

# **The School Nursing Role in Integrated Community Nursing Teams**

School Nursing Priority Areas and Pathways

**ANNEXES**

## Contents

ANNEX 1. SCHOOL NURSING – MENTAL HEALTH AND WELLBEING PATHWAY .....	3
ANNEX 2a. SCHOOL NURSING – DOMESTIC ABUSE AT HOME PATHWAY .....	4
ANNEX 2b. SCHOOL NURSING – TEENAGE DOMESTIC ABUSE PATHWAY .....	5
ANNEX 3. SCHOOL NURSING – LOOKED-AFTER CHILDREN (LAC) PATHWAY .....	6
ANNEX 4. SCHOOL NURSING – HOMELESSNESS PATHWAY .....	7
ANNEX 5a. SCHOOL NURSING – SEXUAL HEALTH PATHWAY .....	7
ANNEX 5b. SCHOOL NURSING – PREGNANCY PATHWAY .....	9
ANNEX 5c. SCHOOL NURSING – OUTCOME OF PREGNANCY PATHWAY .....	10
ANNEX 5d. SCHOOL NURSING – YOUNG PARENT PATHWAY .....	11
ANNEX 6. SCHOOL NURSING – YOUTH JUSTICE PATHWAY .....	12
ANNEX 7. SCHOOL NURSING – YOUNG CARERS PATHWAY .....	13
ANNEX 8. SCHOOL NURSING – TRANSITION PATHWAY .....	14
ANNEX 9. UNIVERSAL SCHOOL HEALTH SERVICES – HEALTH ZONES .....	15

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

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people's mental health and wellbeing are prioritised using clinical judgement, information from the referral form and historical content from child health records.

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

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

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

If they score 20–40 points:

Explain that their presentation suggests there may be difficulties.

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

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

If they score 16–19:

Explain that their presentation suggests they might benefit from some additional support.

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

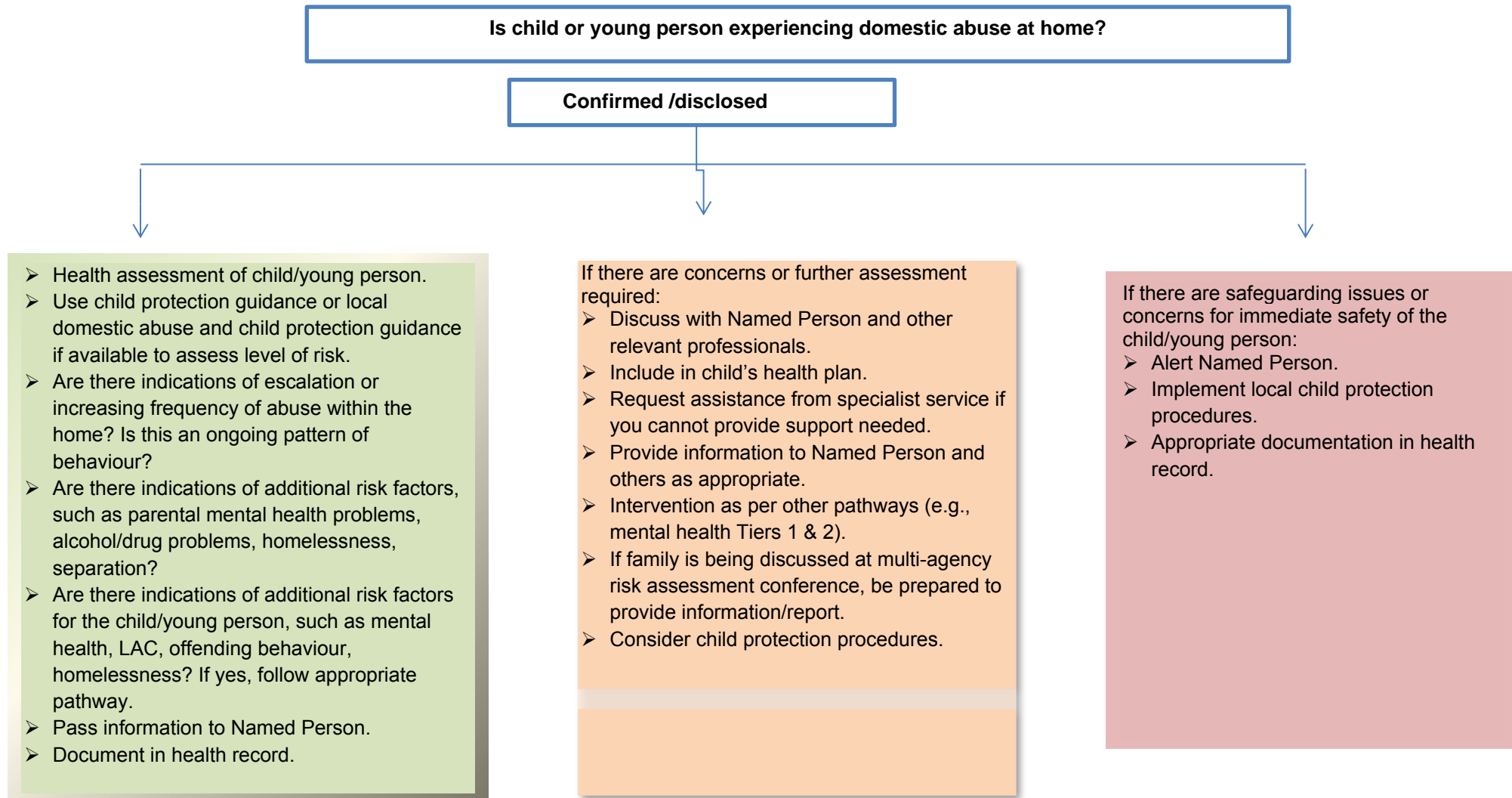
*Assessment results indicate good overall functioning across areas (school and home) with absent or minimal symptoms. SDQ results from parent, young person and school are all within the 0–15 range. If they score 0–15, advise that most people have a score between 0–15 and that there are five evidence-based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

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

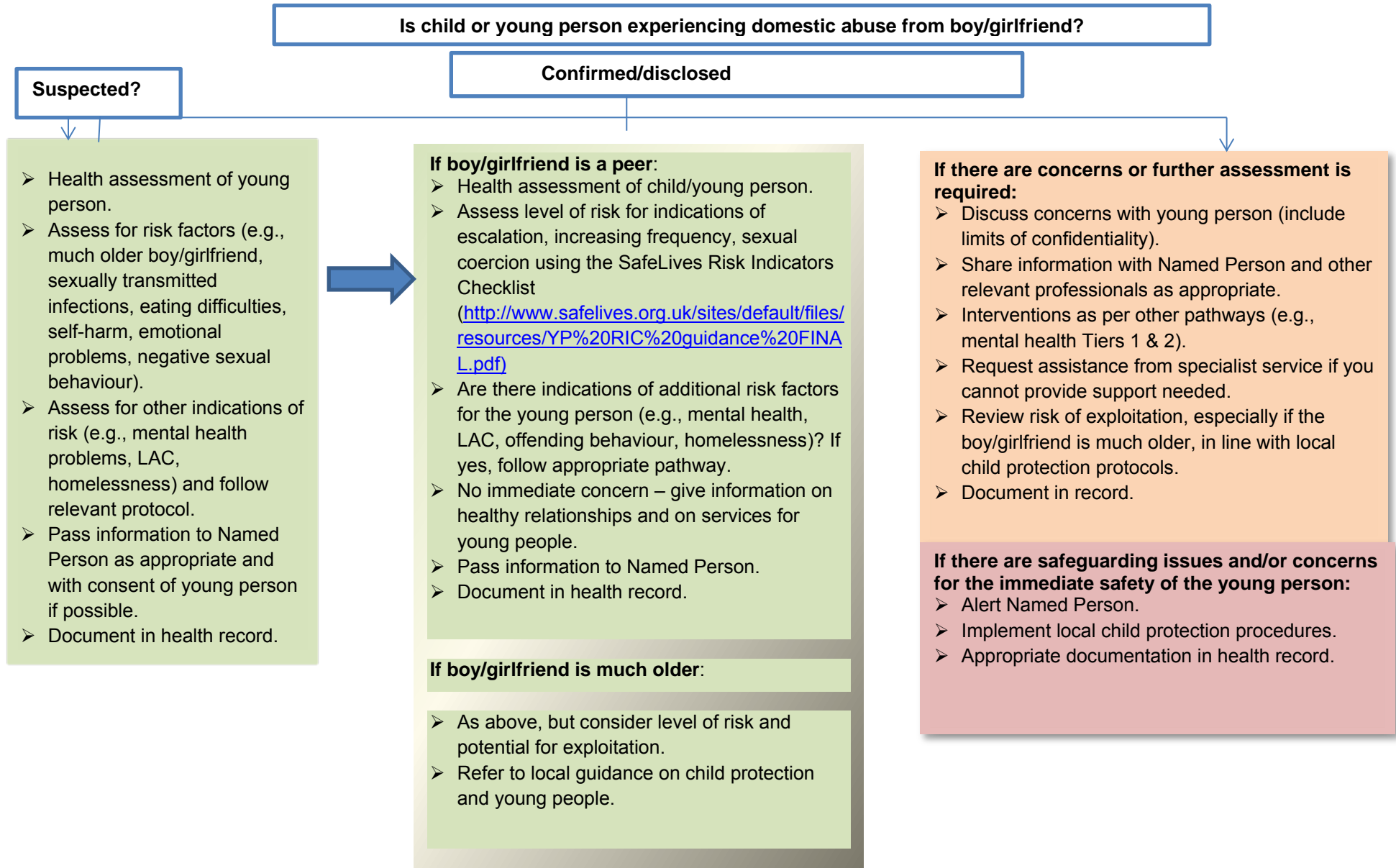
If the young person consents/requests further input or your assessment indicates the need to intervene:

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

## ANNEX 2a. SCHOOL NURSING – DOMESTIC ABUSE AT HOME PATHWAY

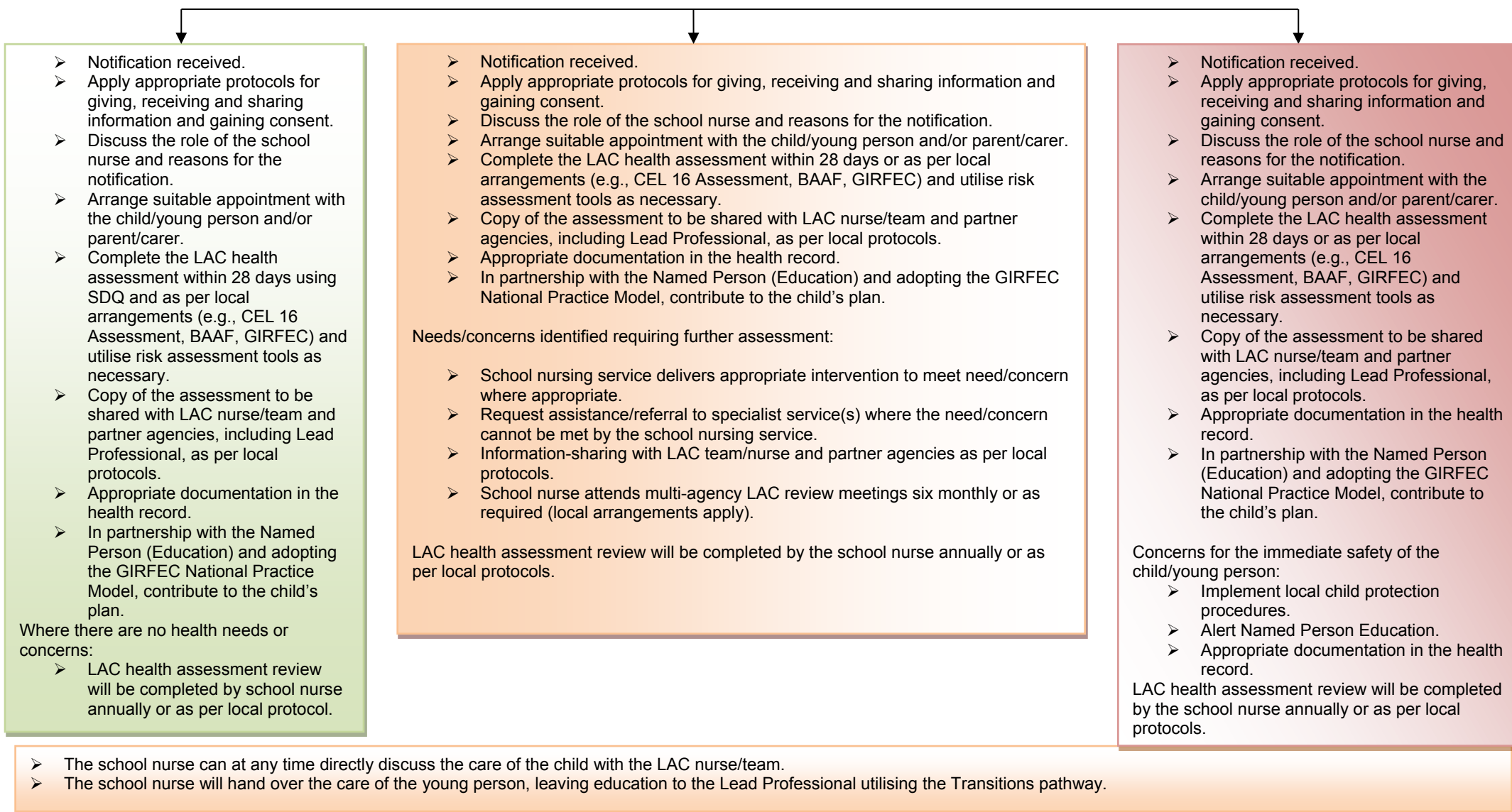


## ANNEX 2b. SCHOOL NURSING – TEENAGE DOMESTIC ABUSE PATHWAY



## ANNEX 3. SCHOOL NURSING – LOOKED-AFTER CHILDREN (LAC) PATHWAY

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



## ANNEX 4. SCHOOL NURSING – HOMELESSNESS PATHWAY

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

**If the child is registered with a GP and enrolled in school,**

**the school nurse will:**

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

**If the child is registered with a GP but not enrolled in local school,**

**the school nurse will:**

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

Contact made

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

Contact not made

- Link with Named Person and partner agencies to plan next steps, ensuring head teacher of local school is aware of family.

**If the child is not registered with a GP and not enrolled in local school,**

**the school nurse will:**

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

Contact made

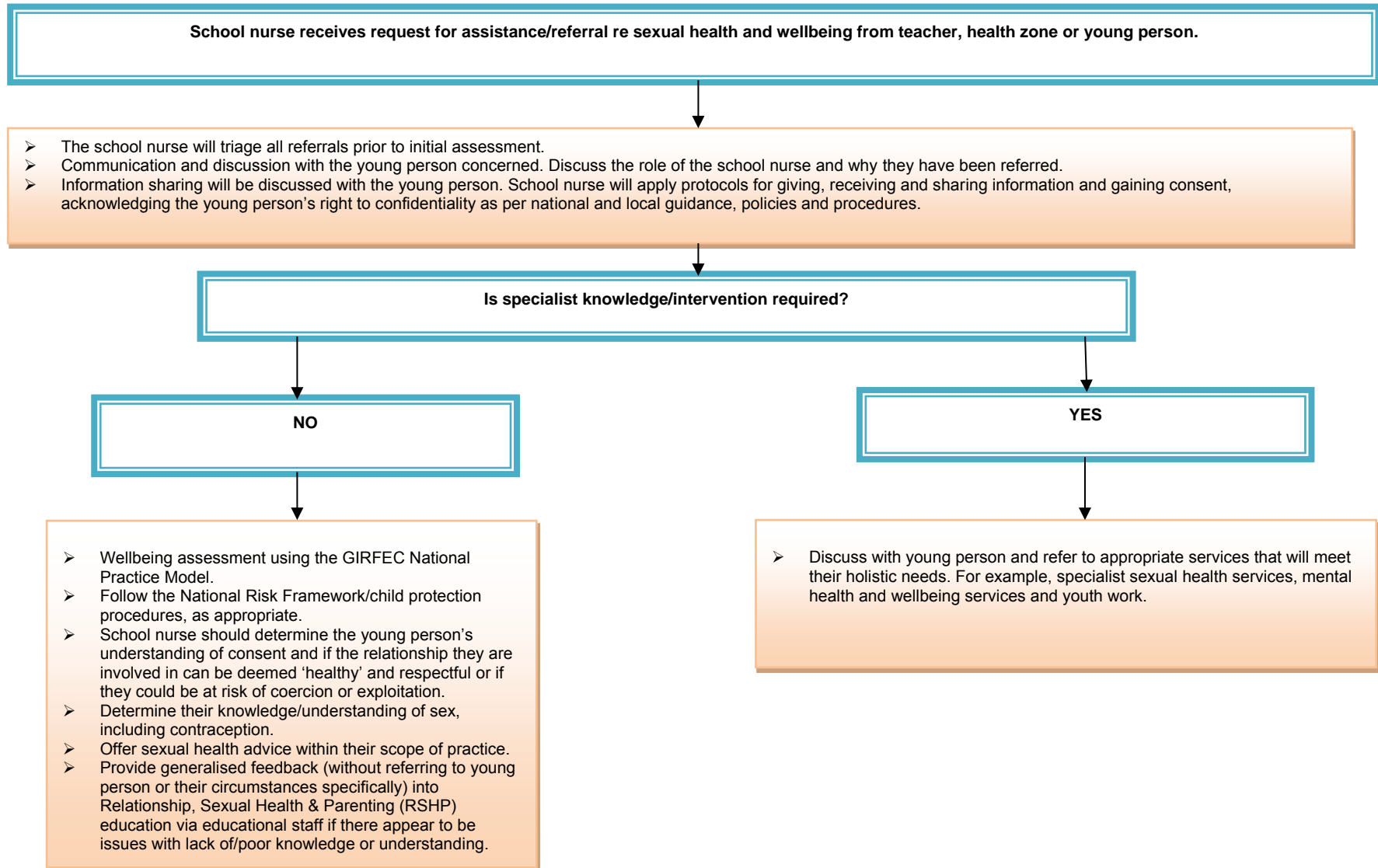
- Follow process to support GP registration.
- Inform parent of the local school and Named Person, inform head teacher of the children.

Contact not made

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

- Referral to other agencies as appropriate to healthcare needs.
- Ensure liaison with dentist, social work, housing, drug and alcohol team, child protection team, learning disability team, GP, women's aid, midwifery and enhanced support services.

## ANNEX 5a. SCHOOL NURSING – SEXUAL HEALTH PATHWAY





## ANNEX 5b. SCHOOL NURSING – PREGNANCY PATHWAY

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

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

- Initial contact by school nurse to establish communication and discussion with the young person concerned regarding role of the school nurse.
- Wellbeing assessment using the GIRFEC National Practice Model and National Risk Framework/child protection procedures, as appropriate.
- Information sharing will be discussed with the young person(s). School nurse will apply protocols for giving, receiving and sharing information and gaining consent, acknowledging the young person's right to confidentiality as per national and local guidance, policies and procedures.

**Is the pregnancy suspected or confirmed?**

**Suspected**

**Confirmed**

- Support young person to carry out pregnancy testing.

**Negative**

**Positive**

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

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

**Where the young (school age) man (father) is involved:**

- Discuss with young person and refer to appropriate services that will meet his holistic needs, such as youth work services.

## ANNEX 5c. SCHOOL NURSING – OUTCOME OF PREGNANCY PATHWAY

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

- Initial contact by school nurse to establish communication and discussion with the young person regarding role of the school/family nurse.
- Wellbeing assessment using the GIRFEC National Practice Model and National Risk Framework/child protection procedures, as appropriate.
- Information sharing will be discussed with the young person(s). School nurse will apply protocols for giving, receiving and sharing information and gaining consent, acknowledging the young person's right to confidentiality as per national and local guidance, policies and procedures.

**Young pregnant women continuing with their pregnancy**

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

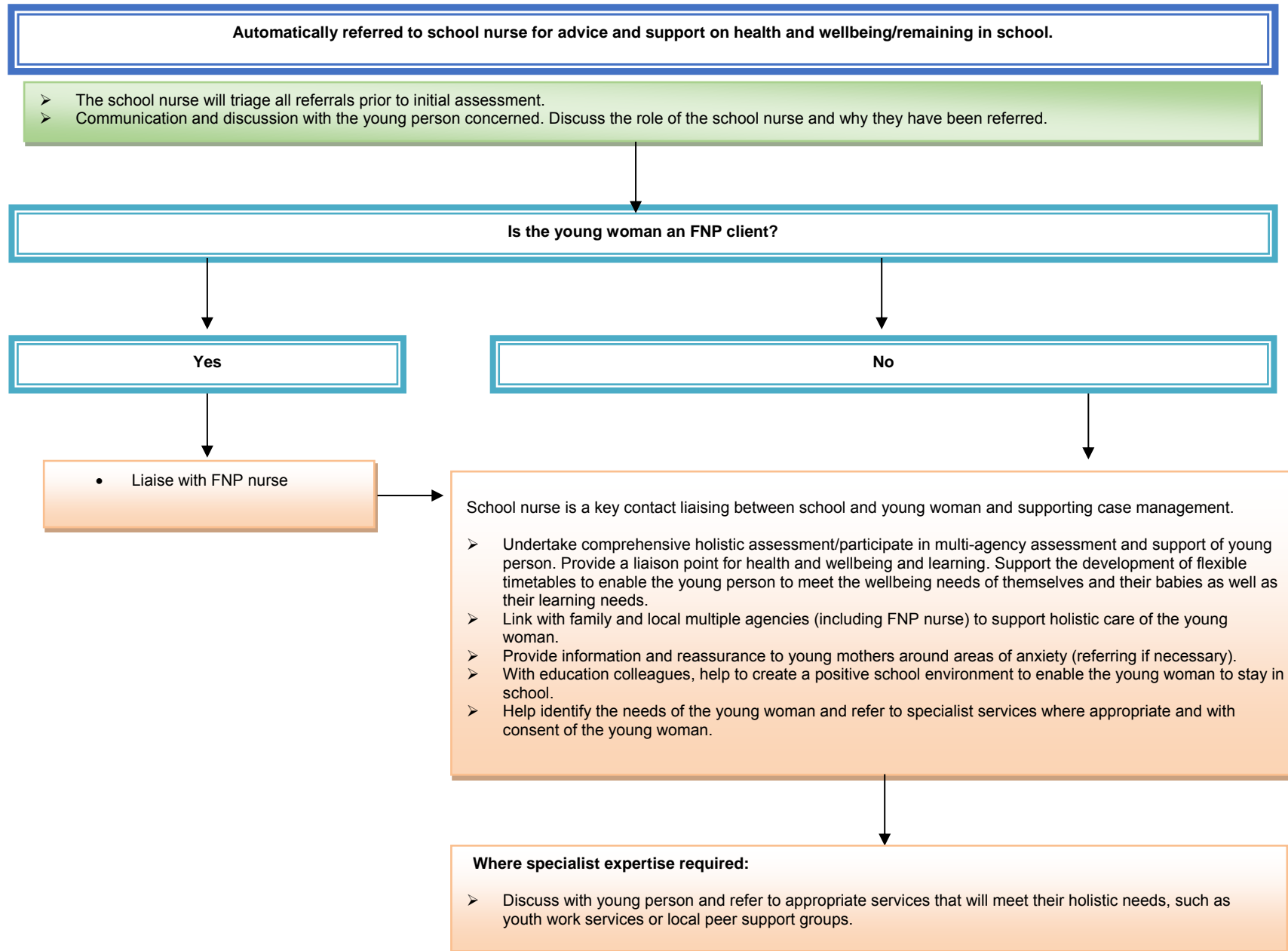
**Young pregnant women NOT continuing with their pregnancy  
(termination of pregnancy or miscarriage)**

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

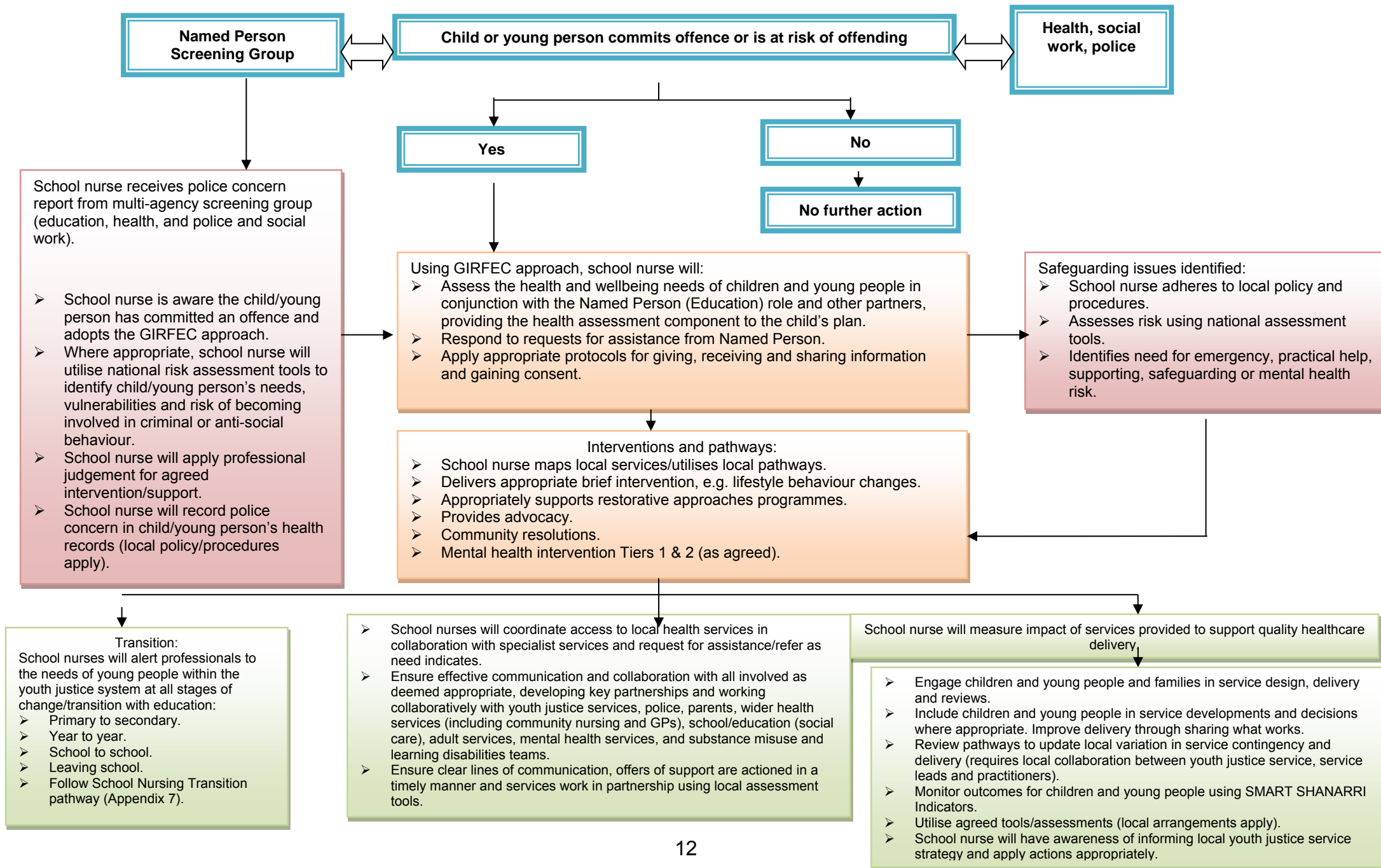
**Involvement of young father**

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

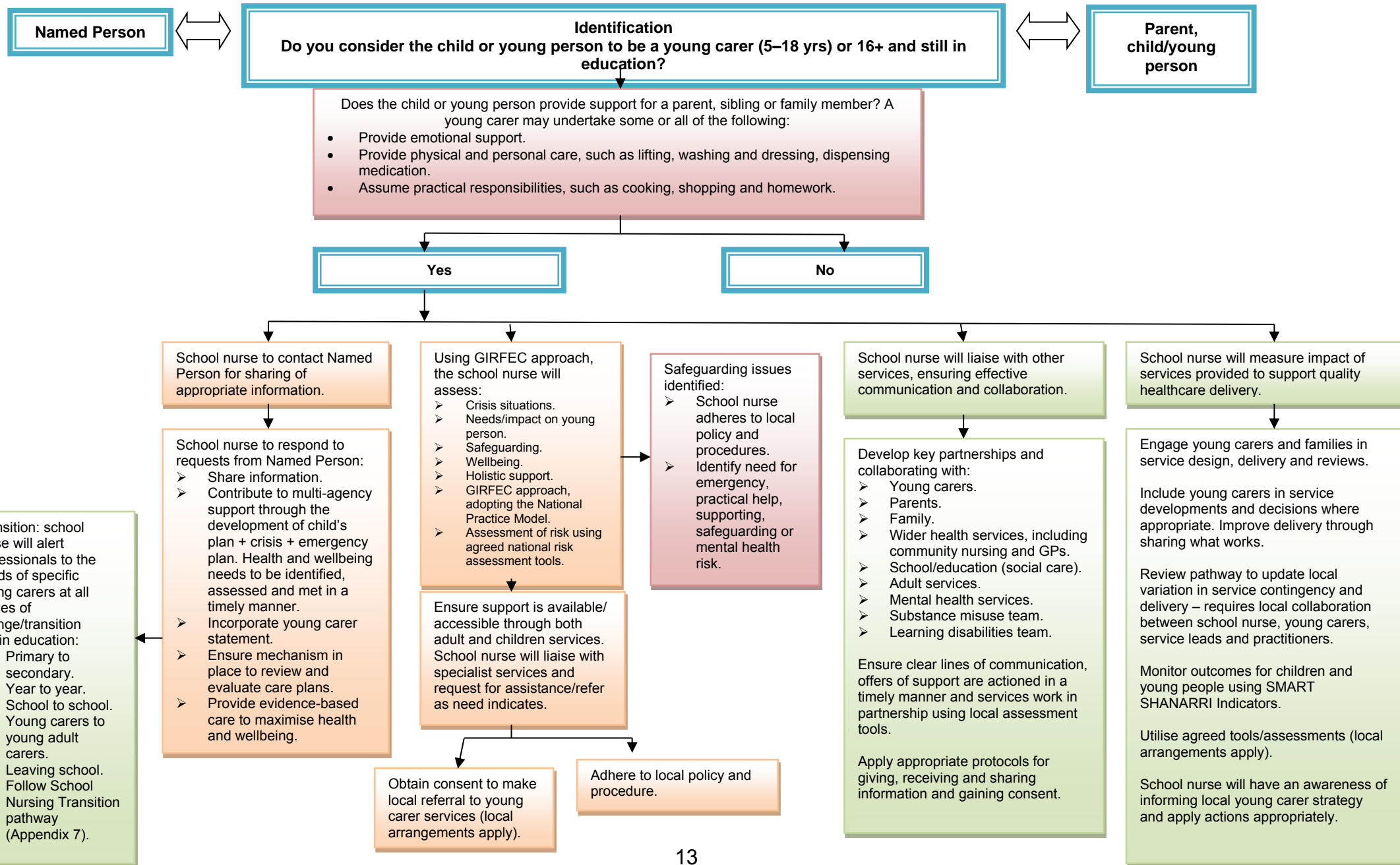
## ANNEX 5d. SCHOOL NURSING – YOUNG PARENT PATHWAY



## ANNEX 6. SCHOOL NURSING – YOUTH JUSTICE PATHWAY



## ANNEX 7. SCHOOL NURSING – YOUNG CARERS PATHWAY



## ANNEX 8. SCHOOL NURSING – TRANSITION PATHWAY

All children and young people transferring from pre-school → primary school → leaving school (0–19 yrs)

### Core Health Plan Indicator (HPI): children with no outstanding issues:

Child/young person transferred to core school nurse caseload and Child Health Department (local arrangements apply).

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

School nurse will:

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

- School nurse team members will attend annual induction welcome events for new pupils to highlight school nursing service.
- Working in collaboration with other agencies, attend school transition events (local arrangements apply).
- Provide information on what the school nursing service can offer.
- School nursing team will increase visibility/arrange appropriate contact in schools (minimum of one occasion per month) to link with Named Person, maintaining links/relationships with school and ensuring effective liaison between services.

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

## **ANNEX 9. UNIVERSAL SCHOOL HEALTH SERVICES – HEALTH ZONES**

### **WHEN**

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

### **WHERE**

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

### **BY WHOM**

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

### **CRITERIA**

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

### **CONTENT**

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

#### **1. Sexual health**

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

This should include:

- General discussions about relationships.
- Condom provision.
- Pregnancy testing.
- STI screening.
- Relationships/parenting advice, with signposting to appropriate services (such as health visiting).

- General discussion regarding other methods of contraception (particularly longer-acting methods) available from local specialist services and provide leaflets where available.
- Referral to specialist sexual health services.

## **2. Child sex exploitation**

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

## **3. Substance misuse**

## **4. Domestic abuse**

## **5. Mental health and well-being**

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

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