Results and Commentary

Overall figures (see Table 1)

There are a couple of immediate observations:

1. The attitudes of the young people are rather mixed, with about as high a proportion agreeing with each breastfeeding positive item (a and c) as bottle-feeding positive (b and d). There are some minor differences in the second column. The group least positive towards breastfeeding are the older females. In the table, the figures showing attitudes least positive to breastfeeding or most positive to bottle-feeding are in italics and underlined, and they occur mostly in the last column. This must be seen as an unhappily trend for those who want to promote breastfeeding. [These differences are statistically significant.]

2. More people smiling at home

Some of these findings might reflect the earlier impression we had of breastfeeding as being more popular among the professional classes.

Discussion

It seems that the attitudes of young people in schools towards breastfeeding are shifting and many issues are still developing. In this respect, teenagers seem to be an important group for breastfeeding promotion and schools would seem to be a natural venue through which to approach an initiative with this objective.

While groups with a strongly breastfeeding stance like the National Childbirth Trust have been visiting schools for years, there has been a recent ground-breaking initiative under the umbrella of a successful peer-led breastfeeding promotion project called Breastfriends in Doncaster. In 2002, the group won a £15,000 grant to take breastfeeding promotion into schools.

One of the women involved was Danielle Thornton. "It was fantastic," she says. "We found a unique angle - we wanted young people, 'infant feeding' because breasts are linked with sex. But we just conveniently ran out of time when it came to talking about bottle-feeding [. . .] It went down really well. Lots of the teenagers said to us they would consider breastfeeding - although some said they still thought it was disgusting. At least now they have the knowledge."

However, we are also mindful of a remark made by Professor of Midwifery Maris Kirkham who led the Breastfriends project: although she agrees it was a worthwhile exercise, she 'would never again' work 'outside the education system'. "It's well-nigh impossible to take breastfeeding into schools. You can't work under nutrition. It's not possible, social, educational and health. And I feel it's wrong to put it under sex education. In the end we retreated from the bureaucracy.

So, rather than blaming recommending more work in schools, we would prefer to urge people to examine the barriers to including breastfeeding promotion work in secondary education. Some will argue that the barrier is the funding. Undoubtedly some of these could be lifted already - the endless stream of initiatives in which a variety of organizations have a stake in providing the Training to be delivered in a post-potetial of the curriculum. It means from the experience of Prof. Kirkham that there are some extra specific ways of looking at the linkages to breastfeeding. As ever, a clear signal from figures in central government would double-ensure none of these barriers to overcome.

More people smiling at home

spending money on ties or clubs

Black children in the UK do not have the same experience of breastfeeding as their white peers. They experience more social, economic, and educational barriers to breastfeeding in schools. These barriers are compounded by the fact that breastfeeding is still stigmatized in many communities. However, the Breastfriends project has shown that it is possible to promote breastfeeding in schools and that it can have a positive impact on young people's attitudes to breastfeeding. This is a significant step forward in the fight against infant morbidity and mortality.
focus of the community (RCN, 1996) especially with the extended school age. Young people are a part of school and within the integrated school framework, professionals can work with and support the vulnerable and those who are difficult to reach in general practice.

Definition of School Nursing

The following definition of school nursing was originally expressed by Professor Sarah Cowley of King's College London, in an e-mail to a web-based health visitor-school nurse discussion forum, on 28th February, 2004.

Statement of purpose and underlying philosophy

The professional practice of school nursing consists of planned activities directed at improving the physical, mental, emotional, social and health and wellbeing of the school aged population, reducing inequalities in health and acting as advocates where appropriate.

The essence of school nursing is to work with individuals, families, and whole school communities to provide advice and support in order to promote health and well-being. This is achieved through the development of a proactive, child-centred public health role, with the emphasis being on prevention. School nurses search out and report health situations and health risks in the school community, raising awareness of health needs, enabling and empowering children, young people and their families to take action and make informed decisions. School nursing helps to reduce health inequalities and deficits in health and well-being by enabling young people to have access to health information and services, in particular those in the most deprived areas.

Roles for practice

School nursing practice takes place in a variety of settings, particularly in institutions, such as schools, residential and day centres, nurseries, clinics, and nursing homes. School nurses work in partnership with communities, children and young people's families, in particular those facing health and social challenges such as those who are homeless, disabled, or on welfare benefits. This work may include providing information, health and safety advice, as well as making referrals to other agencies and practitioners.

Aims of the School Nursing Service

To work to ensure that each child is able to benefit from the education provided to them irrespective of any health needs

To equip young people with resources to enable them to make healthy choices throughout their lives

To work in partnership with children, families and other agencies to identify young people who are suffering, or at risk of suffering from harm

To ensure that school nursing services around young, young people, families and communities so that the services are easily accessible, easier to use and to use closer to the home and school as possible

To provide safe, effective, high quality services to children, young people and families, based on local need

Why we needed to change

It was felt by practitioners in Suffolk that the school nursing role in schools was not efficient, ineffective or equitable and that health inequalities needed to be addressed. Health visitors and school nurses are flexible, adaptable and good at what they do but are being asked to do more and are becoming frustrated.

Traditionally, health visitors have been attached to GP practices, working with families and pre-school children whereas school nurses have been working in schools, working with mainly young people and young people between the ages of 5 and 18 years.

Consideration is now being given to more flexibility in working across age and priority groups according to the needs of the school and families. Schools are rich in the experiences of the health professional concerned.

A health visitor has expertise in babies and maternal health and a school nurse is a specialist in school-aged children and adolescents; however each professional also has her own individual specialist skill, such as sexual health, enuresis, behaviour and counselling which can cross all ages.

It is the appropriate professional for the needs of that particular child, young person or family which is important and not their title.

The Jigsaw project

Jigsaw is a new framework for the redesign of the school nursing and health visiting service, now entitled the Children and Family Health Visitors, who work with other relevant agencies to provide an improved service around community clusters. Community clusters are comprised of shared areas served by school pyramids which also include other institutions and organisations such as early years practitioners, youth services, children's centres, youth workers, adults, carers and parents. Each cluster will have a skill mix team consisting of several health visitors, a school nurse, a children's centre worker and two youth workers, who are usually nursery nurses.

Eventually it is hoped that these teams will incorporate other health professionals such as social workers and nurses and young people participation is being sought and their opinions being canvassed.

Overall aim

The overall aim of the Jigsaw project is to improve the health of children aged 0-19 years and their families especially those whose health is the poorest.

The aim is to enable those health professionals and representatives from all appropriate agencies concerned with children, young people and families. This needs to be achieved by means of gradual steps forward towards integration of skills and competences from all appropriate professionals within the clusters.

There is a need to organise services around the needs of children, young people and families not around existing professional functions. We feel this is best carried out by our vision of school nursing team.

The next step for the school nursing service is to prepare the ground for the integration of the Jigsaw project when the Health Visitors will join school nursing in community clusters teams. To do this there is a need to integrate all establishments, those within the age of 10, into our community clusters.

The Future

Partnership working must be the way forward evidenced by shared information, shared assessments and under shared values because fragmented services create vulnera-

bility for families, states Christine Lornon, Director for the Council for Disabled Children.

The team must not be seen simply in terms of the school nursing and health visiting but needs to work closely with and be a part of an integrated locality team consisting of other members of the health care team (health visitors, paediatricians, CAMHS primary mental health workers, practice nurses, GPs, Allied Health Professionals and others) as well as a multi-agency team of social care, educational staff and other community based staff as the volunteer team.

The Jigsaw project will create career pathways within health visiting and school nursing. These pathways will include specialist roles, roles, management and development opportunities. Self-managing teams will develop led by either a health visitor or school nurse, dependent on qualifications and experience, that are capable of responding to local needs.

The model for the school nursing service and the philosophy enshrined within, is multi-agency, flexible, and integrated working. This is to ensure that the needs of children are met as far as possible within their localities.