

Collective Regrading of School Nurses
Employed by City Hospitals Sunderland

Joint Evidence

CPHVA & RCN

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Introduction

A school nurse is a specialist practitioner and is the only trained nurse working between health and education (DeBell & Jackson, 2000). The school nurse provides a link between school, home and the community for the benefit of the child or young person and is an integral part of the school health team. The role of the school nurse has changed dramatically over the past few years. Routine screening and surveillance is still part of the role, however delivering services within Health Improvement Programmes, Health Action Zones and the Health Promoting Schools Schemes are now high on the agenda (DeBell & Jackson, 2000).

The school nursing service in Sunderland has developed and evolved to meet this changing health agenda, this has included changing roles, assuming duties previously performed by Doctors, as the Community Paediatric medical staff also changed their roles. Roles and practice have also evolved in response to client need and multi agency analysis of client need.

Therefore we consider that the school nurses in Sunderland should be regraded from 'F' to 'G'1b

“The postholder carries continuing responsibility for the assessment of care needs, the development, implementation and evaluation of programmes of care, and the setting of standards of care;

and

b) the management of a defined caseload, including liaison with other agencies and where appropriate the supervision, deployment and teaching of staff and/or students.”

Whitley Council Nursing and Midwifery Grading criteria

Rationale that School-nursing Sisters in Sunderland meets the criteria for a G grade: -

Caseloads within School Nursing

School nurses are responsible for the management of a defined caseload. Caseloads comprise

Of specified schools for which the school nurse is the named health professional. The designated clinical area of child health comprises of educational settings, local authority homes, clinics (e.g. enuresis, hearing), specialist units and clients homes.

The caseload is the sole responsibility of the named nurse and sick leave, maternity leave and annual leave are not covered leaving the responsibility of the caseload with the caseload holder. If it is deemed to be appropriate a colleague on an ad hoc basis may undertake urgent work. However caseload responsibility remains with the named nurse. It is the named nurse's responsibility to identify outstanding work requiring completion. The day-to-day management of the caseload is prioritised by the named nurse to ensure that health needs are met whenever possible. However priority must be given to work with vulnerable children and their families and children on the child protection register.

Within Sunderland Nursing Sisters are each responsible for the **Management** and **Prioritisation** of a caseload which comprises of Specified Named Schools (Secondary, Primary, Infant, Special Schools and Units, and Local Authority Homes).

To achieve this **liaison** is a key aspect of the role.

Liaison with other professional groups.

Close liaison between a broad list of agencies is essential to ensure that the health needs of the school child within the context of the whole family are met (please see the list below). This list is not intended to be exhaustive however it gives an indication of the diversity of the role.

Social Services	Education	Community Paediatrician	Child & Family Unit
Parents	Carers	Occupational Therapy	Counselling services
Health Visitors	Ophthalmic Services	Physiotherapy	Paediatric Liaison
Dental Services	Disability Services	Acute Paediatrics	Youth Offending Team
Speech and Language	District Nurses	Dieticians	General Practitioners

This close liaison is a vital part of the role of the school-nursing sister in order that she understands and can provide the necessary support and advice to the parents/carers of the child. At the same time appropriate information needs to be relayed to the school in order that they too can meet the health needs of the child within the educational setting e.g. protocols for the management of health problems such as epilepsy, diabetes and allergic reactions in school.

Specialist Roles

1. The School Nursing Sisters have a specialist role in relation to **vulnerable children: children in need / child protection and looked after children.**

- The School Nursing Sister is the Key Health Worker in the decision making process.
- The School Nursing Sister makes regular health assessments of the individual child.
- The School Nursing Sister is a member of the core group.
- The School Nursing Sister provides specialist advice to the child, parent and other professionals represented at the core group.

School nurses have a key role and responsibility in meeting the health needs of vulnerable children and children whose names are on the child protection register (DeBell & Jackson, 2000). Within Sunderland, school nurses have a key role as part of the core group. The core group are charged with formulating a protection plan, which is required whilst a child's name is placed on the child protection register. Monitoring

and assessment of the child's health needs is the responsibility of the named school nurse for that particular child. Verbal and written health information is given often in report format as per Sunderland ACPC Procedures section 9. The school nurse is often the only health professional supplying specialist health advice to the core group. The Core group is a multi – agency group. It comprises of the child (dependant upon age), the parent/carer, health, social services, education and other organisations felt to be significant in the care of a particular family. Assessment, planning, evaluation and decision making are all key roles of each member of the core group. Continuous information sharing and liaison between group members (multi – agency) is essential to the success of the implementation of the protection plan and the safety and well being of the child which is obviously of paramount importance. The school nurse has a responsibility to share specialist health information in report format for initial child protection conferences and subsequent child protection reviews in line with ACPC Procedures. All School Nursing Sisters have children on the child protection register allocated to them within their caseload.

Vulnerable children may be assessed, as children in need rather than children in need of protection. School nurses also have a key role and a responsibility working in partnership with other agencies to assess, plan, deliver and evaluate services to vulnerable children and their families. Care group meetings are held regularly where school nurses liase and share specialist health information with health colleagues, parents/carers, social services and education

School nursing Sisters have recently **changed their practice** in response to local need by

Initiating home visits for children on the child protection register.

1. Assessment of health need

The Green Paper, 'The Health of the Nation' presented to parliament in 1991, gave Health Authorities a more strategic role. They were given the prime responsibility as "champions of the people" to assess the health needs of their local population. The school-nursing sisters in Sunderland have completed caseload profiles to identify the specific health needs for school age children across the City.

2. Health Education

The role of the school nurse as a health educator was highlighted by Yvonne Moores, the then Chief Nurse at the Department of Health, when she had introduced The Health of the Young Nation (Moores 1995). This built on the themes introduced in the Green Paper, 'The Health of the Nation' (D.O.H., 1991). The promotion of good health and the reduction of 'avoidable disease and premature death' were to be addressed. In particular the establishment of a change in health behaviours such as smoking, diets and exercise, substance misuse, accidents and sexual behaviour, in short health behaviours related to lifestyles. Education was seen to be a key contributory factor in order that 'individuals have the necessary information with which they can exercise informed free choice'. School nurses also have a key role within schools assisting them to achieve Healthy Schools Award status. School Nursing Sisters in Sunderland are the only professional group within health who can access the entire school aged population and deliver programmes of health education to directly address the targets set within the Health of the Nation see **appendix 1**.

3. Public Health Role

Additionally the School Nursing Sister is recognised by the government as having a key public health role (DOH, 1999a & 1999b).

One element of the public health role of school nurses is immunisation. Immunisation programmes such as BCG immunisation against Tuberculosis and Diphtheria, Tetanus and Polio Immunisation at age 15 are completed by School Nursing Sisters. The uptake for the latter is unlikely to be achieved if attendance at GP surgeries was required. BCG immunisation is not routinely available in any other health care setting. The immunisation is completed only after the careful checking of the consent form against the child health records if appropriate and the assessment of the health status of the individual client is completed. The School Nursing Sister will use her clinical judgement and the immunisation may be withheld if it is felt that the immunisation of the client is not felt to be appropriate. Following the immunisation specialist advice is given to the client e.g. the management of BCG site post

immunisation. Post immunisation clinical judgement is again exerted in the assessment of the client post immunisation and the instigation of anaphylaxis procedures if needed.

5. Special Needs Children

School Nursing Sisters also supply specialist-nursing advice to schools regarding children with special educational needs. Schools require nursing advice for children who are recognised as being on the code of practice for special educational needs. School nursing sisters in written format gives this advice. The School Nursing Sister assesses the health status of the child and offers health advice to the school for children within her allocated schools.

6. School health screening and surveillance

School nurses are responsible for child health screening and surveillance of the school age population in Sunderland. This comprises of vision and hearing screening. Health Care Interviews are offered to all reception age children in school with the parent / carer. At this time the child's general health is assessed and any concerns regarding the health status of the child are identified. The school Nursing Sister recommends an appropriate course of action resulting in an action plan including any referral or liaison with other disciplines or agencies. Health Promotion is also undertaken on a one to one basis within this health care interview.

References

Department of Health (DOH), 1991. The Health of the Nation - A Consultative Document for Health in England. London, UK: The Stationary Office.

Department of Health (1999a) Saving Lives: Our Healthier Nation. London: The Stationary Office.

Department of Health (1999b) Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting contribution to health and healthcare. London: Her Majesty's Stationary Office.

Hooton. S., Promoting Child and Family Health Trough Empowerment. IN Kerr. J., (Editor) 2000. Community Health Promotion - Challenges for Practice. London, UK: Ballière Tindall in association with the RCN.

Sunderland. ACPC Procedures

Appendix 1

Table to show School Nursing activity in respect of the health of the nation targets.

<u>Health of the Nation Target</u>	<u>School Nursing Intervention</u>
Reduction of Coronary Heart Disease and Stroke.	Routine screening. Healthy Schools Award Health Education - Diet and Exercise. Health risks of Smoking.
Reduction in Cancers.	Healthy Schools Award. Health Education - Dangers of Exposure to Sun. Diet and Exercise. Sexual Health. Drug and alcohol misuse. Health risks of Smoking
Reduction of Accidents.	Routine screening for vision and hearing defects. Healthy Schools Award. Health Education - Drug and alcohol misuse. Parenting skills.
Reduction in Mental Illness.	Early referral for psychiatric help. Tier 1 and tier 2 assessments. Provision of support to the family. Support of children of parents with mental illness. Health Education - Self Esteem.
Reduction in HIV/AIDS and Sexual Health	Drop in Clinics. Health Education - APAUSE. Sexual Health Roadshow. Puberty talks. Relationships.

Table to demonstrate a classification of interventions for school nursing.
(Model adapted from Ewles and Simnett. 1999, p29)

Appendix 2

<u>Classification</u>	<u>Definition of Classification</u>	<u>Analysis of School Nursing Activity</u>	<u>Specialist Nursing Input</u>
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<p>PRIMARY</p>	<p>Retaining Health; Preventing health problems</p>	<p>Health care interviews at ages 5, 11 &14.</p> <p>Health screening for growth, vision and hearing;</p> <p>Immunisations.</p>	<p>Age appropriate communication skills. Completion of comprehensive health assessment, identifying health deficits and formulating an action plan of nursing interventions to address these. The provision of ongoing support for the student / carer.</p> <p>Audiology assessments both in school and in community hearing clinics.</p> <p>Assessment of a student's health prior to immunisation. Clinical decision-making e.g. reading hearing tests. Responsibility for checking records, provision of information to the students/parents. Specialist techniques e.g. BCG. Interventions in the case of collapse / Anaphylaxis post immunisation.</p>
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<p>SECO NDAR Y</p>	<p>Attaining Health; High teaching input</p>	<p>Enuresis clinic;</p> <p>One to one health promotion, e.g. parenting skills, head lice infection.</p> <p>Health promotion in school; e.g. A pause, Sexual Health Roadshow, Puberty, Drugs and alcohol, smoking, diet and exercise, personal hygiene, self esteem. Asthma Club,</p> <p>Drop In Clinics.</p> <p>Providing Support, referrals from school, other health professionals e.g. Health Visitor or General Practitioner, Parent, or Social Services</p>	<p>Assessment / planning interventions / monitoring and evaluating progress. Teaching and advice regarding treatment regimes, provision of support and empathy for the student/carer.</p> <p>Effective communication skills to make use of every opportunity to promote health. Provision of advice/ information regarding parenting strategies that are helpful in managing behavioural problems in relation to children of school age.</p> <p>Age appropriate and effective communication skills using a variety of teaching skills, e.g. debating a health issue, empowering, provision of information to allow the student to make an informed decision. Targeting at risk groups and the use of validated training packages e.g. APAUSE and the nurturing programme.</p> <p>Age appropriate communication skills</p>
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<p>TERTIARY</p>	<p>Maintaining Health; Monitoring and treating</p>	<p>Hearing clinic;</p> <p>Protocols for management of health in school, e.g. epilepsy, diabetes, allergy.</p> <p>Support of children with special Educational needs.</p>	<p>Audiological assessment.</p> <p>Individualised and specialist written advice to school personnel regarding the management of an emergency within school, and actions to be taken. Support and assessment of children with learning difficulties, including continence assessment, and referral to other agencies for assessment and therapy to improve the children's ability to access the curriculum.</p>
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