria	Achieved	Action Plan
<div style="background-color: #e1f5fe; height: 100%; width: 100%;"></div>	<ul style="list-style-type: none"> Progress with implementation of the school health plan is reviewed regularly to ensure progress towards the agreed outcomes and allow flexibility in response to changing need. 	<div style="background-color: #e1f5fe; height: 100%; width: 100%;"></div>	
	<ul style="list-style-type: none"> Evaluation of the plan is undertaken to inform future developments. 	<div style="background-color: #e1f5fe; height: 100%; width: 100%;"></div>	
	<ul style="list-style-type: none"> School health profiles and plans are used to inform Joint Health Improvement Plans, Community Plans and School Development Plans. 	<div style="background-color: #e1f5fe; height: 100%; width: 100%;"></div>	

SERVICE DELIVERY

9. Records, Record Keeping and Administration

Standard Statement

There are clearly defined local policies and arrangements in place to support effective and efficient management of records, record keeping and administration.

Rationale	Criteria	Achieved	Action Plan
<p>Best use needs to be made of skills and expertise by appropriate delegation of work to administrative, clerical and support staff.</p> <p>High standards of record keeping are particularly important given the multi-professional nature of work in schools and the relatively large populations that nurses may have contact with.</p>	<ul style="list-style-type: none"> Local policies and guidelines for record keeping reflect NMC requirements and best practice. A consistent approach is taken to record keeping, ensuring reliable, relevant up to date information is held about individual children with particular health needs/problems and about populations within the school. There is a structured approach to auditing records, using the outcomes to continually improve standards. School health records are securely stored in an accessible location to support necessary access from members of the team, with adequate administrative support to ensure safe storage and retrieval when required. There are procedures in place to ensure the safe and secure transport of records between locations. Administrative, clerical and support staff are available to provide support to the school team in line with the competency framework. Such support will include, record storage and retrieval, making appointments and secretarial support. 		

Rationale	Criteria	Achieved	Action Plan
<p>[Redacted]</p>	<ul style="list-style-type: none"> • There is a reliable hand-over of records and relevant information from the health visitor to the school nursing team and between school nursing teams when children move schools. • Protocols are agreed between NHS Board and Education Authority on the effective sharing of information, taking account of the need for confidentiality and data protection. 	<p>[Redacted]</p>	<p>[Redacted]</p>

SERVICE DELIVERY

10. Access to Services

Standard Statement

Nurses working in schools are accessible to children, young people and their families and able to respond flexibly to their needs.

Rationale	Criteria	Achieved	Action Plan
<p>Nurses are known to both professionals and children within the school and provide a direct point of access to health services. They should be readily accessible and able to act as a source of information, and advice on health matters and refer on to other services as appropriate.</p> <p>Whilst the bulk of work will continue to take place within the school day, greater flexibility will be necessary to respond to changing needs and allow home visiting and work outside the school day where appropriate.</p>	<ul style="list-style-type: none"> • There is a named nurse for each school who is known to the school team, who are able to contact her as required. • Nurses make regular planned contact with each school. • Nurses working in schools are accessible to give advice or help to school staff and parents as required. • Nurses are available and approachable to children and young people in accessible locations, providing a trusted and confidential service to help young people deal with health related problems and issues. • Nurses working in schools have up to date information and contacts with specialist services in order to respond to identified needs. • Nurses working in schools are able to respond flexibly to the support and advice needs of children, young people and their parents and teachers. • Provision is made, in response to identified need, for nurse involvement in services and activities taking place outside the normal school day. • Contact details for the school nursing service are provided to children/young people, families, school staff and other agencies involved to ensure effective communication. 		

SERVICE DELIVERY

11. Partnership and Teamworking

Standard Statement

Nurses working in schools are key members of a number of different teams, providing linkages between community child health, school and LHCC teams.

Rationale	Criteria	Achieved	Action Plan
<p>A partnership approach based on sharing information, skills and resources and working towards agreed objectives is essential if the school nursing service is to contribute effectively to improving the health of children and young people.</p> <p>To be effective, nurses need to be members of more than one team and have a central role in providing effective linkages between teams in education, primary care and child health services. They also need to be informed about the work of other teams</p> <p>Whilst the work of the school nursing service is primary care based, nurses need to work as part of a service that is combined between primary, secondary and tertiary care and integrated with the work of education and social work in line with the Child Health Support Group's child health template.</p>	<ul style="list-style-type: none"> • Management arrangements support nurses to develop effective partnerships to address identified needs. • Nurses have a clear understanding of the teams to which they relate, the goals of those teams and the contribution expected of themselves and other members. • Nurses working in schools have access to professional development to develop team working, partnership and leadership skills. • Nurses are supported to work independently within complex partnerships and have a clear understanding of accountability and governance frameworks. • There are effective mechanisms to ensure sharing of information within the school health service, with schools, social work, primary care, LHCC and other partner agencies to ensure integrated provision of services to the whole school community. • Nurses participate actively in multi-agency training programmes within the school setting. 		

SERVICE DELIVERY

12. Year Round Components of Service Delivery

Standard Statement

LHCCs and Trusts ensure provision of core services for school age children and young people throughout the year.

Rationale	Criteria	Achieved	Action Plan
<p>The needs and problems of school age children and young people are not restricted to term time and are often more exaggerated during the school holiday periods. This needs to be reflected in appropriate service provision.</p>	<ul style="list-style-type: none"> • There are local arrangements to ensure limited core services are available to meet identified needs of school aged children and young people during holiday periods including for example: <ul style="list-style-type: none"> • Work with looked after children or children in specialist units • Work with groups of children and young people accessing New Community Schools activities outside term time. • Supporting children, young people and their families who have been identified as vulnerable or in need of support during the school year • Drop-in facilities or clinics e.g. sexual health, healthy eating, enuretic clinics. • Core services during school holidays have: <ul style="list-style-type: none"> • Access to appropriate skills and expertise for the service offered • Access to records and information • Mechanisms to ensure exchange of appropriate information with term time staff. 		

SERVICE COMPONENTS

13. Surveillance Programmes

Standard Statement

There is an agreed local protocol for universal and targeted surveillance, based on national policies and evidence of effectiveness.

Rationale	Criteria	Achieved	Action Plan
<p>Recent and emerging evidence indicates that universal screening and surveillance may not be addressing the needs of children and young people today. A broader concept of health care, population targeting and health promotion is required.</p> <p>The forthcoming Health for all Children report version 4 (Hall 4) will recommend significant changes in child health surveillance and should form the basis for future development of programmes.</p> <p>The future success of the school nursing service depends on the ability to leave behind practice that is outdated and lacks evidence of effective use. There is a need to move forward to a service sensitive to the changing needs of young people and the communities they live in.</p> <p>A move away from universal programmes of surveillance will require nurses to work in different ways in order to effectively identify need and target vulnerable children.</p>	<ul style="list-style-type: none"> Local surveillance protocols are based on the recommendations of Health for all Children version 4. Equipment required for surveillance is suitable for the task, regularly serviced or maintained and is capable of being safely transported. Staff are trained and updated on its use. One to one contact with children and young people via screening and surveillance is used as a platform for health promotion in line with priorities in the school health plan. Appropriate use is made of skill mix in the delivery of programmes, ensuring that nurses and support staff are competent for the roles they undertake. Surveillance is targeted at those children and young people most likely to benefit, in line with local protocols. There are effective links with the child's GP practice, ensuring sharing of information and referral for children where an abnormality is detected. The results of abnormal surveillance tests and any necessary actions are communicated sensitively with parents and where appropriate, dependent on the child's age and understanding, with the child. 		

SERVICE COMPONENTS

14. Routine Immunisation of School Age Children

Standard Statement

Planning and delivery of routine immunisations to school aged children are undertaken by nurses.

Rationale	Criteria	Achieved	Action Plan
<p>The primary immunisation programmes represent a key public health measure and must be delivered effectively in line with national guidance.</p> <p>Nurses are equipped with all of the necessary skills to lead and manage the delivery of immunisation programmes without the need for direct medical supervision.</p> <p>Working with children and young people during immunisation sessions allows contact, which may lead to other health benefits e.g. health promotion, identification of health concerns, worries or problems.</p>	<ul style="list-style-type: none"> • Patient group directions, guidelines and policies are in place to support immunisations delivered by nurses. • Nurses in schools have appropriate training and support to enable them to immunise in an environment out-with health settings. • Preparation for nurses undertaking immunisations includes anaphylaxis, administration of adrenaline, CPR and basic first aid and consent and record keeping. Regular updating ensures that these skills are maintained. • Informed consent is given, in line with local and national policy, before any immunisation is delivered. • Clerical support is provided to routine immunisation programmes including distribution and collection of consent forms, clerical support during immunisation sessions, administration and filing of forms and records and follow up appointments. • Appropriate use is made of skill mix in the planning and delivery of immunisation programmes to ensure nurses and support staff are competent for the roles undertaken. • Mechanisms for storage, handling, transportation and disposal of vaccine and the appropriate equipment are in line with recommendations in local/national guidelines and policy. 		

Rationale	Criteria	Achieved	Action Plan
	<ul style="list-style-type: none"> Systems are in place to ensure accurate records are maintained of all immunisations. Where appropriate, immunisations are offered outside the school day or environment to allow parents to be present and to provide follow up for missed or delayed immunisations. 		

SERVICE COMPONENTS

15. Mass Immunisation Programmes for School Age Children

Standard Statement

There is an agreed strategy to ensure that mass immunisation programmes are planned, organised and delivered with minimum disruption and cancellation of core school nursing work.

Rationale	Criteria	Achieved	Action Plan
<p>Mass immunisation programmes associated with the introduction of new vaccines should not be allowed to disrupt the delivery of mainstream services to children.</p> <p>Inclusion of the school nursing team within LHCCs will allow a wider range of staff to participate in mass immunisation programmes in the school environment.</p> <p>A multi-disciplinary approach to mass immunisation programmes can enable nurses to maintain core planned work in schools.</p>	<ul style="list-style-type: none"> • School nursing leaders participate in planning mass immunisation programmes, ensuring that the impact and experience of previous programmes is considered. • A strategy is developed by NHS Boards to meet the demands of mass immunisation for school age children without compromising service delivery. • Public health practitioners and LHCC nursing teams take a collective responsibility in planning and delivering mass immunisation programmes. • In line with all administration of immunisations, appropriate education, patient group directions, guidelines and policies are in place to ensure informed consent and safe working practice. • Specific professional development and information is provided to nurses engaged in the campaign, ensuring safe and knowledgeable use of new vaccines. • Adequate clerical support is provided to effectively deliver programmes. • Partnership and joint working with other health professionals provides a wider range of venues for children and young people to access immunisations. 		

SERVICE COMPONENTS

16. Administration of Medicines in Schools

Standard Statement

Nurses working in schools provide advice and support to school staff and parents/carers on the administration of medicines to pupils.

Rationale	Criteria	Achieved	Action Plan
<p>The Administration of Medicines in Schools (2001) gives clear guidance and clarifies the responsibilities of the health service, Education Authorities and schools in managing health care and the administration of medicines in schools.</p> <p>Nurses working in schools have an important role as part of the multi-agency team in ensuring the safe administration of medicine in line with local and national policy.</p>	<ul style="list-style-type: none"> Nurses working in schools provide guidance and advice to staff in the school on how to care for children with identified medical conditions. Nurses working in schools are actively involved in developing individual health plans for pupils with health care needs. Nurses are involved in educating pupils about medical conditions and health issues and the safe and correct use of medication. Nurses working in schools provide training and support for school staff involved in administration of medicines. Joint working with individual schools ensures that arrangements are in place to ensure: <ul style="list-style-type: none"> safe handling and storage of medicines correct administration of medications hygiene/infection guidelines are in place medicines are disposed of safely Nurses working in schools are involved in developing local guidelines and procedures for dealing with emergency situations as part of individual children's health plans. Nurses liaise with parents/carers and school staff to provide advice, information and support on medical conditions and the safe administration of medication. 		

SERVICE COMPONENTS

17. Children with Special Needs

Standard Statement

There is an identified nursing team consisting of an appropriate mix of skills and expertise to address the needs of children with special needs both in special schools and mainstream schools.

Rationale	Criteria	Achieved	Action Plan
<p>Modern health care and technology mean that children with serious life threatening diseases and chronic illnesses are surviving into adulthood, but many have complex health needs and disabilities.</p> <p>Assessing our Children's Educational Needs: The Way Forward? (2002) set out proposals to modernise and improve assessment, recording and support for children with Special Educational Needs. Proposals will be formalised in the Education (Additional Support for Learning) Bill and a subsequent strategy.</p> <p>Effectively managing the increasingly complex and varied health needs of children will require specialist expertise from a skilled multi-disciplinary school health team as well as day to day support from school based support workers. Nurses will have an important contribution to make to these new teams and will increasingly develop as a specialist resource, separate from the main school nursing team.</p>	<ul style="list-style-type: none"> • Nurses are part of a dedicated multi-disciplinary "special needs" team providing appropriate support to special schools and advice and support for mainstream schools providing for children with special/complex needs. • Nurses working with children with special needs are part of specialist community children's nursing teams with access to appropriate education and development. • School profiling and individual assessments establish the extent of need and form the basis of service planning and delivery. • Children and young people with special needs who have a nursing need each have an individual assessment and care plan agreed with the child, their family and the school. • Children and young people with special needs are included in all health promotion programmes offered to the rest of the school community and adapted to meet the needs of individual children. • Nurses work closely with individual children, their parents, key workers, the school and members of the multi-disciplinary team to ensure that the health needs of children with special needs are assessed and plans put in place to meet them. 		

SERVICE COMPONENTS

18. Child Protection

Standard Statement

Nurses in schools contribute to the well-being and protection of school children, providing individual support as part of a multi-agency team approach to child protection.

Rationale	Criteria	Achieved	Action Plan
<p>It's Everyone's Job to Make Sure I'm Alright – The Report of The Child Protection Audit and Review (2002) sets out clear recommendations for ensuring that children are effectively protected from abuse.</p> <p>In particular the report emphasises the importance of:</p> <ul style="list-style-type: none"> • Effective sharing of information to ensure that practitioners have the right information at the right time • The effective dissemination of knowledge through education, sharing best practice and research • Effective inter-agency assessment and action planning in order to tackle risks and address the needs of vulnerable children. <p>Nurses working with school children have a critical role in multi-agency work to protect children.</p>	<ul style="list-style-type: none"> • Nurses working in schools are actively involved in multi-agency team approaches to child protection and are involved as appropriate in all aspects of child protection work for their client group. • There is a reliable system of hand-over from health visitors at school entry and between nurses when children change schools of all children where there are child protection concerns. This system is separate from the hand over of routine health information and standardised to ensure effective practice. • There is a system agreed within the multi-agency child protection arrangements for informing nurses in schools of child protection issues/cases within their schools. • Nurses in schools play a role as part of the multi-agency approach to child protection in referring, monitoring, maintaining accurate records and reporting in line with local protocols. • Nurses working in schools are actively involved in single agency and multi-agency professional development programmes on child protection and have a clear understanding of their roles and responsibilities as part of the multi-agency team. • There are support and supervision arrangements in place to support nurses working with child protection issues. 		

SERVICE COMPONENTS

19. Vulnerable Children and Young People

Standard Statement

Nurses working in schools work in partnership with other professionals and agencies to meet the needs of vulnerable children and young people.

Rationale	Criteria	Achieved	Action Plan
<p>The Scottish Executive's commitment to social justice is set out in Social Justice – A Scotland where everyone matters (1999). This is further re-stated in Our National Health (2000), with commitments made to closing the gap in health status between the best off and worst off members of society.</p> <p>Some groups of children are particularly vulnerable or have additional social or health care needs, these include:</p> <ul style="list-style-type: none"> • Looked after children and young people • Children and young people where there are child protection concerns • Travelling or highly mobile families • Children and young people from ethnic minority groups 	<ul style="list-style-type: none"> • Community, practice and school profiling identifies vulnerable groups who may require extra or different support and help. • Specialist skills within the nursing team are deployed effectively to address identified needs. • Close working with New Community Schools & Primary Health Care Teams enables nurses working in schools to participate actively in identifying and working with vulnerable children and groups outwith the school environment. • LHCCs and Trusts support the public health nursing team to work in a variety of settings in order to meet the needs of this group, including accommodated units, residential/ specialist units. • Many vulnerable children and young people can be involved in risk taking behaviour including early unprotected sexual activity, smoking, and drug and alcohol misuse. Health promotion activities reflect the risks and dangers, enabling informed choice and providing access to continuing support, advice and help. • Where appropriate, nurses working in schools will provide family support to vulnerable families outside the school setting, in partnership with public health nursing/health visiting colleagues. 		

Rationale	Criteria	Achieved	Action Plan
<ul style="list-style-type: none"> • Children and young people whose first language is not English • Refugees and asylum seekers • Children and young people with mental health problems • Children and young people with emotional or behavioural difficulties • Children and young people with disabilities • Children and young people with drug misusing parents • Children and young people with caring responsibilities either for siblings or dependent parents <p>Scottish Executive Education Dept Circular No 5/2001 Guidance on Education of Children Absent from School through Ill-Health recommends close liaison between school health services and education authorities and schools over children absent from school through ill –health.</p>	<ul style="list-style-type: none"> • Children, young people and families who repeatedly fail to attend for appointments are followed up and encouraged or supported to attend or make contact. • Effective record keeping ensures that this often very mobile group of children and young people receive continuity and consistency of care. • Nurses working in schools liaise with parents, teachers and other health service staff to support children being educated at home due to ill health, and, where appropriate, assist pupils to re-integrate into school after periods of absence due to ill health. 		

SERVICE COMPONENTS

20. Mental Health and Well-being

Standard Statement

School nursing teams promote positive mental health and well-being, both independently and as part of a multi-agency/multi-disciplinary team

Rationale	Criteria	Achieved	Action Plan
<p>Mental health problems among children and young people are increasing. Statistics report that up to one in three boys and two in five girls experience some form of mental health problems. These levels rise during adolescence.</p> <p>The Scottish Executive has commissioned the Scottish Needs Assessment Programme to provide a report on better ways to address mental health issues in children and young people and promote positive mental health and well-being.</p>	<ul style="list-style-type: none"> Health needs assessment and school profiling is used to identify the mental health and well being needs of the whole school community. There is a whole school approach to promoting mental health and well being, supported by joint multi-disciplinary training and reflecting the role of the school as a caring community. Nurses in schools work closely with school staff to ensure a consistent approach to supporting children. Nurses in schools are involved in supporting children with mental health needs at level 1 and, where appropriate, level 2 in the 4-tier framework for managing mental health services. They may also be involved in supporting children at level 3 and 4 as part of a tailored package of care under the direct supervision of specialist mental health services. Where the school nursing service is involved in supporting children with mental health problems, nurses have access to appropriate education and specialist support and supervision related to their role with individual children. School nursing teams work with school staff and other professionals to address personal safety, self esteem and confidence building, bullying, mental health and well being. 		

Rationale	Criteria	Achieved	Action Plan
	<ul style="list-style-type: none"> • Links with CAMHS teams, CPNs, clinical and educational psychologists and the acute mental health services enable nurses in schools to identify and address mental health issues, particularly with vulnerable groups of children. • Appropriate training, support and supervision is made available to all nurses who are dealing with mental health issues. 		

SERVICE COMPONENTS

21. Transition Periods for School Age Children and Young People

Standard Statement

Support and work is focused on transition periods which include:

- from nursery into school
- from primary into secondary school
- transfers between schools
- leaving school into the workplace or continuing education

Rationale	Criteria	Achieved	Action Plan
<p>A reduction of routine surveillance will allow a more targeted approach to meet the changing needs of children and young people during transitional periods.</p> <p>A multi-agency approach to transition work, supported by drop-in facilities, open access to health professionals and appropriate health promotion can encourage children and young people to make healthy lifestyle choices or seek advice and help if necessary.</p>	<ul style="list-style-type: none"> • LHCCs and Trusts support a flexible work pattern to allow school nurses to provide transitional work out-with the school environment, school day and term. • Liaison with all agencies ensures a co-ordinated approach to supporting children during transitions. • Health interviews, one to one, and small group work is used to allow early identification of children and young people who may experience difficulties, or need more support during transition periods. • Nurses working in schools provide advice and support to parents and carers who may have concerns about their child during periods of change or transition. • Effective communication and information sharing is in place between all agencies and professionals. • The health component of individual children's Personal Learning Plans is used to support the smooth transition of children with identified health needs. • Nurses are alerted to children transferring between schools during the school year and provide support to children and their families where appropriate. 		

SERVICE COMPONENTS

22. Health Promotion

Standard Statement

Nurses working in schools are active partners in Health Promoting Schools, working in partnership with the school and other key partners to promote the health and well-being of children and young people.

Rationale	Criteria	Achieved	Action Plan
<p>Effective health promotion involves a holistic approach that has a positive impact on children and young people's health and behaviour.</p> <p>Interventions should increase knowledge, influence attitudes and help develop appropriate life skills.</p> <p>The Health Promoting Schools Unit has a key role at national level in leading, co-ordinating and supporting the development of health promoting schools.</p> <p>Nurses are well placed at local level to work with schools and local partners in applying the Health Promoting School framework as a foundation for efforts to improve health and well-being.</p>	<ul style="list-style-type: none"> The school nursing team helps shape policies that effect health in their schools within a multi-agency/multi-disciplinary approach to service delivery. Nurses in schools provide health information to pupils, parents and teachers and act as a link to other specialists. School health profiles identify the health needs of the school population and form the basis of the school's health promotion programme. Nurses are involved in a team approach to the delivery of health promotion activities in a variety of settings including one to one, group work, in classroom settings and drop in or out of school facilities. Nurses working in schools are involved with the school curriculum, supporting teachers in the delivery of health related aspects of programmes. Health promotion activities reflect religious and cultural sensitivity. Nurses working in schools have appropriate education to underpin areas of work and are able to call upon specialist expertise as required. School nursing teams ensure that health promotion activities are underpinned by the best available evidence of effectiveness. 		

SERVICE COMPONENTS

22. Health Promotion (continued)

Rationale	Criteria	Achieved	Action Plan
	<ul style="list-style-type: none"> Health promotion activities are audited and evaluated and the findings used to inform the development of future activities. Nurses have access to appropriate support and either lead or contribute to this work. 		
	<ul style="list-style-type: none"> Nurses, health promotion specialists and public health practitioners work together to ensure effective provision of support, resources and expertise. 		

SERVICE COMPONENTS

22.1 Sexual Health and Relationships

Standard Statement

Nurses in schools are actively involved in the promotion of a positive approach to sexual health and relationships.

Rationale	Criteria	Achieved	Action Plan
<p>All schools have a responsibility to provide sex education in line with Scottish Executive guidance.</p> <p>School nurses are well placed to contribute to local programmes as well as acting as a source of confidential advice to students.</p> <p>Towards a Healthier Scotland (1998) set targets to reduce by 20% the pregnancy rate among 13-15 year olds by 2010.</p> <p>The National Demonstration Project – Healthy Respect focuses on developing a healthy attitude towards sexuality in young people. Learning from their work will inform future practice.</p>	<ul style="list-style-type: none"> Nurses working in schools support teachers in the planning, implementation and delivery of sex education programmes that take account of each child's age and stage of development and emphasise the importance of relationships based on love and respect. Nurses work closely with schools in actively involving parents in the planning and/or delivery of appropriate programmes. Nurses receive appropriate professional development to ensure that delivery meets the needs of the client group, based on the needs identified in school health profiles and health plans. Specialist expertise in sexual and reproductive health is effectively deployed within the school nursing team to address identified need. Nurses in schools have access to specialist expertise within sexual health and family planning services. Nurses provide the opportunity for confidential discussions with young people. Local protocols are agreed to ensure effective risk management of such services including dealing with issues of disclosure of abuse and referral to sexual health services Work with the LHCC and other key partners ensures the local provision of confidential, accessible sexual health information and services for young people. 		

SERVICE COMPONENTS

22.2 Nutrition and Physical Activity

Standard Statement

Nurses working in schools are proactive in working with partners to develop a culture of healthy eating and increased physical activity within and out-with the school environment.

Rationale	Criteria	Achieved	Action Plan
Recent and emerging evidence indicates an increasing problem of obesity and poor diet within the school age population and a decreasing volume and quality of physical activity. A continuation of these trends will lead to an increased incidence of C.H.D. diabetes, cancer and other health problems affecting younger generations. Hungry for Success – A Whole School Approach to School Meals in Scotland (2002) recommends that “A successful school partnership approach requires involvement of all teaching staff, support staff, catering staff, pupils and also benefits from input by external agencies such as health promotion workers, dieticians and school nurses. Such partnerships also engage the full support of the School Board, the Parent Teacher Association and parent groups, so that the whole school community can feel involved”.	<ul style="list-style-type: none"> Nurses working in schools are proactive at both an individual level and with multi-agency groups in promoting a healthy lifestyle for all children and young people. Nurses working in schools are actively involved in School Nutrition Action Groups (SNAGs), working towards a whole school policy on nutrition, promoting healthy choices and endorsing local improvements in food provision. Nurses working in schools are familiar with current approaches to food provision in schools, such as Breakfast Clubs, Fruit in Schools, healthy tuckshops, healthy vending and water in schools and advocate their development. Nurses working in schools use contacts with children and young people to provide access to information and support about healthy eating and physical activity. Health interviews and individual health plans identify children and young people who may benefit from help or advice concerning eating habits or physical activity. Nurses working in schools link with LHCCs to ensure the schools are included in any community initiatives and activities. 		

Rationale	Criteria	Achieved	Action Plan
<p>The Physical Activity Task Force Strategy (2002) states that “All children and young people, including those with disabilities, should have the opportunity to be physically active through home, school, college or university and community. This should include:</p> <ul style="list-style-type: none"> • having the opportunity and being encouraged to take part in physical activity for at least one hour a day • having access to a range of physical activities including play, sports, dance, exercise, outdoor activities, active travel, such as walking and cycling. • being encouraged to be active in daily tasks in and around school, college or university. <p>Making stronger links between school and community and between nursery, primary, secondary school and further/higher education should be prioritised.</p>	<ul style="list-style-type: none"> • The different needs of children and young people with special needs or disabilities are considered and programmes of care, advice and activity (including physical activity) adapted to meet their individual needs. • Nurses working in schools are sensitive to the needs of young people presenting with eating disorders or problems and have appropriate access to dietitians, specialist teams and psychological services. 		

SERVICE COMPONENTS

22.3 Substance Misuse, Including Alcohol and Smoking

Standard Statement

Nurses working in schools are actively involved in the planning delivery and evaluation of drug, alcohol and smoking preventative initiatives.

Rationale	Criteria	Achieved	Action Plan
<p>Smoking is the single most preventable cause of ill health and premature death in Scotland. A key target is to reduce smoking in children from 13% to 9% or less by the year 2010.</p> <p>The level of alcohol intake and substance misuse among young people is increasing. The Plan for Action on Alcohol (2002) recommends that education on alcohol should be delivered separately to education on drug misuse.</p> <p>Nurses working in schools have regular access to the school aged population and therefore have a key role to play in the multi-agency effort to address these important issues.</p>	<ul style="list-style-type: none"> Nurses working in schools provide advice, information and support on substance misuse, alcohol and smoking, to teachers, children and young people and their families. The school nursing team works actively with schools, children, their parents and specialist services to promote a healthy attitude within the school towards the use of harmful substances. Public health practitioners and school nursing leaders provide effective links between LHCCs, AATs DATs, schools and specialist youth addiction, smoking cessation and other services, ensuring a consistent approach to planning health promotion for children and young people within their area and access to specialist expertise for the school nursing service. There is an integrated approach to smoking cessation with children and young people based on group work, individual work and peer support. There are effective links to wider networks of specialist advice including appropriate referral pathways. 		

SERVICE COMPONENTS

22.4 Oral and Dental Health

Standard Statement

The school nursing team promotes positive dental and oral health both independently and as part of a multidisciplinary team.

Rationale	Criteria	Achieved	Action Plan
Standards of dental health in Scotland's school children are poor. Six out of ten 12 year olds have visible decay experience in adult teeth. (SHBDEP 1996/97) and seven out of ten 14 year olds have visible decay experience in adult teeth (SHBDEP 1998/99). All adult teeth erupt from the age of primary school entry onwards. Dental decay is preventable. It is a consequence of inappropriate diet (over-frequent consumption of sugar in foods and drinks), poor oral hygiene and infrequent attendance for dental care. Dental erosion is increasingly prevalent in children. NHS dental registrations reach their peak of 74% in the age group 6-12 years and decline in later years. (SDPB 2000/01)	<ul style="list-style-type: none"> School nursing teams work with schools to develop policies on nutrition and health promotion which take account of positive oral health. School nursing teams work with children, young people, parents and teaching staff to develop an awareness of good oral health and facilitate access to dental services. School nursing teams integrate oral health in their holistic approach to health promotion as part of the Health Promoting School model. Nurses working in schools facilitate the development of regular tooth brushing programmes within schools through structured interventions such as Breakfast Clubs and post snack brushing. National Dental Inspection Programme (NDIP) identifies children at greatest risk of oral disease and is used to inform the school profile and health plan. 		



School Nursing in Scotland – Current State of Development

Findings of an investigation

1. INTRODUCTION

As part of the development of the Scottish Framework for Nursing in Schools, an overview of current service provision was undertaken to inform the process. Information was gathered in a variety of ways, including a questionnaire sent to school nurse managers, focused discussions with groups of school nurses, meetings with key people, groups and organisations and a review of the relevant literature. The findings of this process are summarised in this annex and reflected in the framework.

A questionnaire was used to gather quantitative data on the service, identify any planned developments and seek managers views on the strengths and weaknesses of their service. Twenty-nine responses were received from across mainland Scotland, with some Health Board areas producing more than one response. The three island NHS Boards responded that they were currently reviewing the provision of nursing in schools and proposed to use the framework to inform future development.

Respondents to the questionnaire were from a variety of backgrounds and levels within their organisations, varying from team leaders and practice development nurses, through clinical managers and co-ordinators to directors of nursing, suggesting a wide variation in the organisation and management of services.

Focused discussions were arranged throughout mainland Scotland to enable school nurses and other members of staff to share their views about the service, discuss current practice, highlight their strengths and weaknesses and explore their visions and ideas about how the service may look in the future. Twenty-two groups were conducted with the number in each group between twelve and twenty. In total, 262 nurses contributed to these discussions. A standard format was used with each group and the findings compiled and reported similarly to allow comparisons and variations to be established.

This summary brings together information from both questionnaires and discussions, along with the contributions of other key informants from health and education services. It represents a combination of factual information and opinions, perceptions and ideas.

2. THE SCHOOL NURSING WORKFORCE

Managers were asked to identify the total number of staff working in the school nursing service. A total of 513 people were identified. The breakdown of clinical grades is reflected in table 1.

Because of complications in the way that Whole Time Equivalents (WTE) are calculated, particularly for those nurses working only during school terms, it was not possible from the questionnaire results to give an accurate reflection of the number of WTE staff. Figures from ISD show 312 WTE staff, however, this excludes the A and B grade staff as the occupational code used to analyse the data includes only qualified staff. Furthermore the numbers of nurses in remote and rural areas who provide a service into schools as part of a combined role will also be excluded. The overall figure is therefore very difficult to calculate, but is likely to be in the region of 350 -360 WTE, giving an overall ratio of nurses to pupils of 1:2154.

Grade	Number
A	15
B	58
C	4
D	20
E	210
F	181
G	22
H	2
I	1

Table 1 School nursing staff by grade.



2.1 Work Patterns

Most school nurses work only during school term-time. Of nurses working in grades A to F, some 91% work term-time only, with only 47 working throughout the year. Of these, most are working with New Community Schools or special schools, very few are within the mainstream setting. In some areas, those school nurses who do work throughout the year work in district nursing or health visiting roles during school holiday periods and are unable to work with school age children and young people.

Most school nurses work part time often tying in with the school day of six hours. Hours worked ranged from as little as 12 hours per week to full time (37.5 hours) with an average of 24 hours per week. Many school nurses reported being involved in work out-with the normal school day and reported that part time, term time working limits the development of new and innovative practice.

2.2 Work Settings

The majority of school nurses work either in mainstream schools or with a combination of mainstream and some other elements.

Some 17% (88) of school nurses work in, and are often based within, special schools. Recent changes in policy promote the inclusion of children and young people with special needs into mainstream schools. This will have an impact, both on the role of these nurses and on those working with mainstream schools, requiring new approaches to teamwork and utilising specialist skills.

27 (5%) nurses work exclusively with New Community Schools, often on a secondment to support the health contribution to the pilot. 10 nurses are employed by the NHS to work with private and independent schools.

Most school nurses are based within health centres or clinics, with a small number based within schools. In one area school nurses reported having no office base, working mainly from home and cars.

School nurses provide a first point of contact between the school and NHS services, backed up by specialist services such as mental health, family planning, drug and alcohol services and specialist paediatric nurses where such services exist. Nurses in more remote and rural areas reported having limited access to specialist health workers or health promotion staff.

2.3 Qualifications

Nurses come to the school nursing service with a variety of qualifications and skills, although there is no mandatory post registration qualification to practice as a school nurse. Prior to 1992 there was a short school nursing certificate course. This was replaced in 1992 by a longer diploma level qualification and subsequently in 1997 by the degree level specialist practitioner programme.

Reliable information on the numbers of nurses with relevant school nursing qualifications proved difficult to collect as many respondents to the managers questionnaire reported not having access to such details.

However, from the information available, it seems that some 22% of nurses hold a certificate in school nursing, 6% a diploma in school nursing and 24% have a degree, although for most this was not a degree in school nursing but in a related topic. It can therefore be concluded that less than half of the school nursing workforce have the requisite school nursing qualification to underpin their practice. These figures obviously exclude the 48 school nurses who have recently completed the new public health nursing programme, which gives them both a degree and a specialist practice qualification.



In addition to basic qualifications, there was significant evidence of individual nurses having undertaken further study relevant to their field of practice. Most notable were qualifications in family planning and sexual health, reflecting the increasing numbers of school nurses who are involved in young people's drop in clinics and in teaching the subject in secondary schools.

Some respondents commented that relevant educational programmes are not always available. The part time nature of the workforce can also make releasing nurses to undertake further education difficult. This is particularly the case in more remote areas.

3. PUBLIC HEALTH NURSING

In recognition of the need to enhance skills within the workforce, and as a first step towards creating a new public health nursing role, 48 school nurses were seconded from all areas of Scotland in September 2001 to the new public health nursing programme. Most have now completed the programme and have a specialist qualification in public health nursing.

Respondents were asked how they planned to develop the role of the new public health nurses in the school environment. Common themes in the responses included:

- Providing clinical leadership to the school nursing service
- Undertaking needs assessment and targeting services to meet those needs
- Developing the service for school aged children and young people at both an individual and community level
- Creating networks and developing partnerships with other agencies

Table 2 summarises the range of responses received.

- Devise health care plans for individual children
- Instigate a health needs assessment
- Target interventions for vulnerable children
- Support a reduction in screening and surveillance in line with Hall 4 recommendations
- Target inequalities in health
- Develop programmes around parenting skills
- Lead the school nursing team to reshape the service
- Develop team leader role as public health nurse in all schools
- Assist integration into LHCCs
- Develop a public health workforce
- Research and utilise evidence based practice
- Lead a skill mix team
- Keep current caseload and use extra time for public health initiatives

Table 2 Developing the public health nursing role in schools.

4. CORE WORK PATTERNS

School nurses and their managers were asked about the core duties undertaken in school nursing. There are differences of working practice throughout the country but the following gives a brief overview of the main areas of work identified.

4.1 Screening and surveillance

Although practice has changed significantly from nurses screening children every second year for height, weight and vision, many nurses and managers mentioned that they felt there was still too much screening and surveillance undertaken and were unsure if the evidence was there to support a continuation of this. Some school nurses estimated that 60% of their working year is taken up with screening, meaning that less time is available for more proactive work with individuals or groups. Many

respondents await the publication of Health for All Children 4 in order to support changes in practice.

Whilst there is significant variation between areas, screening consistently seems to take place in Primary 1, Primary 7 and Secondary 3. Many responded that the scope of such sessions had broadened to include health interviews and relevant health education/promotion. The common content of surveillance programmes is summarised in table 3.

Primary one	Primary seven	Secondary three
<ul style="list-style-type: none">• Height and weight check• Vision check (if not seen by the orthoptist)• Hearing check (if not seen by the audiometrist)• Basic speech and language check• Co-ordination check	<ul style="list-style-type: none">• Height and weight check• Vision and colour vision check	<ul style="list-style-type: none">• Health interview (in many places)• Height, weight and vision checks (if required or requested)

Table 3 Common elements of School Health Surveillance

4.2 Immunisation

Immunisation sessions are increasingly becoming fully nurse led, although there is significant variation in practice across the country. Patient Group Directions, practice guidelines and training are being developed locally to support this. Where immunisation is not nurse led, school nurses tend to organise, co-ordinate and follow up sessions and often immunise as part of the team with medical colleagues.

The main school based immunisation programmes are:

- Heaf testing and BCG – secondary two
- Diphtheria, Tetanus and Polio – secondary three

Very few school nurses reported having adequate clerical support during immunisation sessions with school nurses having to take responsibility for making appointments, issuing consent forms, retrieving and filing records. In one area, school nurses estimated that 30% of their working year was spent on immunisation programmes.

Mass campaigns such as for example the Meningitis C campaign, where immunisation was offered to all school age children have been successfully delivered through the school health service. The Meningitis C campaign in particular created significant pressure on the service. Completing extensive campaigns such as this within existing resources was felt by respondents to create real difficulties for the service, with many areas of the core service having to be suspended for the duration of the campaign.



4.3 Health Promotion

The development of New Community Schools and the Health Promoting Schools concept has created a fertile environment for health promotion activities in schools. However, respondents reported that the ability of school nurses to respond to this opportunity has been variable, dependent on both core work programmes and the skills of the staff. There was however evidence of innovative and exciting health promotion work both within the schools and in the wider community.

Topics covered commonly include:

- Puberty and growing
- Sexual health and contraception
- Smoking, alcohol and drugs
- Healthy eating and healthy lifestyle choices
- Mental health and well being
- Dental health

School nurses reported participating in health fairs, talks to parents and providing education for teachers on health related topics as well as being involved in individual and group focused work with pupils.

Respondents felt that whilst a considerable amount of health promotion is undertaken by school nurses, much more could be offered. Lack of training, poor access to resources, competing time pressures and poor understanding of the school nursing role were felt to limit the potential of health promotion opportunities.

4.4 Curricular Work

Many school nurses reported being involved in delivering health related components of the curriculum. This was felt to be an area that could be developed further. The New Community Schools ethos of improving the health and well-being of all in the school community and working towards the status of Health Promoting School was felt by some to create opportunities for inter agency teamwork to promote health and well being. Some respondents clearly felt that the role of the school nurse is not sufficiently well developed and understood to enable effective partnership working.

4.5 Nursing Care Tasks

Nurses working in special schools are actively involved in delivering nursing care. Respondents identified a broad range of areas, including:

- Checking of blood pressure and temperature
- Asthma care including use of the epi-pen
- Seizure management and care including administration of emergency medication
- Gastrostomy and naso-gastric feeding
- Catheterisation and continence care
- Administration of nebulised medication
- Personal hygiene and care
- Oxygen therapy and care

With the future integration of more children and young people with special needs into mainstream schools, the available skills and expertise will be more thinly spread so new ways of working will be required. Joint assessments and planning, partnership working and multi-agency support will be essential to ensure the best possible care and support for the child and the family.



4.6 Additional Work

School nurses have increasingly been involved in the development of new ways of working with children and young people, providing and contributing to a growing range of services that take place outside of the school day. Some of the extra activities undertaken by school nurses include:

- Sexual health clinics
- Enuresis clinics
- Multi-agency drop-in clinics
- Relaxation groups prior to and during exams
- School liaison groups
- Parents evenings/sessions
- Home visits – family support
- Bullying groups and transition groups

Both school nurses and managers agree that out of school activities are important and should be developed further, however the part time and term-time employment of many school nurses makes this difficult. Many school nurses reported having developed these important and successful services in their own time and sometimes at their own expense. Maintaining clinics and clubs over school holiday periods is often impossible and can lead to failure of the service.

5. RESOURCES, FACILITIES AND EQUIPMENT

5.1 Information Technology

Respondents to the school nurse managers questionnaire were asked if school nurses in their area had access to information technology. Less than one third of nurses were said to have access. Even then access is often shared with other colleagues.

School nurses also responded that access to I.T. was limited, training was not always easily available and computers were sometimes not maintained or in working order.

Access to IT was regarded by many as an essential tool in terms of communication, access to evidence to underpin practice and maintaining effective administrative systems.

5.2 Clerical and Administrative Support

Many school nurses reported having limited or no clerical support. Only 20% had access to clerical support, with a further 57% saying that there was limited access, usually associated with record storage and the computerised child health system. In some areas school nurses reported spending time filing, making appointments, typing or writing letters and dealing with other clerical duties. In one area the school nurses also make appointments for the dental service.

School nurses are being encouraged to expand their skills to develop their public health role, work with vulnerable children, create a nurse led service and be innovative. Clearly this will not be possible whilst their valuable clinical skills are wasted on undertaking clerical work.

5.3 Facilities and Equipment

Adequate accommodation within schools was identified as a problem by many nurses. Medical rooms, where they exist, are often now used by many services or agencies, and are not available for the school nurse. Some school nurses reported being asked to work in inappropriate and unsuitable areas.



Availability of reliable equipment was also reported as problematic, with scales for example being outdated or not maintained or calibrated. Mobile telephones were not available to many school nurses, making effective communication extremely difficult.

6. SCHOOL PROFILING, NEEDS ASSESSMENT AND REVIEWS

6.1 School profiling

Respondents were asked if a needs assessment of the school age population or school profiling had been performed in their area. Responses from questionnaires indicated that 17% of areas had done school profiling, with a further 46% reporting limited profiling.

Many managers and nurses felt that school profiling was important but commented that it was time consuming and that a suitable profiling tool did not appear to be available. Some school nurses had profiled schools using a variety of different tools but were concerned that none appeared to meet their expectations. A common profiling tool sensitive to both the rural and urban issues in Scotland may be a valuable and useful development allowing national comparisons, forward planning and evaluation.

6.2 New Community Schools

There are New Community School pilots in each of the 32 local authority areas and most have already extended the approach to other schools. By 2007 the concept will be rolled out to incorporate all Scottish schools. A key driver for the development of the framework is to ensure that the school nursing service fulfils its potential contribution within the ethos of integrated children's services. Respondents were asked how involved school nurses were within the current pilots.

In sixteen local authority areas school nurses were reported to be very involved in all aspects of New Community Schools. In some of these areas the school nurse is recognised as the key driver for health issues within the schools. Where there are joint assessment teams the school nurse is often an active part of this.

In seven local authority areas managers and nurses said that involvement did not include planning the health contribution within New Community Schools but that the nurse was involved in some of the work.

In the remaining six areas the school nurses were involved in a limited way with involvement dependent on the approach of individual schools.

6.3 Links with Local Health Care Cooperatives

Managers and school nurses were asked to describe how school nurses and LHCCs currently communicate and interface. Their responses suggest that school nursing is at different stages of alignment and integration into LHCCs and there are differing views about the value and effectiveness of relationships. Responses varied from very poor communication through to full integration, with most reporting at least some degree of communication and influence within the LHCC.

Close working with the LHCC was generally welcomed but there was concern that this needed to be properly managed and overall leadership of the school nursing service maintained.

7. STRENGTHS AND WEAKNESSES OF THE SCHOOL NURSING SERVICE

School nurses and managers were asked what they thought were the strengths and weaknesses of the service, and while some are clearly local issues and problems, some common themes were apparent.



STRENGTHS

- Vast experience within the team
- Local knowledge, accessible and accepted within the community
- Provide links with multi-agency partners
- Committed, caring and dedicated
- Flexibility to respond to service need
- Good communication skills
- Well developed health promotion skills
- Motivated towards life long learning
- Good links between education, health and home
- Direct contact with children and young people
- Motivated and enthusiastic

WEAKNESSES

- Lack of clear leadership
- Poor staffing levels, linked with large caseloads/client numbers
- Part-time and term-time contracts
- Current commitment to screening and surveillance
- Lack of CMO support/work determined by medical staff
- Lack of suitable training opportunities
- Inadequate clerical support
- No office accommodation/base
- Lack of IT provision
- Lack of appropriate skill mix
- Poor profile of school nursing
- Lack of national direction
- Inequitable service provision

The main concerns, which were apparent throughout the responses, were:

- Lack of leadership both locally and nationally
- Limitations of term-time and part-time contracts
- Lack of resources
- Lack of consistency in staff grading
- A need to raise the profile of the service

8. FUTURE DIRECTION OF THE SERVICE

Managers and school nurses were asked their views on how they see the future of the school nursing service. A number of respondents have plans to undertake reviews of the current service, others were awaiting the publication of the framework to help guide developments. A number of key themes emerged from the discussions. These are summarised below:

- Develop the public health nursing role in schools, utilising the expertise of newly qualified public health nurses.

- Develop team approaches utilising skill mix and developing/making best use of specialist areas of expertise e.g. child protection, sexual health.
- Undertake needs assessment and school profiling (the need for a reliable consistent approach was highlighted).
- Develop effective links with New Community Schools, improving joint planning and working with education.
- Prioritise workload to include:
 - Work with vulnerable children and families
 - Child and adolescent mental health
 - Work with children who have special needs both in special and mainstream schools
- Develop more flexible work patterns, not restricted to term-time, in order to meet needs of children and young people.
- Review location of school nurses and consider school-based options.
- Develop effective networks to support practice development.



9. CONCLUSIONS

The information given by school nurses, managers and other key respondents gives an insight into their perceptions of the current service and its potential future development. Respondents recognised the positive and innovative practice happening in many areas but also are aware of the problems and barriers that exist. The majority of school nurses are keen to develop their role and encompass public health work, innovative practice and true partnership working. All agree that they have a vital role to play in addressing the health needs of school age children and young people.

In order to take the service forward, priorities need to be agreed and the balance between core screening and surveillance work and addressing the needs of the school community addressed.

To achieve the vision of a modern school nursing service prepared to address the health needs of today's children and young people a number of issues need to be addressed:

- Effective enabling leadership is required at all levels of the organisation
- Practice must be based on the needs of the school community and evidence of effectiveness

- Working hours need to be more flexible to better reflect the needs of the school community
- Appropriate education needs to be in place to ensure nurses are equipped to meet the needs of the school community
- Partnership working with other professionals and agencies needs to be promoted and supported
- Mechanisms need to be established to share good and innovative practice
- A shared understanding with all key partners of the contribution of the school nursing service is required.

The findings from respondents to the questionnaire and participants in the group discussions provide a clear picture of the current development of the school nursing service in Scotland. They have been used to inform discussion throughout the development of this framework and underpin the standards set out in it.

Implementing the framework will need time and commitment at all levels of NHS Scotland but the benefits should be seen in the health of future generations.

annex B

Membership of the Nursing in Schools Steering Group

Name	Position	Organisation
Julia Egan (Chair)	Nurse Consultant Public Health	Tayside Health Board
Dr Ian Bashford	Senior Medical Officer	Scottish Executive Health Department
Mike Brown	Social Work Services Inspectorate	Scottish Executive Education Department
Elizabeth Daniels	Senior Nurse Community Development	Yorkhill NHS Trust
Sue Dow	LHCC Manager	Forth Valley Primary Care Trust
Terry Duncan	Integration Manager	Peterhead Academy
Pam Fowle	School Nurse Co-ordinator	Tayside University Hospitals NHS Trust (representing CPHVA)
Dorothy Gair	Project Officer	Nursing and Midwifery Practice Development Unit
Sue Hickie	Professional Officer	NHS Education for Scotland
Rhona Hotchkiss	Director	Nursing and Midwifery Practice Development Unit
Dr Jackie Hyland	Child Health Commissioner/Consultant in Public Health	Fife NHS Board
Ann Kerr	Programme Manager – Health Service	Health Education Board for Scotland
Anne Marie Knox	Nurse Specialist in Child Protection	Argyll & Lomond Primary Care NHS Trust
Colin MacAuley	Integration Manager	Inverness New Community School
Lynn Masson	Professional Officer	Royal College of Nursing
Liz Moore	Director of Nursing	Ayrshire & Arran Primary Care NHS Trust
Arlene Polet	Project Officer	Nursing and Midwifery Practice Development Unit
Michael Proctor	Nursing Officer	Scottish Executive Health Department
Derek Reid	Head Teacher	Burnfoot Primary School
Linda Sydie	Subject Head, Department Health and Nursing	Queen Margaret University
Moira Wilson	Pupil Support and Inclusion Division	Scottish Executive Education Department



Glossary of Terms

TERM

AAT

DEFINITION

Alcohol Action Teams (formerly AMCCs, Alcohol Misuse Coordinating Committees) set up in 1989 to promote local co-ordination in the prevention and treatment of alcohol problems. Membership varies with local need but will generally include representatives from health service, local authority, voluntary sector, the business community, drinks industry and the police

CAMHS

Child and Adolescent Mental Health services. A comprehensive Child and Adolescent Health Service will operate at a number of levels:

- Tier 1 deals with the problems, which require non-psychiatric professional help at the primary care level, in schools, or in the wider community. The aims of tier 1 are mental health promotion, early screening for high risk children and support and training for primary health care teams, community child health teams, teachers, social work staff and others who work with young people.
- Tier 2 deals with the more serious problems, which require the intervention of professionals with specialist knowledge of child mental health in support of tier 1 care staff. The aims are individual professional work in response to referrals.
- Tier 3 deals with serious and complex disorders, which require the specialist help of a multi-professional care team, with the young person or family seen in out-patients. The aims of the work are to provide multi-professional specialist child and adolescent psychiatry service.
- Tier 4 deals with extremely severe and complex problems, which have failed to respond to help at the other levels and need specialist facilities such as in-patient or day patient. The aims of the tier are to provide services for these young people and children through in-patient or secure provision, and very specialist inputs for special needs.

At each Tier health workers must relate closely to their counterparts in social work and education.

Child Health Surveillance

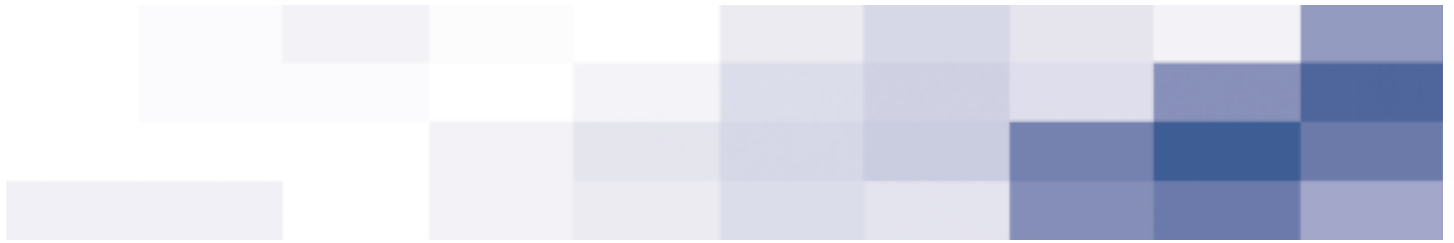
Systematic assessment of child health and development with the aim of detecting abnormalities and defects.

Clinical Supervision

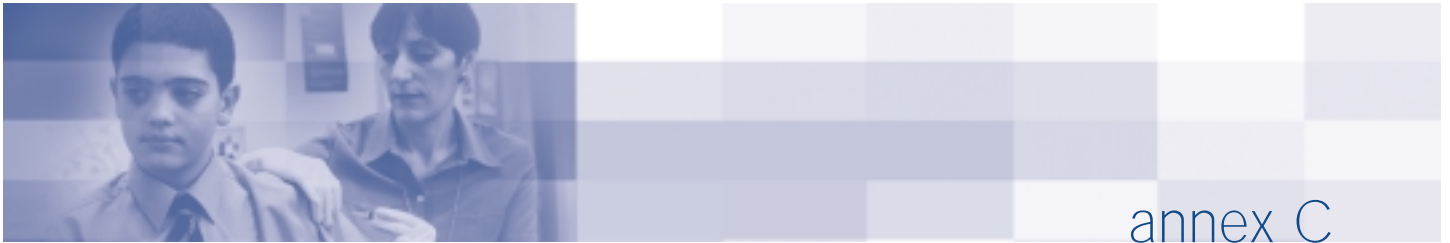
A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations.

CHD

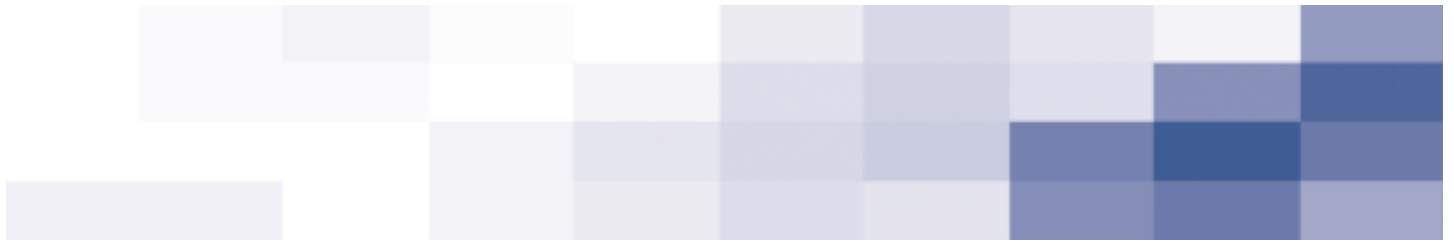
Coronary Heart Disease



CMO	Community Medical Officer. Provides the medical contribution to school health teams
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
DAT	Drug Action Team. Local strategic planning bodies for tackling drug misuse, comprising senior representatives from all key agencies, including local authorities, police, the NHS, prisons and voluntary sector.
Governance Frameworks	<p>A system for ensuring public accountability for the safety and quality of services. Within the NHS there are systems for;</p> <p>corporate governance,</p> <p>clinical governance: http://www.show.scot.nhs.uk/gggb/depts/dph/clngovrn.htm</p> <p>staff governance http://www.show.scot.nhs.uk/sehd/publications/dc20020208sgss.pdf</p> <p>and research governance: http://www.show.scot.nhs.uk/cso/local_implementations_plans_guidance.doc</p>
HEBS	<p>Health Education Board for Scotland. Scotland's national body for health education, promotion advice and information.</p> <p>In April 2003 PHIS and HEBS will together form a new organisation responsible for supporting health improvement across Scotland.</p>
Health for all Children (HALL 4)	<p>The fourth edition of "Health for all children" sets out to answer two questions posed on behalf of parents – "What health care programmes are available to promote my child's health and development, and which are effective". The report is based on evidence of effectiveness and expert opinion on best practice and sets out a proposed programme of child health promotion and surveillance. www.healthforallchildren.co.uk</p>
Health Promoting Schools	<p>Stems from the European Network of Health Promoting Schools, which was launched in 1992 by WHO. The network encourages schools to adopt a holistic approach to health promotion, prioritising it within the curriculum, the environment of the school, its ethos and its links with the local community. Working towards achievement of Health Promoting School status is a key requirement for New Community Schools. To support this development the Health Promoting Schools Unit was established in 2002 in partnership with Scottish Executive, HEBS, Convention of Scottish Local Authorities (COSLA) and Learning and Teaching Scotland.</p>



Healthy Respect	<p>One of four health demonstration projects established following publication of <i>Towards a Healthier Scotland</i> to act as a learning and teaching resource for the rest of Scotland. Implications for policy and practice will be identified, enabling local successes to lead to national change.</p> <p>www.show.scot.nhs.uk/demonstrationprojects</p> <p>Based in Lothian, Healthy Respect aims to help young people develop a positive attitude to their sexuality and that of others, and a healthy respect for their partners, with the aim of reducing unplanned teenage pregnancies and sexually transmitted infections.</p> <p>www.healthy-respect.com</p>
ICT	Information and Communications Technology
LHCCs	Voluntary groupings of primary health care professionals working to strengthen and develop the local delivery of services. LHCCs have a growing role in developing partnerships to address the health needs of local communities.
Looked After Children	<p>Children who are looked after by the local authority. A joint SWSI/HMI Report, <i>Learning with Care</i>, on educational experiences of looked after children recognised that they are a particularly vulnerable group who need additional support to achieve their full potential.</p> <p>http://www.scotland.gov.uk/library3/education/lacr-00.asp</p>
National Dental Inspection Programme	A national programme of oral examinations carried out at key stages in primary school in Scotland. The Programme provides an assessment of oral disease risk for parents and contributes aggregated, anonymised information on population risk for planners of healthcare.
New Community Schools	<p>A radical initiative which has the twin aims of promoting social inclusion and raising educational standards in schools in Scotland. The Scottish Executive Education Department have committed to rolling out the 62 pilot projects to cover all Scottish schools by 2007.</p> <p>http://www.scotland.gov.uk/library3/education/ncs5-00.asp</p>
NES	<p>NHS Education for Scotland was established as a Special Health Board on 1st April 2002. The new body builds on the work of former organisations responsible for the post registration education of nurses, midwives, doctors, dentists and pharmacists, extending its activities to cover all staff groups. Its aim is to promote best practice in the education and lifelong learning of all NHS staff. www.nes.scot.nhs.uk</p>



NMC

The Nursing and Midwifery Council is a UK-wide organisation set up by Parliament to ensure nurses, midwives and health visitors provide high standards of care to their patients and clients.

To achieve its aims, the NMC:

- maintains a register of qualified nurses, midwives and health visitors;
- sets standards for education, practice and conduct;
- provides advice for nurses, midwives and health visitors;
- considers allegations of misconduct or unfitness to practise due to ill health.

www.nmc-uk.org

Personal Learning Plan

In its Programme for Government, April 1999, the Scottish Executive committed itself to providing Personal Learning Plans to map out a pathway to achievement for every pupil in Scotland, in order to ensure that all children fulfil their potential in school. The Personal Learning Plan will form a single continuous record and action plan for learning. Personal Learning Plans are now incorporated into the *Assessment is for Learning* development programme. Roll-out of the programme, including Personal Learning Plans, will start in session 2003-2004.

<http://www.ltscotland.com/assess>

Personal Development Plans

Learning Together requires that all employees of NHSScotland should have a Personal Development Plan that outlines their personal development needs and is based upon the needs of the service.

www.scotland.gov.uk/learningtogether

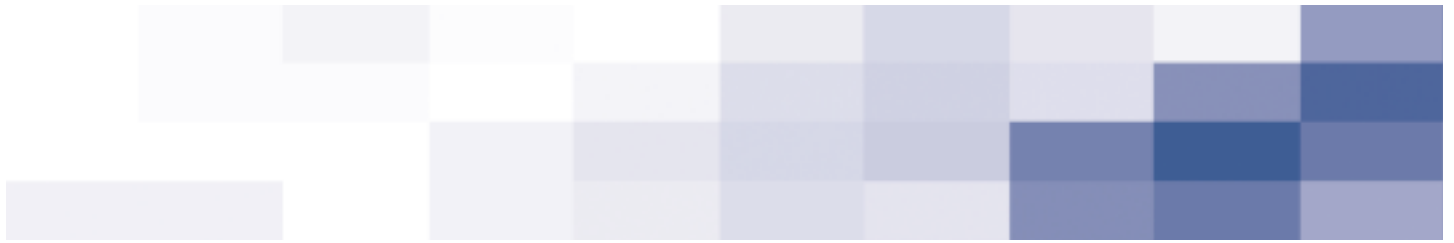
PHIS

Public Health Institute for Scotland. Set up by the NHS to serve the whole public health community with particular focus on information, evidence and skills, making links with the many individuals and organisations working towards health improvement in Scotland. www.phis.org.uk

In April 2003 PHIS and HEBS will together form a new organisation responsible for supporting health improvement across Scotland.



Physical Activity Task Force	<p><i>Towards a Healthier Scotland</i> (1999) committed to establishing a National Physical Activity Task Force (PATF). The PATF was convened in June 2001 and reported in June 2002. Scottish Ministers will publish their response in February 2003.</p> <p>The overall aim of the Task Force was to consider and make recommendations on a strategy for increasing physical activity in Scotland. More specifically its remit was to investigate and recommend ways to:</p> <ul style="list-style-type: none">• Raise physical activity levels in all age groups in Scotland• Use physical activity to reduce health inequalities• Ensure that the relevance of physical activity to raising and maintaining the quality of life for all age groups is fully recognised• Promote physical activity as enjoyable and accessible• Increase uptake in sustainable forms of physical activity• Identify the scope of joint working with the relevant agencies at a policy and practice level in pursuit of these objectives• Advise on how current services, facilities and programmes can be used to better effect and where further investment should be concentrated• Set national targets for physical activity
Public Health Nurse	<p>Nurse who has completed the specialist practitioner degree course in public health nursing. Established in 2001, this new programme brings together school nursing and health visiting into a single discipline.</p>
Public Health Practitioner	<p>LHCC based lead for health improvement activity. PHPs act as a champion for health improvement activity, support and develop partnerships with local communities and agencies and act as a catalyst for local change and development in response to need.</p>
School Cluster	<p>Organisational grouping of schools which typically includes a secondary school and the primary schools that filter into it.</p>
School Development Plans	<p>Education Authorities are responsible for ensuring that a development plan and a summary are prepared for each school. The content of these is outlined in sections 6 and 7 of the Standards in Scotland's Schools etc Act 2000 which can be found at: www.hms0.gov.uk/legislation/scotland/acts2000/20000006.htm</p>



School Health Profiles	Will bring together information and statistics from a variety of sources to provide a summary of health status and health needs of the school population. PHIS will undertake the development of a common framework for School Health Profiles.
School Nursing Leaders	Senior professional staff responsible for the leadership and development of local services.
SNAGs	School Nutrition Action Groups. Multi-agency group involving pupil and catering representatives in addition to parents and school management set up within schools to tackle food related education and health issues and promote healthier eating in schools.
SNAP	The Scottish Needs Assessment Programme (part of PHIS) assesses the need for interventions to improve health, encompassing the need for change in all aspects of living and all professions or services that may be relevant to improving health. SNAP aims to contribute to work on improving health status and building health alliances as well as informing the planning process for health services. www.phis.org.uk
Special Educational Needs	<p>Special educational needs arise from difficulties in learning or barriers to learning. Some of these difficulties may be intellectual in origin or, they may arise from an inappropriate curriculum. Pupils with sensory impairments and physical disabilities may have barriers to learning, although intellectually they may be very able. A full account of special educational needs can be found in the HMI publication <i>Effective Provision for Special Educational Needs</i> available on http://www.scotland.gov.uk/library/documents6/epsen.pdf</p> <p>The 1980 Education Act set out requirements to provide assessment, recording and provision for children with special educational needs. The arrangements for supporting children with Special Educational Needs were recently reviewed, with proposals to modernise the system set out in <i>Assessing our children's educational needs: the way forward?</i> www.scotland.gov.uk/consultations/education/acen-00.asp</p> <p>A draft Bill, the Education (Additional Support for Learning) (Scotland) Bill, has been published and is the subject of consultation. http://www.scotland.gov.uk/consultations/education/deasl-00.asp</p> <p>This draft Bill has been accompanied by the publication of a framework document <i>Moving Forward! Additional Support for Learning</i>. http://www.scotland.gov.uk/library5/education/mfas-00.asp</p>



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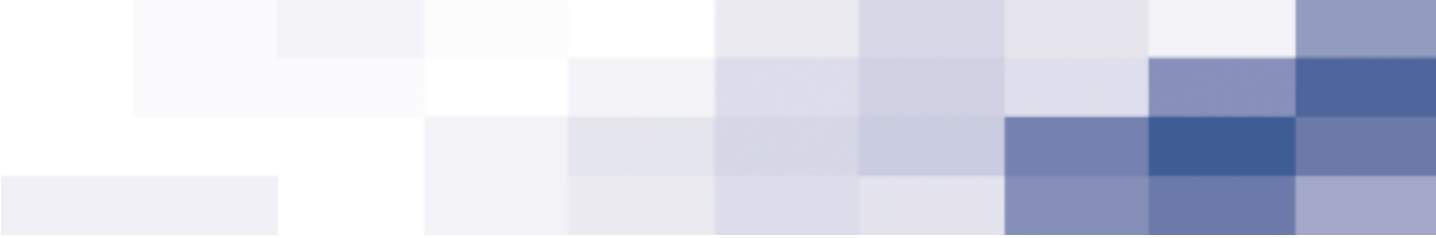
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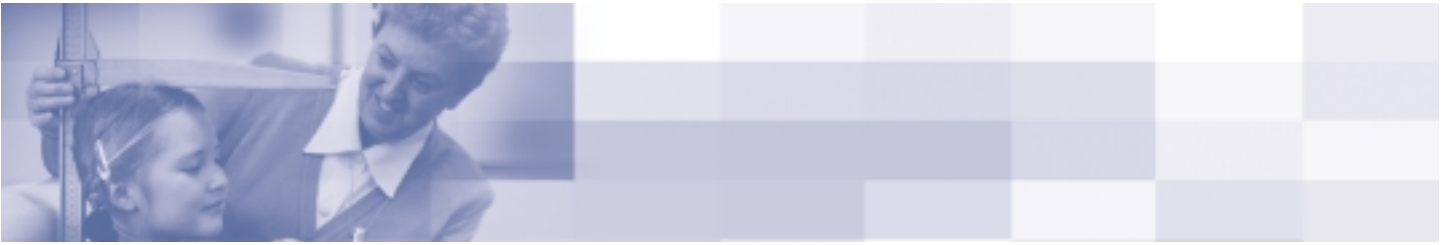
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