

An extensive literature search by the Public Health Research & Resource Centre identified a number of issues relating to the involvement of school nurses in the life and curriculum of the school.

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School nurses: sharing the health education workload

Schools have been identified in the public health Green Paper *Our Healthier Nation* as a key setting for the development of 'contracts for health'. This means that the School Health Service (SHS) continues to play a fundamental role in the health needs of young children.

A major and pivotal component of the SHS is the School Nursing Service (SNS). PHRRC was therefore commissioned by its four funding health authorities to undertake a literature review of the SNS. This article summarises the results of the review. A full report is also available.

Reviewing the role of the SNS encompasses a wide range of issues that are significant for the provision of health services to school children. This involves discussion which is wider than 'the role of the school nurse'; purchasers and providers should consider how best to provide health services to schoolchildren, rather than taking any particular service as a starting point. Key questions for them are:

- Should there be routine medical examinations or screening for school entrants? Which type of screening should be provided for children and by whom?
- How should the mental health and emotional problems of children be dealt with?
- How should children with special needs be catered for at school?
- How should schools deliver health education and promotion?

The full report discusses the role of the school nurse within the context of this wider debate. It does not provide answers to these key questions; rather, it presents the relevant issues and evidence, and stimulates appropriate debate. The main issues are described in the following sections.

The School Nursing Service today

In brief, it should be noted that:

- A significant proportion of school nurses are managed by professionals without a nursing qualification.
- The majority of school nurses are employed by community trusts.

The caseload of school nurses varies considerably; the average reported by the Health Visitors Association is around 2150 (HVA 1996). The majority of school nurses work across both primary and secondary schools, with no responsibility for special schools.

An overarching element of the school nurse role has also been found to be that of *health adviser* — to children, parents and teachers. A key role is that of referral and liaison between children, parents, teachers and other agencies, including other health professionals. Key areas in which school nurses are involved are screening (as opposed to routine medical examinations by a doctor), health education and promotion, the identification and addressing of

School nurses have been found to act as health advisers to children, parents, and teachers.

Children see school nurses as approachable, trustworthy, and offering more confidentiality than teachers or parents.

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psychological and emotional problems (including child protection), and looking after children with a variety of special needs.

There are, however, no statutory requirements for how health services should be provided to school children, giving district health authorities considerable scope in shaping these. The SHS has therefore developed along an *ad hoc* basis, with a considerable range of policy and practice. Not all school nurses are involved in the key areas, and roles can vary to a considerable degree.

Emotional problems

The need to address young people's emotional problems is voiced by parents, children and teenagers, and was recognised in the Department of Health's Green Paper *Our Healthier Nation* (DH 1998), which identified mental health as one of four priority areas.

The role of the school nurse has expanded into this area, and includes child protection. Her role in 'counselling', for example, is strongly endorsed by school nurses, and studies have found that children do see them as approachable, trustworthy and preferable confidantes to parents and teachers. However, school nurses and others recognise that lack of adequate training and time are significant problems. The DH (1996) and the Audit Commission (1994) state that more evaluation of the school nurse's role in this area is advisable. The DH also stresses that schoolchildren need expert counselling, and specifically advises against health interviews being used as a substitute.

Health education and promotion

Policies in recent years highlight schools as key settings for health education and promotion (DH 1992, 1998). Surveys have found that many teachers welcome, or would welcome, the contribution of school nurses to their health education programme (Mayall 1996). Opinion is divided, however, as to whether school nurses should act only as advisers to teachers, or should also be involved in classroom teaching.

In practice school nurses have already expanded into health education and promotion. Most school nurses endorse this move — including their official representative body, the Community Practitioners & Health Visitors Association (CPHVA, 1998). Lightfoot & Bines (1998), for example, undertook a survey

on school nursing in England and found that health promotion was one of four key roles of school nurses. School nurses involved in a UK-wide survey by the HVA also said that they would like to be more involved in health education and promotion than is actually the case (HVA 1996).

There are, however, few statutory requirements for the delivery or method of delivery of health education and promotion within schools. As a result, a great variety of types of provision has been found to exist. School nurses have been found to be involved in a variety of methods of health education and promotion, from giving advice to children during screening sessions, health interviews and drop-in clinics, to classroom teaching and advising teachers. All of these have their supporters, but there has been little evaluation of effectiveness.

Whatever capacity school nurses become involved in health education and promotion, it is claimed that they may require specialist knowledge (e.g. around HIV and AIDS) and training (e.g. to provide health education and promotion in effective ways).

There are therefore a considerable number of significant and complex issues to address in considering school nurse involvement in health education and promotion. Key players would seem to be teachers, school nurses and health promotion specialists. Key issues appear to be training, resources and joint planning/working. School health profiling and service level agreements (see *Problems and solutions* below) would seem to be useful tools for the consideration of such issues at local level.

The types of health education and promotion activities in which school nurses have become involved vary widely. They provide health education through, for example, screening sessions and health interviews, advice to teachers, classroom teaching, one-to-one counselling and drop-in clinics.

Nurses as teachers

A number of sources cite evidence of school nurses teaching health education in the classroom. Whitmarsh (1997) reports that school nurses are often involved in the teaching of sexual health education.

It is claimed that there are a number of other potential benefits from school nurses being involved in classwork. Johnson (1991) cites a

Involving the school nurse in the classroom has many benefits.

number of these, based on her own experience of classroom teaching:

- she obtained a better overall view of each child;
- it made her more familiar with the children, her presence therefore exciting less unwelcome attention;
- there was increased self-referral to her by children;
- it made her more accessible to teachers, with the result that teachers increasingly approached her for advice;
- there were more referrals, back-up and support for attendance at medicals;
- it led to her being seen as an integral part of the school;
- parents became more aware of her role and got to know her more;
- it led to increased attendance at health interviews by parents.

Lack of appropriate training of school nurses for teaching health education, however, has been cited as a potential problem. The British Paediatric Association (BPA, 1996) and the DH (1996), for example, advise against school nurses teaching on their own, because they do not have the appropriate skills for doing so. Charleston & Denman (1997a, b) also claim that initial training programmes for school nurses fail to prepare them adequately for their role as health promoters. Similarly, some school nurses involved in a survey by Lightfoot & Bines (1998) were unsure whether they should be involved in any classroom teaching.

Nurses as 'teaching partners'

While disapproving of the role of school nurses as teachers of health education, the BPA (1996) and the DH (1996) recognised and approved of the role of school nurses as advisers and 'partners' to teachers. It may be a method of resolving the difficulties on the one hand of teachers having to cope on their own in teaching health education, with pressures of limited time and resources, as well as lack of appropriate knowledge, and on the other hand of school nurses teaching when they may be inappropriately trained and skilled to do so.

Lightfoot & Bines (1998) found from their survey of school nursing across England that school nurses act as health advisers to children,

young people, parents, and also teachers. Mayall (1996), in a large-scale survey of the health of children in English primary schools, also found evidence of school nurses and teachers working in partnership, which was welcomed by some schools in the survey. Other sources have discovered that schools would like more of this type of working. Challenger (1990), for example, describing the results of a questionnaire given to 1,418 secondary school pupils, found that the emphasis on health education in many schools is inappropriate for the age group targeted and concluded that the role of the school doctor and nurse as advisers to the teachers planning a health education programme could be exploited far more advantageously than is usually the case.

Consulting with parents and pupils

The BPA (1996) stated that a range of specially-trained agencies should provide health promotion to schools, but also stressed that health promotion should be an integral part of every consultation with school doctors or nurses. Those who advocate routine screening or health interviews by school nurses, as opposed to routine medical examinations, also usually claim that these occasions provide ideal opportunities for passing on health promotion messages to children and parents.

Only one evaluation of the effectiveness of such provision was discovered in the literature. Neylon (1993) described a retrospective study of the effectiveness of health promotion messages imparted to school children aged 10-11 during health interviews in 1989. The author claimed that the health promotion given was effective in nearly three-quarters of the children seen. Effectiveness was defined in terms of the improvement in conditions that had come to light, and on which advice had been given, during the health interviews.

Drop-in clinics

The DH (1996) suggested that one method of providing health promotion to schools could be through free-access clinics off school premises. Lightfoot and Bines (1998), for example, found from surveys that young people would welcome 'drop-in' facilities, perhaps in community settings.

Health messages should form a part of every consultation with the school nurse or doctor.

Drop-in clinics make great demands on the personal qualities and knowledge of school nurses.

Nelson (1997) describes an on-site drop-in clinic at a comprehensive school in a rural area of Worcestershire. The clinic was the outcome of a questionnaire survey of the school pupils, over 90% of whom supported the idea. The clinic was provided once a week, at lunchtime, on the school premises, the staff consisting of a youth worker with family-planning knowledge and counselling skills, the school nurse, and a doctor from a rota of three. Nelson reports very high attendance rates at the clinic. The pupils who attended wanted information and advice on a wide range of issues, but most commonly on contraception, emotional problems, HIV and STDs, stress, relationships, smoking, alcohol, eating disorders and painful periods.

No evaluation is reported by Nelson, or other authors, of the effectiveness of health education/promotion messages given at drop-in clinics. The lessons from practice that have been reported are that they make a great demand on the personal qualities and range of knowledge of school nurses involved with them (Bagnall 1994).

Problems and solutions

There are particular problems and issues to be addressed for each of the key areas in which school nurses are involved, regardless of whether they are acting as health educators and promoters. There are also, however, a number of generic problems for the overall development of school nursing. These fall under the headings of *training*, *information* and *co-ordination* between services:

1. School nurses are often *inadequately trained* for their changing role.
2. There is a *paucity of information* on the SNS, both locally and nationally.
3. There is often *little co-ordination* between agencies involved in providing health services to schoolchildren, particularly in the health and education sectors.

Potential solutions to the difficulties faced by the SNS are outlined below.

New school nurse training

Current UKCC changes in training for community health care nurses will affect standard school nurse training.

A new management structure

It is proposed by the school nursing establishment that the functions of management and leadership be separated; the SNS should be strategically led from within school nursing, while operational and line management could come from trust-level professional managers.

'Skill mix'

This could apply within the school nursing sector or within community nursing as a whole. Within school nursing, teams of specially-trained school nurses dedicated to particular groups of children would include nurses trained in specific areas. It could also involve less highly-qualified staff (e.g. school nurse assistants) undertaking routine tasks like screening and/or clerical work.

Within community nursing as a whole, 'integrated nursing teams' could use innovative skill mix to develop primary care workers who could take children, for example, as a focus for their work. Such skill mix is particularly interesting in relation to potential alternative methods of child health surveillance (e.g. replacing school doctor and nurse health checks with other surveillance methods).

However, some cautionary notes about skill mix have been voiced by a school nurse and also derived from the literature on health visitors:

- there is a worry that the SNS will become task-focused rather than child-focused;
- the nurse's reduced contact may mean that not all the signals from the young people are being read;
- this reduced contact may also affect the nurse-school relationship;
- the young people and their parents should be given the option of having a named school nurse rather than a 'team';
- there is a suspicion that skill mix may be popular for financial reasons.

There is also disagreement as to whether school nurse training is needed for screening.

Skill mix within community nursing could mean that the school nurse loses 'value' because of the hierarchical grading of health visitors and practice nurses, and the literature relating to health visitors repeats the fear expressed above that the reasoning for the restructuring is financial.

Could an 'integrated nursing team' replace the school nurse?

Key needs are monitoring physical and mental health, dealing with special needs, and health promotion.

School health profiling

Reported as promising by the BPA (1996) and the DH (1996), this involves the compilation of information on schools and their localities, enabling the targeting of resources between and within schools. A number of benefits and difficulties are reported.

Joint working

Profiling could be particularly promising if linked to service level agreements. These are (non-legally-binding) statements of intent between health and education professionals within schools (or between schools and school nurses' employing organisations). Like school profiling, service level agreements are believed to enhance joint working and prioritisation of need and services.

Conclusion

Reviewing the role of the SNS encompasses a wide range of issues that are significant for the provision of health services to children in school. These broader issues must shape discussion of the development of the SNS.

Key questions for purchasers and providers of health services to children at school, and for the SNS, are around:

- child health surveillance;
- mental health and emotional problems;
- special needs;
- health education and promotion.

There are issues and difficulties to be addressed within each of these key areas.

The SNS also faces problems around training, information and co-ordination between services. Possible generic solutions could include new training and management structures, skill mix, profiling, and service-level agreements.

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The PHRRRC is funded by the following health authorities: Bury & Rochdale, West Pennine, Salford & Trafford, and Wigan & Bolton. For further information, contact the author at PHRRRC, University of Salford, 4th Floor, Humphrey Booth House, The Crescent, Salford, M5 4QA (0161 295 2800).