

'1992 is the centenary year of the school nursing service... while the agenda of work for school nurses may have changed over the last 100 years, the importance of their work is in no way diminished; they are ideally placed to be the leading workforce in health education for our primary and secondary school age children.'

These words are taken from the foreword by Dr J. D. Baum, Professor of Child Health in the University of Bristol, to *School Nurses do it in Schools!* published by the Amalgamated School Nurses' Association (ASNA).

ASNA was formed in 1983. Its aims are to achieve recognition of the health needs of schoolchildren and the educational needs of school nurses. It promotes the development of policies beneficial to the health and wellbeing of the school child.

This report, summarising the questionnaire responses of 301 school nurses, is a follow-up to an earlier survey carried out in 1986, when the Association offered a questionnaire to its members via the twice-yearly *Journal*, to which 344 nurses responded and provided information. Data from this exercise was published in 1987 in a report entitled *School Nurses: A Professional Enquiry* (1).

From this report a profile of the school nurse emerged with some details of education and training, workloads, and practice.

Background to the second report

Such information was at that time not readily available from national sources: four years later the picture is not much changed. Körner data sets have appeared, but they show few figures related to the practice of school nursing.

It is probable that individual health districts now have a much clearer idea what their school nurses do, but this information is not widely disseminated. It is also true that practice still varies widely in different

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School nurses do it in schools!

areas and that some authorities are curtailing or discontinuing their school nursing services.

Many changes have occurred in both health and education services which have a direct bearing on the work of the school nurse. These will be compounded by the United Kingdom Central Council's PREPP proposals for the post-registration education of nurses (2).

Changing patterns of school nursing

In education the 1988 Education Reform Act has brought great change to schools with the introduction of a national curriculum which, while not including health education as a core subject, recommends its inclusion in many subject areas (3). The direct funding of schools, the increased responsibility for school governors (especially with regard to sex education), and the continued integration of children with special educational needs now affect all schools.

'Opting out' of LEA control will see fundamental changes in some schools, while the 1991 Children Act and the 1992 EC changes may well further affect both health and education provision.

In the light of these continuing changes in areas which have direct influence on how school nurses carry out their work, it was felt that a further enquiry might be useful in order to identify trends in school nursing practice.

Trends identified in this survey

have messages for nurse educators, for employers and managers of school nurses, for school nurses themselves and for their colleagues in education.

The second report, 1990

ASNA therefore, again in collaboration with the Schools Health Education Unit at Exeter University, questioned members in the summer of 1990, once more using the *ASNA Journal* as a distribution vehicle for the questionnaires. The aim was to determine what comprises the work of these nurses and how it is changing in the light of the health needs of this century's pupils.

A total of 884 questionnaires were distributed of which 301 were returned at the nurses' own expense. It is not known how many of these respondents had also responded to the previous enquiry. As in the previous survey, this resulted in a self-selected sample of respondents.

The information is classified under the following headings:

- Personal details
- Education and preparation for practice
- School nursing practice
- Clinic and special session work
- Work in relation to child protection
- Health interviews, screening and surveillance
- School nurses' involvement in health education

The main findings

These are set out in more detail in the report, but here is a summary.

- The workforce is a *mature and stable* one which is well qualified but undergraded, with limited opportunities for further development. This is despite their professional responsibilities within the fields of child health surveillance (including child protection), health interviews, health education and the teaching of student nurses.
- *Education and preparation for practice* for these nurses shows an increase in the numbers who hold the Certificate in School Nursing, but much disagreement with the content and length of courses.
- A slight downward trend in the numbers of schools and pupils served by each nurse is seen, together with the appearance of a small number of school nursing teams, but numbers of nurses who work part-time are rising.
- Contact with children with *special educational needs* is reported by nearly half of the nurses.
- The survey shows an increasing use of *health interviews* with pupils, more involvement in child care proceedings, and an increasing responsibility for the teaching of student nurses.
- The school nurse's role in *health education* is emphasised, the implementation of the 1988 Education Reform Act being reflected in their increased involvement in this subject.

The data also includes numbers of school nurses conducting *enuresis, immunisation, family planning and 'drop-in' clinics*.

Recommendations

Education

In the area of school nurse education, training which is mandatory to practice is essential.

The UKCC must recognise the scope and breadth of the work undertaken by the school nurse of the 1990s and validate suitable training courses to equip her to do it.

Note should be taken of the skills needed to carry out efficient health surveillance and effective health interviews, offering pupils opportunities to identify their own individual health needs and empowering them to address the consequences of their own health-related behaviour.

Increased emphasis should be placed on child protection issues in future courses, and the need for evaluation and research techniques highlighted.

Increasing use should be made of school nurse tutors who have, themselves, had experience in school nursing practice.

Nursing services

Employing Authorities must recognise the potential of good school nursing services, the status of the school nurse, and the need for realistic remuneration.

The absence of effective policy guidelines at national level leaves managers with little on which to base their school nursing services save historical and now largely outdated practices. Many of the statistical returns purporting to record the work of the school nurse do not give an accurate picture.

A statement from the Department of Health, in conjunction with the Department of Education and Science, defining aims and objectives for the improvement of health services for schoolchildren and laying down guidelines for good practice in this field, is long overdue. An ideal opportunity for such an initiative presents itself in the current consultation on *The Health of the Nation* (4).

Health education

Schools and teaching staff, presently faced with the need to examine their own practice in the light of the introduction of the national curriculum, should recognise a valuable re-

source in their school nurse colleagues, and seek to incorporate her expertise into their efforts to establish health-promoting schools.

Quality of service

Lastly, school nurses must continue and intensify their own efforts to improve the services they provide.

Efforts must continue to secure realistic workloads, and here the use of teams incorporating differing skills may need to be explored further.

Alongside this must come development of appropriate performance indicators, as well as research into the value of school nursing practice and quality of services. The use of school and community profiles can be utilised in these developments.

Conclusion

School nurses believe that the retention and development of good school nursing practices can only prove beneficial to the health of schoolchildren and emerging adults.

In a time of great change in both health and education provision, the means of effecting these aims is indeed challenging.

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The report (£4 + 75p p&p) may be ordered from the General Secretary, ASNA, The Orchards, Somersham Road, Colne, Huntingdon, Cambs. PE17 3NG.

References

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2. UKCC, 1990. *The Report of the Post Registration Education and Practice Project*. UKCC.
3. National Curriculum Council, 1990. *Guidance 5: Health Education*. NCC.
4. Department of Health, 1991. *The Health of the Nation — a consultative document*. HMSO.