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A Way Forward for School Nursing: The Jigsaw project

One area in the UK decided to change the way in which school nurses and health visitors traditionally worked. They joined together in teams based on geographical boundaries around school pyramids, called community clusters. This project is called Jigsaw as each team member has a small piece in the bigger picture.

Health visitors and school nurses in Ipswich have recognised that there is a need to change the way they work in order to deliver a modern and innovative service that will meet and address the health requirements of the differing populations within the town.

In looking to the future, school nursing and health visiting are endeavouring to develop a family centred public health role working not only with individuals and families but communities and in partnership with other professionals and agencies.

The school nursing and health visiting services are ideally placed to work together to offer a more co-ordinated service and to meet the needs of the local communities in which they work.

The difficulties that children, young people and families may face, have solutions which do not come neatly labelled by age group, discipline or even agency. It is important that national and local health priorities are addressed jointly - we cannot continue to work in isolation if we hope to make a difference.

There is recognition by the Primary Care Trust (PCT) that in order to be able to move forward we need to be working in larger health visiting teams across specified localities. It seems logical that health visitors and school nurses should be members of the same teams enabling joint work in delivering on health priorities.

Health visitors and school nurses can come together to meet the challenging health agenda. Flexibility, engaging in different ways of working and consulting with communities are important elements to take on board if front line staff are going to help to make key decisions and lead public health

programmes in the future.

Background to change

"We need to develop the public health role of the school nurse ... They will need to continue to work in teams in partnership with teachers, health visitors and others to provide an integrated programme of support and health promotion." (DoH 'Making a Difference', 1999a, 10.9, p. 62).

Moving the school nursing services into the multi-disciplinary public health arena, as advocated by government departments, (DoH 1999a, 1999b, 2001, 2003, DoH and DfEE 1999) expresses an essential transfer away from the traditionally medical models of health care which have been previously associated with the school nursing service.

The school nurse role of primary prevention takes precedence over the child health monitoring and health screening activities that has historically informed practice within the new national policy framework (DeBell, 2000).

The school nursing service is evolving to one based on achieving health gain and health improvement as the basis for the public health agenda which must incorporate the ethos and recommendations of government papers. These include: "Every Child Matters" (ECM), "The Children's Bill", "Liberating the Talents", the emerging Children's National Service Framework (NSF) and the beginnings of Children's Trusts.

The Public Health White Paper "Choosing Health" speaks of the role of the State and the role of the Individual, as well as listening to and involving young people on such issues as obesity and sexual health.

The Chief Nursing Officer's Review "Children at Risk", as part of the ECM

consultation, is asking what should be the contribution of health visitors and school nurses and is keen to promote the neighbourhood model of working practice.

The review identified that there are gaps and omissions in services, care is often fragmented and there is a lack of integrated and whole workforce planning.

What is needed is integrated workforce planning for children and young people - carried out across health, social care and education - based on the needs of children, young people and families.

The public health nursing role needs to be more clearly articulated in terms of prevention and include school nurses in skill mixed teams with youth workers, health advisers, young people, teachers and social workers.

The hotly debated third part of the Nursing and Midwifery Council Register recommends that the title will be Specialist Community Public Health Nurse (SCoPH) and will include school nurses and health visitors who are Specialist Practitioners.

School nursing is high on the Government's agenda and included in the following:

- ♦ Every Child Matters
- ♦ The Children's Act
- ♦ National Service Framework for Children
- ♦ Choosing Health White Paper
- ♦ Extended Schools
- ♦ Chief Nursing Officers Review
- ♦ Liberating the Talents
- ♦ Promoting the Health of Looked After Children
- ♦ NMC Part 3 of the Register
- ♦ Children's Trusts

These national policies and programmes are encouraging a team approach and Children's Trusts envisage schools to be the

focus of the community (ECM, 2004) especially with the extended school agenda. Young people are a captive audience at 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 ably 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 and social 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 fulfil health-related learning needs of the school community, raising awareness of health needs, enabling and empowering children, young people and their families to influence and use available services, information and skills to the full.

Settings for practice

School nursing practice takes place in a variety of settings, particularly in institutions, such as schools, young offenders' institutions and healthcare organisations, but also in people's homes and the local area, including the local school community, neighbourhood, estates and so on, and in collaboration with others, extends to settings such as healthy cities, towns or areas.

Age and priority groups encompassed

School nurses work particularly with school aged children and young people, along with their families and vulnerable groups of any age (Cowley, 2004).

Principles of the School Nursing Service

School is the central setting for seeing the young people but is not the only site where school nurses can intervene. Working within communities, with local groups and other organisations, provide opportunities to positively influence young people especially those who are infrequent school attendees and those most vulnerable. This also allows for a full time, out of school hours and all year round service which is not restricted to a delivery only within the school site. The School Nursing Service is focused on the needs of the individual as well as the whole population of school-aged children,

young people, and their families.

- The child, young person, family and the community are at the centre of service planning and delivery
- School nursing is to be considered as a service for children, young people and their families within the communities in which they live
- The school nursing service must be based on the identified health needs of the community
- School nursing must embrace a model of joint team working within a community cluster framework
- School nursing must be part of the overall service to young people and their families, working in partnership with other professionals and agencies, particularly those within the communities where they are working
- The work of the school nursing teams should be based on evidence based practice

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 professionals to identify and protect children who are suffering, or are at risk of suffering from harm
- To design services around children, young people, families and communities so that the services are easily accessible, easier to use and are as close 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 system already in place was not efficient or equitable and that health inequalities needed to be addressed. Health visitors and school nurses are flexible, adaptable and are 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 with mainly children 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 child and the competencies of the health professional concerned.

A health visitor has expertise in babies and maternal health and a school nurse is a specialist in school-age 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 Service. They are working together with relevant agencies to provide an improved service around community clusters. Community clusters are based on geographical areas served by school pyramids which also include other institutions and organisations such as early years provision and youth services. Each cluster will have a skill mix team consisting of several health visitors, a school nurse, staff nurses and health support workers who are usually nursery nurses.

Eventually it is hoped that these teams will incorporate other health professionals as well as partner organisations. Health needs will be addressed on a wider community health needs assessment. Parental 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 and well being of children aged 0-19 years and their families especially those whose health is the poorest. The project will impact by addressing the challenges of inequality, poverty and the day to day resource management of the health visiting and school nursing services.

Jigsaw aims to work by

- Being child and family centred rather than service orientated
- Keeping the focus on the child
- Seeing the child as part of the family and the family as part of the community
- Consulting and encouraging participation of staff, parents and young people
- Developing a new interagency care pathway from pre-conception to adulthood

At present the working party is focusing on a model of needs led service delivery that accommodates the diversity of health visiting and school nursing practice. This will mean that as well as the Core Service there will be variations of service according to need. A core service pathway from 0 to 19 years of age has to be defined together with the identification and agreement on the specialist pathways. The integration of health visitor/school nurse teams, which will cover the entire pathway, needs to progress.

We believe the public health role of health visitors and school nurses will be enhanced by working within a defined community cluster and we aim to keep robust links with general practitioners and the primary health care team. Teams can arrange to support colleagues to develop and initiate new services and specialist skills of the team members will be utilised beyond a personal caseload and will benefit a greater number of clients.

There will be a clear pathway for all children 0 to 19 years including those with

additional needs with improved communication and joint working between agencies involved with young people and families.

Clients will find it easier to relate to one health team. The focussed service, which will meet local need, will also strengthen families and communities through universal and preventative services.

Early identification of health and social issues that increase vulnerability will enable targeted interventions that are timely and appropriate. It will be change that is practitioner and service user led in line with government legislation. This allows for greater ownership of the process. The Jigsaw project will enable role and skill development for practitioners and there will be equitable service provision across the PCT. The focus will shift towards preventative services as the teams initiate new ways of working.

Our Vision

Our vision is to develop accessible, co-ordinated, locally based, multi-agency services for children, young people and their families in Suffolk. The services will respond to local need, taking a holistic account of the child and focussing on early intervention.

Our direction of travel is towards a multi-agency team in a community cluster consisting of 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 competencies 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 the team concept.

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 cluster teams. To do this there is a need to integrate all establishments, where there are children and young people up to the age of 19, into our community clusters. "Key services for children should be integrated within a single organisational focus" at local and national levels (ECM 2004, page 10).

The Future

"Partnership working must be the way forward evidenced by shared information, shared assessments and under shared values because fragmented services create vulnerable families," states Christine Lenehan, Director for the Council for Disabled Children.

The team must not be seen simply in the terms of 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 such as the voluntary service.

The Jigsaw project will create career pathways within health visiting and school nursing. These pathways will include specialist roles, management roles 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 future 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.

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