

School nurses

Children's access to school nurses to improve wellbeing and protect them from harm.

September 2016



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Foreword

The role of the school nurse is an essential one and the difference they can make to children's health, wellbeing and safety because of their unique location is highly valued by pupils in need of support.

This, alongside the passion and commitment of this key group of professionals is something which shone through as we undertook this review.

I carried out this lightning review of school nurses after being alerted to concerns that their role was changing and that they faced increasing challenges. I wanted to know more about how school nurses worked alongside wider child protection professionals and to shine a spotlight on the barriers they may experience in effectively promoting pupils' health.

Given the potential that school nurses have to spot children at risk of abuse or neglect, through building trusting relationships with them, this review is timely and important. School nurses are also one of the key groups of professionals at the frontline who can support children with a whole host of other issues, including their mental health, understanding of respectful relationships and healthy eating.

It is clear from our research that school nurses often face significant barriers to undertaking all of these roles. Paperwork, bureaucratic tasks and reactive work - sometimes associated with child protection activities previously undertaken by social workers - are reducing their face-to-face work with children to an alarming extent.

There are implications at a school and even a community level from this report. School nurses can make a crucial difference to children's lives through timely intervention and awareness-raising. However, there needs to be clarity about what roles they should and should not be doing. The support they can offer to children in need or at risk is essential but they should not be asked to be social workers.

Children and young people consistently say that they want better help and support with the range of physical and mental health related issues and challenges that they face and school nurses are well-placed to be a part of the response to these needs. To fulfil their potential and enhance their engagement with children, it is clear that far more needs to be done to clarify, promote and support the role of school nurses.



Anne Longfield
Children's Commissioner for England

Overview

School nurses play a critical role in promoting health and wellbeing not only in schools but also at home. The school nurses' new services model operates under six fundamental values: care, compassion, commitment, competence, courage and communication¹ to maximise health and wellbeing by:

- > Building resilience and supporting emotional wellbeing
- > Keeping safe – managing risk and reducing harm
- > Promoting healthy lifestyles
- > Maximising learning and achievement
- > Supporting complex and additional health needs
- > Seamless transition and preparing for adulthood.

The Children's Commissioner is concerned by the amount of time that school nurses are spending on paperwork and bureaucratic child protection duties such as case conferences, which is impacting on their wider role to improve the health and wellbeing of children and young people in England. Ironically, it appeared that the involvement of school nurses in extensive child protection and safeguarding processes may be preventing them from being accessible to children and young people to provide important early help and advice for those at risk of harm.

Research on school nurses' involvement in safeguarding and child protection in England is substantially limited (Booth, 2015²; Lightfoot and Bines, 2000)³. Often literature focusses on the role of school nurses in particular interventions such as immunisations, smoking cessation and teenage pregnancy, but there has been less focus on safeguarding and child protection. Lightfoot and Bines (2000)⁴ have highlighted that school nurses play a role in safeguarding and child protection but maintain this area has had little research. The Children's Commissioner has heard from key stakeholders that safeguarding and child protection duties are increasingly forming part of school nurses' workload.

We have undertaken this lightning review to cast light on the challenges faced by the school nursing profession and their role in child protection. In doing so, we hope it will draw commissioners' and policymakers' attention to possible weaknesses in local systems to help them optimise the role of school nurses and enable them to play a greater role in the proactive prevention of harm to children.

¹ PHE (2015) Health Visiting and School Nursing Programmes: supporting implementation of the new service model: Health visiting and school nursing partnership – pathways for supporting health visitor and school nurse interface and improved partnership working - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465412/2903820_PHE_School_Nursing_Accessible.pdf

² Booth, A. (2015) 'What do young people want from their school nursing service? A consultation to inform service development', *Education and Health*, 33:3 - <http://sheu.org.uk/x/eh333ab.pdf>

³ Lightfoot, J and Bines, W (2000) 'Working to keep school children healthy: the complementary roles of school staff and school nurses', *Journal of Public Health*, 22:1, 71-80 - <http://jpubhealth.oxfordjournals.org/content/22/1/74.short>

⁴ Lightfoot, J and Bines, W (2000) 'Working to keep school children healthy: the complementary roles of school staff and school nurses', *Journal of Public Health*, 22:1, 71-80 - <http://jpubhealth.oxfordjournals.org/content/22/1/74.short>

We issued a survey via the School and Public Health Nurses Association (SAPHNA) to all school nurses to investigate their role in child protection and how this affects their workload and duties. We asked school nurses about:

- > Where they worked and the types of schools they worked in
- > The level of contact they had with children, parents, school staff and other professionals
- > The time they spent on different safeguarding and child protection related activities such as paperwork, case conferences, strategy meetings and core group meetings
- > The areas where they engaged in prevention and raised awareness about particular issues and the barriers they have faced
- > How many child protection and children in need referrals they have made and the barriers they have faced.

NHS Workforce Statistics (2016) state that there are 3,107 school nurses in England⁵, 1,098 of whom are fully qualified. However, we also know that there are a number of school nurses employed by local authorities and private social enterprises who are not reported in the NHS workforce statistics, meaning that the total number of school nurses in England is not known. We heard from 775 school nurses from all over England. Although there are limitations in the generalisability of the sample, this represents a large and substantive sample of school nurses. The nurses we heard from worked in primary and secondary schools, academies and comprehensive schools. 41% stated that Pupil Referral Units formed part of their caseload, and 34% stated that Special Schools formed part of their caseload. School nurses were mainly funded by the local authority or Clinical Commissioning Groups.

We found that:

- > The majority of school nurses stated that children and young people in the schools they work in were unaware of their service
- > School nurses are often playing a reactive rather than proactive role in schools, responding to young people's problems rather than leading work on issues such as health education
- > School nurses spend on average twice as much time on paperwork than on doing direct work with children and young people in schools. 13% of nurses stated that they spent most of their day filling in paperwork
- > Safeguarding and child protection duties are a substantial part of school nurses' duties
- > School nurses felt that child protection thresholds are set too high, meaning that concerns are not acted upon by children's social care
- > Almost half of school nurses were unsatisfied with the outcome of at least half of the child protection referrals they had made to local authorities.

⁵ NHS Workforce Statistics - April 2016, Provisional statistics - <http://digital.nhs.uk/searchcatalogue?productid=21281&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=1#top>

Summary of findings

School nurses can play a significant role in promoting the health and wellbeing of children and young people in (and sometimes without) schools. However, we found that many are not able to provide their preventative role as fully as they wish because of paperwork and time spent on reactive child protection processes.

The majority of school nurses stated that children and young people in the schools they work in were not fully aware of their service.

We asked school nurses if all children and young people in the school they worked in were aware of their service, and only 41% of the 602 responses to this question selected yes.

School nurses are often playing a reactive rather than proactive role in schools.

All the findings from this survey have suggested that school nurses are facing difficulties in doing important proactive work, as they are required to take a more reactive role by responding to immediate needs and a less proactive role in delivering health education. When we asked school nurses about the barriers they face in raising awareness, 50% (of the 460 who responded to this question) told us that they had limited capacity or time to do proactive work such as prevention and health education.

Some school nurses felt inhibited by the schools themselves which imposed restrictions on the proactive work they could do. 35% said that their school placed restrictions on what they could do and raise awareness on and 22% felt that some schools were reluctant to cover topics such as sexual health, contraception, sexual abuse, bullying, alcohol and drugs.

School nurses spend on average twice as much time on paperwork than on doing direct work with children and young people in schools. 13% stated that they spent six or more hours a day filling in paperwork.

School nurses spend on average twice as much time on paperwork than on doing direct work with children and young people in schools. Although caseloads can also be defined by the presenting needs in each school, most school nurses have a very heavy caseload in terms of the number of schools to which they are allocated. Two-thirds of nurses were assigned to more than five schools. This suggests that nurses will have less than a day a week to spend working with each school. 35% of nurses who responded to these questions saw on average less than one child per school per week. School nurses saw on average 19 children and young people a week for an average of 30mins per child. On average, school nurses spend 9.5 hours doing direct work with children and young people and 19 hours filling in paperwork a week.

Many school nurses told us how bureaucratic and reactive work is impacting on their ability to do face-to-face work with pupils. Although on average, school nurses spend just under 2 hours per day seeing children and young people, the most common response was that nurses spent 2-4 hours per day filling in paperwork. Of the 596 school nurses who responded to this

question 42% said they spend four hours or more a day filling in paperwork. 13% stated that they spent six or more hours a day filling in paperwork.

Safeguarding and child protection duties are a substantial part of school nurses' duties.

17% of survey respondents told us that their child protection caseload and health work was taking up most of their time and limiting their capacity to do proactive preventative work. 21% of school nurses felt that the time, resourcing and capacity needed to make a referral, the paperwork involved and the follow-up placed a significant strain on their work and capacity to perform other activities. On average, school nurses were attending one case conference⁶ a week, which could take on average two hours. In addition, the average travel time reported by respondents was 16 to 30 minutes, and the paperwork and administrative duties linked to each case conference took on average between one and two hours to complete. School nurses attended on average one strategy meeting and two core group meetings a week, which lasted on average 1.5 hours and 1 hour respectively. 59% of 579 school nurses had the perception that the number of cases conferences they were required to attend had been rising. However, when we asked school nurses about the number of cases conferences they attended over the last three years, there was a slight rise in the number of case conferences they reported attending over those three years.

School nurses felt that child protection thresholds are set too high, meaning that concerns are often not acted upon by children's services.

41% of 309 school nurses who responded to this question told us that child protection thresholds are too high. 23% mentioned having difficulties contacting social services and particularly social workers, which takes up a lot of their time as does the follow up in these cases. Overall, the difficulties in referring a case to local authorities mean that schools and school nurses are often left holding child protection concerns.

Almost half of school nurses were unsatisfied with the outcome of at least half of the referrals they made.

Of the 382 school nurses who responded to this question, 41% of school nurses stated that they were unsatisfied with the outcome of at least half of the referrals they make. 6% stated that they were not happy with the outcome of any of the referrals they made.

⁶ Child protection case conferences are convened when concerns of significant harm regarding a child have been substantiated, and the child is suffering or is likely to suffer significant harm. The purpose of the case conference is to determine the action necessary to safeguard and promote the welfare of the child. Professionals with particular expertise or knowledge of the child and/or the family should attend – Children's Act 1989

Introduction

School nurses can play a significant role in promoting the health and well-being of children and young people. This diverse role can extend from delivering immunisations to health education to safeguarding and child protection.

This lightning review is designed to cast light on the school nursing profession and their role in improving wellbeing, improving mental health and in child protection. The Children's Commissioner has increasingly been made aware of safeguarding and child protection duties forming a substantial part of school nurses' roles and duties. Research on school nurses' involvement in safeguarding and child protection in England is very limited. Lightfoot and Bines (2000)⁷ interviewed 78 school staff, school nurses and commissioners, and ran seven focus groups with parents and young people about the role of school nurses. They found that school nurses did undertake child protection duties which included making referrals, preparing reports for case conferences and engaging in additional health surveillance for children at risk. They also found that school nurses can be a confidante for children and young people. BYC's (2011)⁸ survey of 202 young people found that 84% of those stated who had seen a school nurse said that their school nurse was friendly and approachable, although 49% stated that they were unsure who their school nurse was. Subsequent research by Booth (2015)⁹, Healthwatch (2014)¹⁰ and NCB (2011)¹¹ also found that school nurses can potentially be someone that children and young people can talk to about worries and/or mental health; although they also found that there was a general lack of awareness about school nurses and what they do. Initiatives such as Makewaves¹² have raised awareness of school nurses, as well as trying to capture young people's perceptions of them.

Both Booth (2015)¹³ and Lightfoot and Bines (2000)¹⁴ noted that there is very limited research in this area and on school nurses in general and there is a significant need for further research.

NHS Workforce Statistics (2016) state that there are 3,107 school nurses in England¹⁵, 1,098 of whom are fully qualified. There are a number of school nurses employed by local authorities and private social enterprises who are not reported in the NHS workforce statistics, meaning that the total number of school nurses in England is unknown. We issued a survey via the School and Public Health Nurses Association (SAPHNA) to all school nurses to

⁷ Lightfoot, J and Bines, W (2000) 'Working to keep school children healthy: the complementary roles of school staff and school nurses', *Journal of Public Health*, 22:1, 71-80 - <http://pubhealth.oxfordjournals.org/content/22/1/74.short>

⁸ BYC (2011) Our school nurse: Young people's views on the role of the school nurse - http://old.byc.org.uk/media/75447/byc_school_nurse_report_web.pdf

⁹ Booth, A. (2015) 'What do young people want from their school nursing service? A consultation to inform service development', *Education and Health*, 33:3 - <http://sheu.org.uk/x/eh333ab.pdf>

¹⁰ HealthWatch Reading (2014) 'Exploring the role of specialist school nurses to support the mental health of young people in secondary schools' - <http://healthwatchreading.org.uk/wp-content/uploads/School-Nurses-Report-Final2.pdf>

¹¹ NCB (2011) 'School Nurses Survey Results' - http://www.ncb.org.uk/media/686035/school_nurses_report_final.pdf

¹² Knowing My School Nurse - <https://www.makewav.es/badge/2077?tab=0>

¹³ Booth, A. (2015) 'What do young people want from their school nursing service? A consultation to inform service development', *Education and Health*, 33:3 - file:///F:/_Desktop/school%20nurses.pdf

¹⁴ Lightfoot, J and Bines, W (2000) 'Working to keep school children healthy: the complementary roles of school staff and school nurses', *Journal of Public Health*, 22:1, 71-80 - <http://pubhealth.oxfordjournals.org/content/22/1/74.short>

¹⁵ NHS Workforce Statistics - April 2016, Provisional statistics - <http://digital.nhs.uk/searchcatalogue?productid=21281&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=1#to>
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investigate their role in child protection and how this affected their workload and duties. In our survey we asked school nurses about:

- > Where they worked and the types of schools they worked in
- > The level of contact they had with children, parents, school staff and other professionals
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- > The areas where they raised awareness on particular issues and engaged in prevention and the barriers they have faced
- > How many child protection and children in need referrals they have made and the barriers they have faced.

We heard from 775 school nurses from all over England in our survey. Although there are limitations in the generalisability of our sample, this is a large sample of school nurses.

School nurse provision

School nurses can play a critical role in promoting children's health and wellbeing not only in school, but also at home. The school nurses' new services model operates under six fundamental values: care, compassion, commitment, competence, courage and communication¹⁶ to maximise health and wellbeing by:

- > Seamless transition through early years to starting school
- > Joined up working
- > Communication between everyone involved in the family
- > Delivering public health outcomes through joint implementation of the Healthy Child Programme: pregnancy to the first five years of life
- > Incorporating the full public health offer within a family and community concept
- > Improving parenting skills and family resilience.

There have been a number of recent initiatives aimed at enhancing the role of school nurses. One of these initiatives is the Young Carers pathways¹⁷, which sets out guidance on how school nurses can provide support to young carers. Organisations such as Makewaves have brought the voices of young carers to the fore. These young carers have emphasised the importance of school nurses¹⁸. Similarly, some young people we have met with have told us how this initiative has helped them:

"School nurses are really important; I was picked up by my school nurse and they referred me to my local young carer's project. If it wasn't for them I wouldn't know about my young carers group and get the support I do now."

- Male student, aged 13

Another recent initiative has been the introduction of digital and texting services, which allow children and young people to get in touch with their school nurse online or via text. Since the announcement of plans to develop this service,¹⁹ a number of initiatives have been put in place across England. Examples include, the 'Health for Kids!²⁰ website in Leicester where children and young people can look at health information and speak to their school nurse, and ChatHealth a texting service originally also used by Leicestershire Partnership NHS Trust that is being rolled out across England²¹. In 2014, the

¹⁶ PHE (2015) Health Visiting and School Nursing Programmes: supporting implementation of the new service model: Health visiting and school nursing partnership – pathways for supporting health visitor and school nurse interface and improved partnership working - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465412/2903820_PHE_School_Nursing_Accessible.pdf

¹⁷ DH (2013) School Nurse Programme: Supporting implementation of the new service offer: Supporting the health and wellbeing of young carers - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299270/Young_Carers_pathway_Interactive_FINAL.pdf

¹⁸ Makewav.es (2016) Our messages for School Nurses - <https://www.makewav.es/story/536186/title/ourmessagesforschoolnurses>

¹⁹ DH and Rt Hon Andrew Lansley CBE (2012) Pupils want to text their school nurse - <https://www.gov.uk/government/news/pupils-want-to-text-their-school-nurse>

²⁰ Health for Kids - <http://www.healthforkids.co.uk/>

²¹ Good Health Suite (2015) ChatHealth messaging service extended across the UK

- <http://www.thegoodhealthsuite.co.uk/GP/management-staffing/i-t/505-chathealth-messaging-service-extended-across-the-uk>

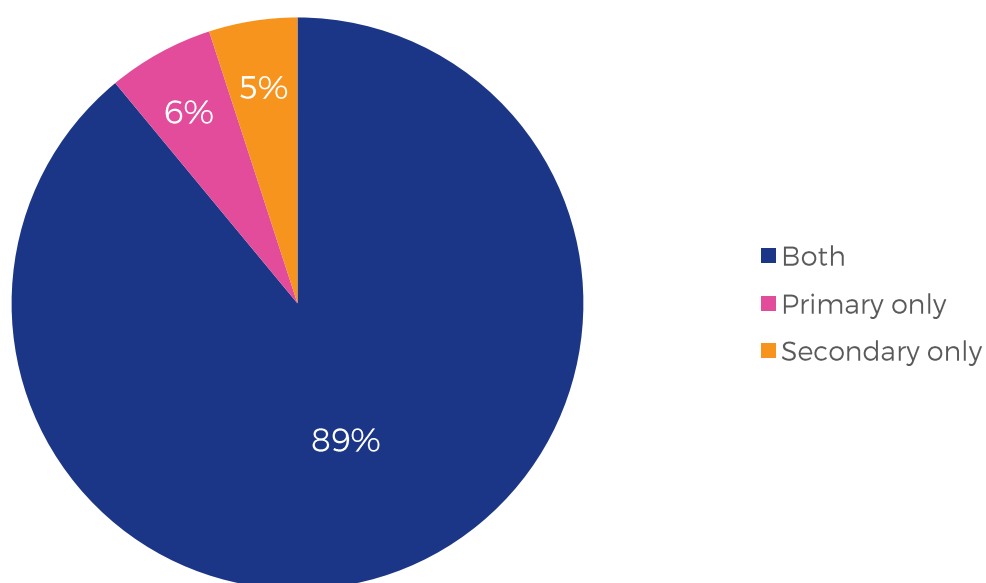
RCN published guidance²² on the use of digital technology for nursing staff working with children and young people. Although this development is recent, France (2016)²³ and Healthwatch Reading (2014)²⁴ have observed some promising results, where uptake is higher for those who knew who their school nurse was. However, it was noted that although these digital platforms can be an additional innovative way of engaging with children and young people, there should still be an option of face-to-face contact.

Initiatives such as the ones highlighted above provide opportunities for school nurses to have an impact on safeguarding and child protection. Although research on the role school nurses play in safeguarding and child protection is limited, studies such as Lightfoot and Bines (2000)²⁵ have shown that school nurses can play a significant role in child protection and be a trusted adult that children and young people turn to in times of need. The following sections explore their activity in this area.

Where school nurses work

775 school nurses provided a survey response. The majority of these school nurses worked in both primary and secondary schools (fig. 1) and were predominantly funded by local authorities, followed by Clinical Commissioning Groups (fig. 2).

Figure 1: The type of schools where nurses work



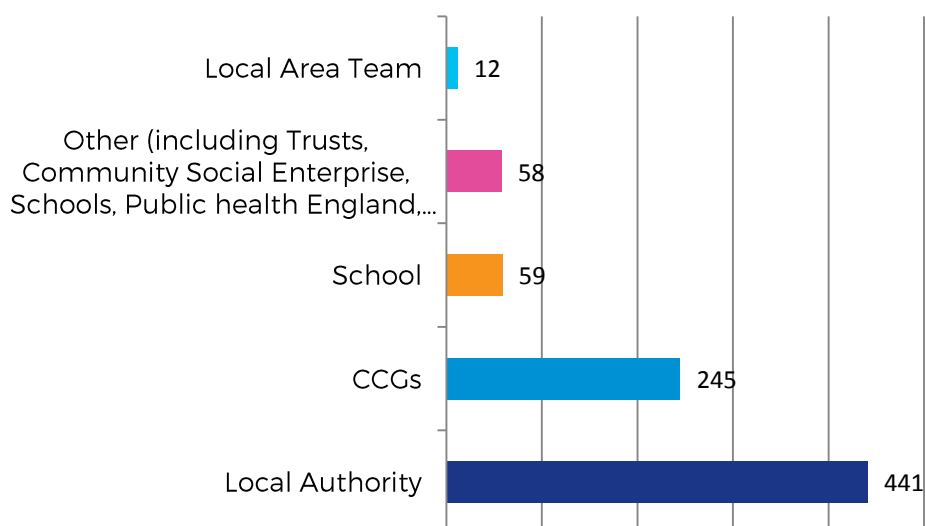
²² RCN (2014) Use of digital technology Guidance for nursing staff working with children and young people - https://www2.rcn.org.uk/_data/assets/pdf_file/0008/586988/004_534_web.pdf

²³ For example France, J. (2014) 'Using texts to increase access to school nurses, Nursing Times, 110:13 - <https://www.nursingtimes.net/download?ac=1278575>

²⁴ HealthWatch Reading (2014) 'Exploring the role of specialist school nurses to support the mental health of young people in secondary schools' - <http://healthwatchreading.org.uk/wp-content/uploads/School-Nurses-Report-Final2.pdf>

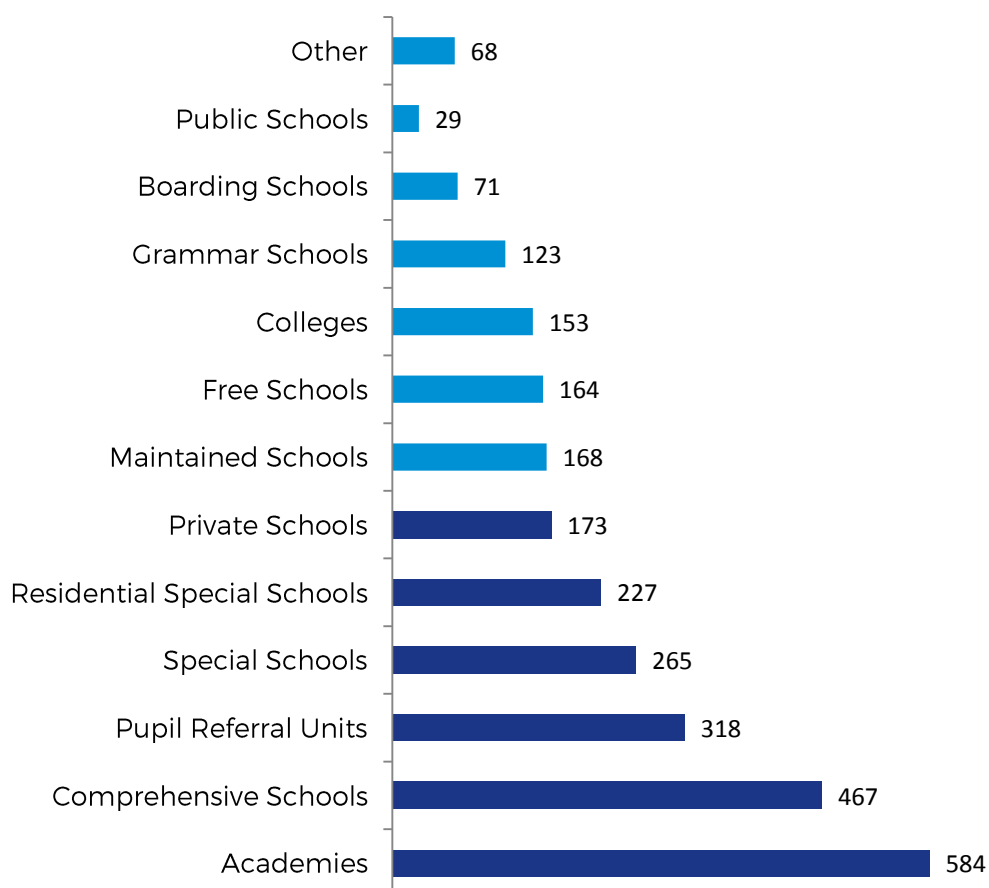
²⁵ Lightfoot, J and Bines, W (2000) 'Working to keep school children healthy: the complementary roles of school staff and school nurses', *Journal of Public Health*, 22:1, 71-80 - <http://pubhealth.oxfordjournals.org/content/22/1/74.short>

Figure 2: How school nurses are commissioned



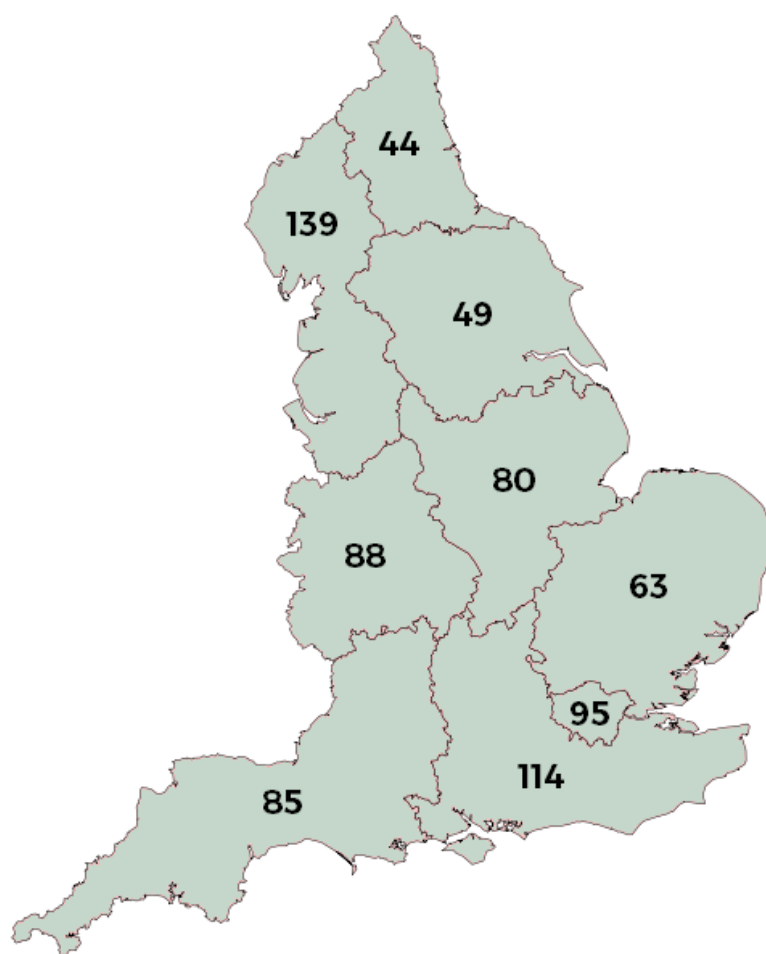
A breakdown of the kinds of schools that school nurses work in is provided below (fig. 3). The majority of these nurses worked in academies and comprehensive schools, although 318 school nurses had pupil referral units and 265 had special schools in their caseload.

Figure 3: The different types of schools nurses work in



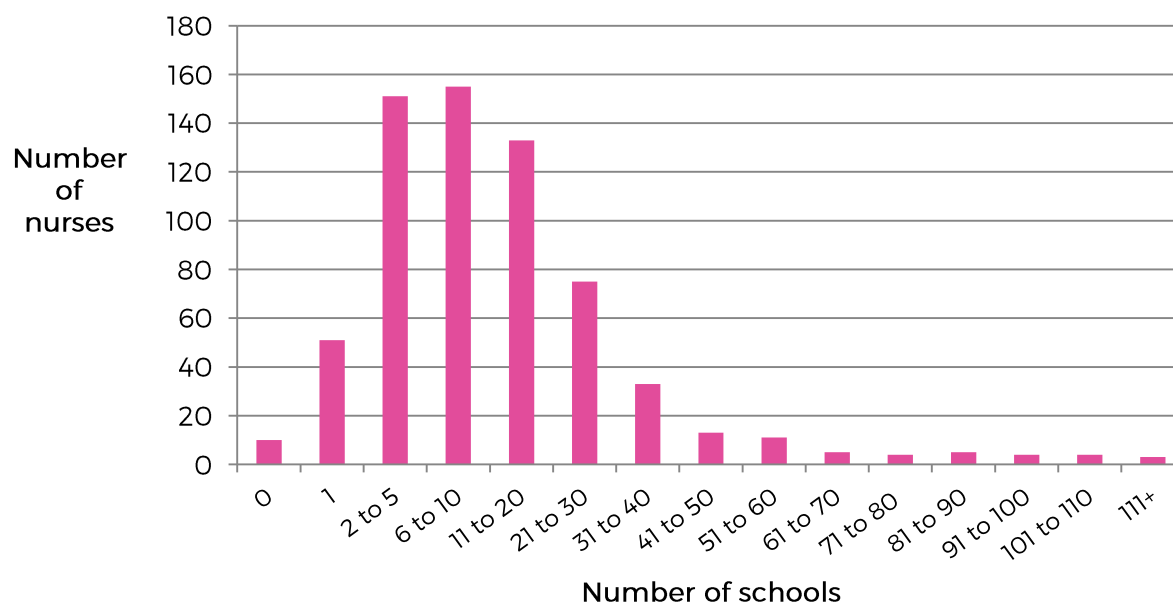
We heard from school nurses from all areas of England. A breakdown of this coverage is illustrated on the next page.

Figure 4: The number of school nurses who responded from different regions in England



Area	Count
North West	139
Greater London	95
Yorkshire and Humber	49
South West	85
East of England	63
South East	114
West Midlands	88
North East	44
East Midlands	80

Figure 5: The number of schools each school nurse works in



“I’m a named nurse for six schools but access others in my geographical cluster – 17 in total.”

- School nurse in the East Midlands

In a recent study of the role of local authorities in public health, the National Children’s Bureau (2016) found that in some areas school nurses are spread too thinly.²⁶ Fig. 5 illustrates that just under a third of school nurses worked in five schools or fewer. Some school nurses had a core number of schools and helped out with others, and others were part of a wider team that did not have their own designated schools. In general, the latter group reported working with a larger number of schools.

Positively, some school nurses stated that it is the level of need in a school that defines the volume of their caseload rather than the number schools on their books. Some nurses report that they are using text messages to engage children and young people and so reach a greater number. Such an approach provides an innovative and accessible way for children and young people to engage with school nurses.

“We advertise via text service in all secondary schools in city to provide the above.”

- School nurse in the South East

²⁶ NCB (2016) ‘Local Authorities Role in Public Health’ - http://www.ncb.org.uk/media/1242459/160218_local_authorities_role_in_public_health.pdf

As previously mentioned we know that this ‘texting’ service is being offered in local authorities across the country and provides an innovative and accessible way for children and young people to engage with school nurses.

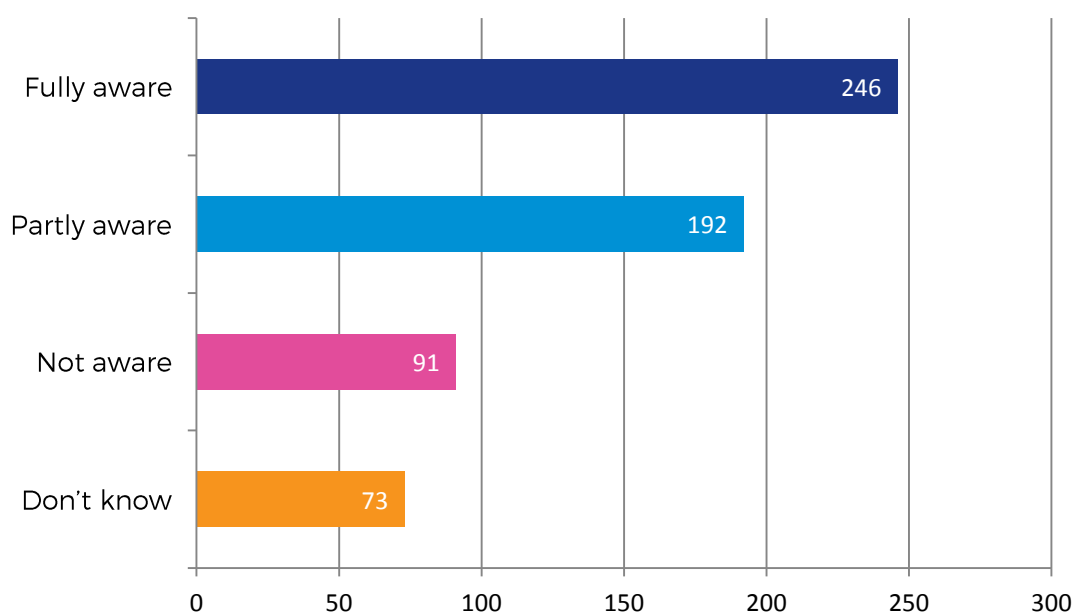
However, if approximately half of school nurses work in over ten schools as the survey indicates, then these nurses are only able to spend on average less than a day a week in every school. Moreover, on average, two thirds of nurses will have less than a day a week to dedicate to each school.

“I’m a named nurse for eight schools but could work in any of the 62 schools in the locality.”

- School nurse in the South West

Booth (2015)²⁷ and HealthWatch (2014)²⁸ asked 292 and 170 young people (respectively) if they were aware of who their school nurse was and what they did. They found there was a general lack of awareness of the role. As illustrated in fig. 6, only 41% of the 602 school nurses that responded to this question stated that all children in all schools they worked in were aware of their services.

Figure 6: The number of children aware of their school nurse



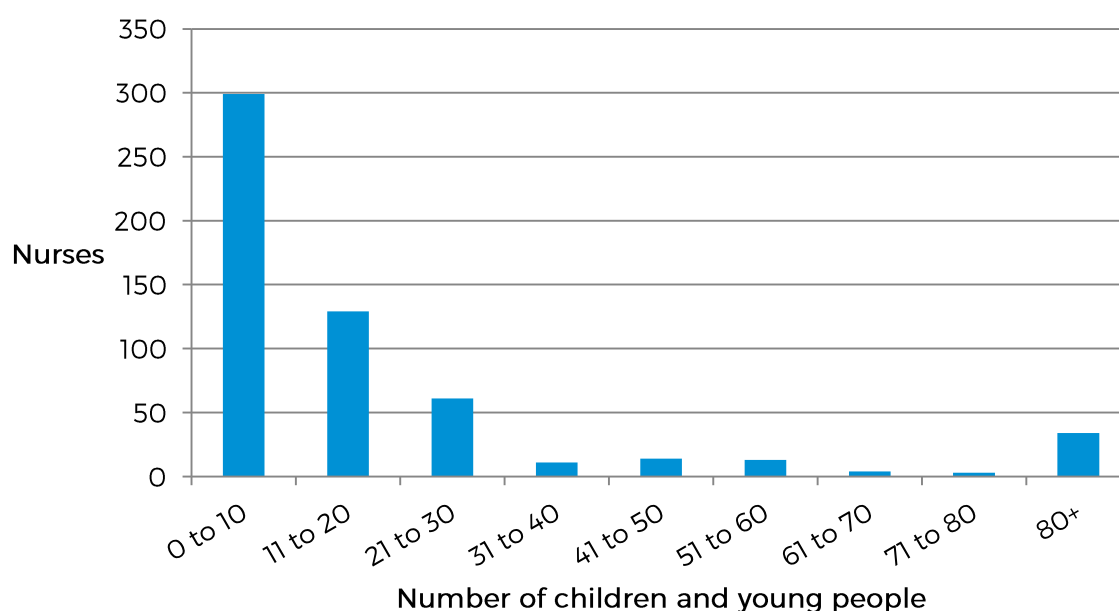
²⁷ Booth, A. (2015) 'What do young people want from their school nursing service? A consultation to inform service development', *Education and Health*, 33:3 - file:///F:/_Desktop/school%20nurses.pdf

²⁸ HealthWatch Reading (2014) 'Exploring the role of specialist school nurses to support the mental health of young people in secondary schools' - <http://healthwatchreading.org.uk/wp-content/uploads/School-Nurses-Report-Final2.pdf>

Activities

According to the survey responses, school nurses saw on average 19 children and young people a week. fig. 7 provides a breakdown of the responses we received regarding the number of children and young people that school nurses saw on average a week. Six school nurses said they currently did not see any child or young people, and 34 stated that they saw over 80 students on average a week. However, some school nurses told us that although they see on average between 1 and 20 children and young people a week, when they conducted immunisations, they could see a few hundred children within a week. School nurses that mentioned they saw on average more than 80 children and young people a week may have been taking immunisations into account.

Figure 7: The average number of children and young people school nurses see in a week



Using the data from responses on the number of schools school nurses work in (fig. 5) and the number of children and young people school nurses see a week (fig. 7), we found that on average 201 school nurses are working in more schools than the number of children they see a week. This suggests that 201 school nurses see less than one child per school per week.

Some nurses told us that when they are conducting immunisations, they can see a few hundred children within a week.

“Depending on the activity, it can be four to five or 60 to 100 if I’m delivering a health promotion.”

- School nurse in the North East

“It varies enormously – 10 to 170 if I’m immunising. Every week is different.”

- School nurse in the South East

We also asked school nurses the length of time for which they saw children and young people. The most common answer was between 21 and 30 minutes (n=267), followed by 11-20mins (n=232). In the responses we received, we found that immunisations are quick, group work could last up to an hour, and health assessments could last over an hour. Sometimes complex cases could last up to 2-3 hours.

“It’s variable, but 30 minutes or more for complex issues, up to three hours if I need to take them to A&E for mental health.”

- *School nurse in Greater London*

“30 to 40 minutes depending on the service required. Health assessments are 60 to 90 minutes.”

- *School nurse in the North West*

“30 minutes or an hour for group work, two hours for a case conference.”

- *School nurse in Greater London*

In addition to time spent with children, we asked school nurses how often they see parents, school staff and other professionals. They told us that this contact could happen over the phone, via emails or correspondence, and in person.

“We would speak to parents or carers on the phone but not necessarily meet them.”

- *School nurse in the South East*

Table 1: The number parents, school staff and other professionals a school nurse sees on average per week

Average number seen by school nurse in a week	Number of parents (n respondents =580)	Number of school staff (n respondents =577)	Number of other professionals (n respondents =555)
0	10	3	4
Less than 1	0	2	0
1 to 10	475	410	375
11 to 20	65	95	112
21 to 30	8	25	21
31+	1	24	13
Multiple/varies	21	18	30

We asked school nurses about how much time they spent on average each day on paperwork and administrative duties. The most common answer was 2-4 hours; 42% of the 594 nurses that responded to this question stated that they spent four or more hours a day filling in paperwork.

Figure 8: The average amount of time school nurses spend on paperwork each day

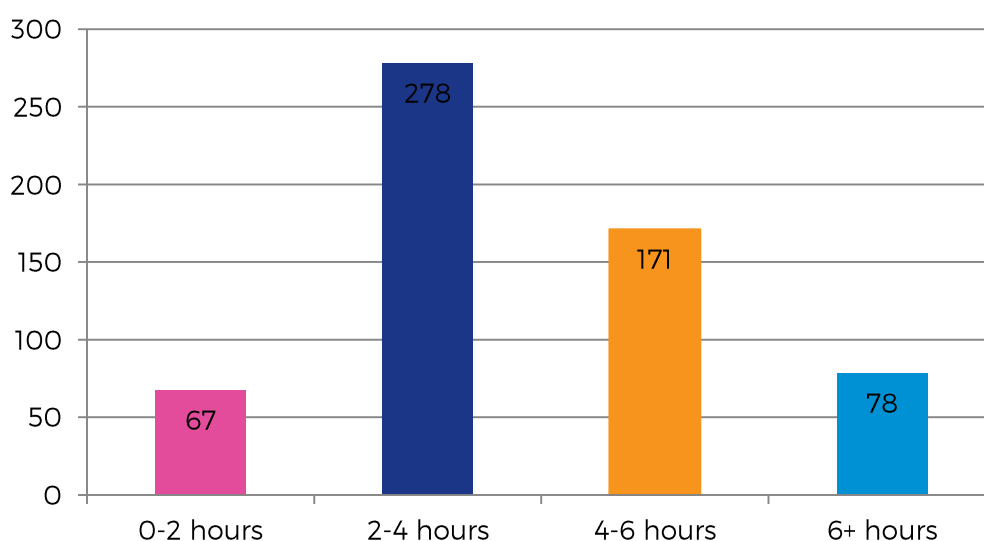


Fig. 8 indicates that 42% of school nurses spend more than half of their time on paperwork. Based on the data we gathered for fig. 6, we calculated that school nurses see on average 19 children and young people a week. We also calculated that this is for an average of 30 minutes, which means they spend on average 9.5 hours a week doing direct work with children and young people. Based on fig. 7, school nurses also spend on average approximately 19 hours a week on paperwork, which is double the average amount of time they spend doing direct work with children and young people in a week.

Similarly to NCB (2016)²⁹, our findings suggest some variation across provisions where school nurses seemed to be stretched more thinly in some areas compared to others.

²⁹ NCB (2016) 'Local Authorities Role in Public Health' - http://www.ncb.org.uk/media/1242459/160218_local_authorities_role_in_public_health.pdf

School nurses and child protection

“I have been attached to my schools for a long time and developed good working relationships over the years. There have been more safeguarding issues and social problems to deal with in recent years.”

– School nurse in North West

In our survey school nurses told us that if they received a disclosure of abuse from a child or young person, it could take about an hour for them to handle it and refer that case on. We asked about child protection and children in need referrals³⁰ made by school nurses in 2014/2015 and 2015/2016.

Table 2: The average number of referrals made by school nurses in the last two years

	2014/2015		2015/2016	
	Child protection referrals (number of respondents = 347)	Children in Need referrals (number of respondents = 335)	Child protection referrals (number of respondents = 405)	Children in Need referrals (number of respondents = 389)
Average number of referrals per year	4.15	3.92	3.95	3.8

As illustrated in table 2, on average, school nurses make just under four Child Protection and four Children in Need referrals a year. This average decreased slightly from 2014/15 to 2015/16.

³⁰ The term referral can mean different things to different professionals. Although we did not provide a definition of referral within this research we found that in the development of the survey and in the responses, school nurse used the term 'referral' to refer to a request made to the local authority to intervene to support or protect a child in need of care and/or protection.

When we asked school nurses if they felt the number of case conferences they are required to attend has increased, as illustrated by the pie chart below, 59% said yes (see fig. 9). However, in terms of the number of case conferences reported each year for the last three years, there was a slight rise in the numbers attended.

Figure 9: Whether school nurses felt the number of case conferences they had attended had increased

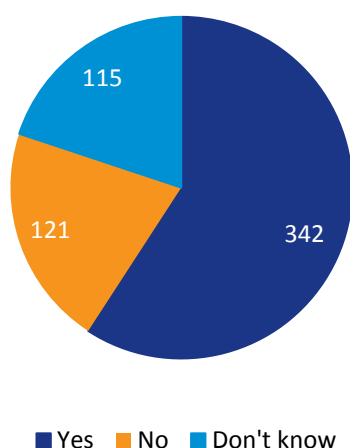


Table 3 highlights the number of case conferences attended on average in a given week. The median answer was one case conference. This would suggest that school nurses attended approximately 50 case conferences on average a year. In addition to case conferences, school nurses also attend one strategy meeting (median) a week, and two core group meetings.

Table 3: The average number of case conferences, strategy meetings and core group meetings attended by school nurses each week

Average number per week	Case conferences (% of 552 respondents)	Strategy meetings (% of 505 respondents)	Core group meetings (% of 562 respondents)
0	14	26	10
less than 1	8	10	5
1	34	42	22
2	18	10	27
3	15	5	14
4	4	1	8
5	2	1	7
6	1	1	3
7	0	0	0
8	1	0	2
9+	0	0	2
Varies	1	2	1

Table 4 illustrates that whereas the modal average time that case conferences last is two hours, just under half of school nurses said that case conferences last on average over two hours. Nearly 30% of school nurses stated that case conferences on average lasted three or more hours.

Table 4: Showing the average amount of time school nurses spend on each case conference, strategy meeting and core group meeting

Average hours	Case conferences (% of 498 respondents)	Strategy meetings (% of 447 respondents)	Core group meetings (% of 523 respondents)
0.5 hours	0	4	2
1 hours	1	47	60
1.5 hours	8	18	21
2 hours	42	22	14
2.5 hours	20	3	1
3 hours	21	4	2
3.5 hours	2	0	0.2
4 hours	5	1	0
4.5 hours	0.4	0	0
5 hours	1	0	0.2
6 hours	0.4	0.2	0
Varies	0	0.4	0.2

In addition, school nurses told us that on average they spend between 16 and 30 minutes travelling to and from case conferences, and over two thirds of school nurses spend up to two hours filling in paperwork and administrative duties linked to each case conference. Overall, on average a school nurse can spend 3 hours on each case conference and since school nurses attend on average a case conference a week, they can spend approximately three hours working on case conferences a week.

Relationships with partners and barriers to practice

In our survey we asked school nurses about their relationships with partners and what got in the way of them performing their roles and duties in prevention and child protection.

“There is a fantastic partnership between all agencies in my school and it’s an exemplar of a good protective, confidential and support environment, evidenced by the number of young people who access the service regularly. We are valued by this school and the service is actively promoted.”

– *School nurse in the West Midlands*

“I have a good working relationship with child protection officers in all my schools.”

– *School nurse in the North West*

Overall, school nurses who had positive and productive relationships with the schools, parents and professionals they worked with felt that this led to good practice without significant barriers.

“I feel we are very good at identifying safeguarding issues, keep excellent records and offer ongoing support to our students.”

– *School nurse in the North West*

However, school nurses also highlighted a number of barriers to practice.

Barriers to prevention and raising awareness

Respondents were asked to provide information on preventative work. We asked school nurses what areas they delivered education on, and they told us that they raised awareness of mental sexual health and contraception, healthy lifestyles, healthy diets and mental health and wellbeing.

Survey findings demonstrate that school nurses have heavy caseloads and spend a significant amount of time doing paperwork and administrative duties. When asked about the barriers to delivering education or undertaking preventative work, of the 460 who responded, half of school nurses stated that they did not have the time nor did their service have the capacity to do proactive work such as prevention and health education.

“Time constraints - I have a very limited number of hours and to teach one year group (5 x 30 pupil classes) is a whole days’ work. I have 0.8 hours a week in one of my rural primaries and it takes 20 minutes to get there. We are now not going to social service meetings (i.e. case conferences) unless we are working with the family. This decision has been made to utilise our time with young people.”

– *School nurse in the Southwest*

“I am unable to go into school to do group/class size awareness sessions due to capacity issues and management decisions. Even when we know the

school we are working in has a problem, we are not allowed to go in as it would create inequity across the county, which is incredibly frustrating. There's a lack of funds for specific and in my view essential training, CSE, and tools for mental and emotional wellbeing."

- *School nurse in the West Midlands*

"Time is a barrier - we are all safeguarding nurses now...this is sad."

- *School nurse in the South West*

17% of school nurses felt that their child protection and direct health work (e.g. immunisations and health assessments) got in the way of them doing proactive and preventative work.

"Capacity to spend time doing proactive work with pupils is low as I'm too busy being 'reactive' and coping with large child protection caseloads and vacant caseloads."

- *School nurse in the South West*

"Capacity is a limiting factor. My caseload is only made up of safeguarding and difficult cases - if support were needed for health then I would do this on a 1-1 basis or ask a qualified nurse to deliver a short session but this results in families waiting. We have high levels of safeguarding cases."

- *School nurse in the West Midlands*

"There's a lack of time. More time is being spent on safeguarding and doing administrative duties."

- *School nurse in the North West*

School nurses also faced barriers and restrictions on the subjects that can be covered in their education work. 35% told us that their school's agenda placed restrictions on what they could focus on and raise awareness of. The majority of these school nurses found academies and faith schools were the most restrictive.

“Academies do not always want us in the school and then they dictate what we can and cannot deliver. Too much time is spent on child protection and not enough time is spent on prevention and support. Mental health is a massive issue and needs to be resourced, yet we are tied up with safeguarding. We need to invest in prevention to make a change.”

- *School nurse in the East of England*

22% of school nurses felt that the schools they worked in were reluctant to cover topics such as sexual health, contraception, sexual abuse, bullying, alcohol and drugs. The majority of these responses referred to faith schools being particularly reluctant to cover these subject areas.

“Some schools will not accept support as it does not fit with their educational agenda, or they claim there is not an issue - for example some of my primary schools insist bullying is not an issue despite some children saying otherwise.”

- *School nurse in the North East*

“I’m not allowed to publicise contraception, sexual health or alcohol and substance misuse in Islamic schools.”

- *School nurse in the North East*

“I have previously had issues with discussing sexual health and puberty within Catholic schools but this has been overcome through planning and discussions around appropriate material with head teachers.”

- *School nurse in the North East*

Some school nurses felt that schools and governors did not understand the role of school nurses and the contribution they can make. 10% of nurses stated that commissioning agendas impacted on their work and limited what they could do. The lack of flexibility of timetables and school facilities were also mentioned by school nurses as getting in the way of their direct work with children and young people. Some school nurses felt that there was a lack of understanding of confidentiality in schools, with an expectation that confidential information would be shared even when it was considered by the school nurse to be unnecessary.

Barriers to child protection

307 school nurses also told us about the barriers they experienced in identifying and referring safeguarding and child protection concerns. 41% stated that the child protection thresholds, such as for a section 47 investigation³¹, operated by children’s services were too high and many cases were not being accepted. Many of these nurses felt that better guidance could be provided regarding how to make a referral and the evidential standards needed to ensure that those referrals are accepted.

³¹ Where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, the local authority is required under Section 47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

“Our concerns often do not meet thresholds of social services. Sometimes anecdotal information about concerns with a family is hard to evidence resulting in no action being taken. Often we are asked to complete a single assessment if we have concerns.”

– *School nurse in Yorkshire and Humberside*

“I feel able to refer to Social Care if a child is in need and follow current guidelines. The outcome is not always what I expect and many drop-down to CIN or CAF to be managed by other support services.”

– *School nurse in the North West*

“Thresholds with children's services. Clear guidance relating to thresholds.”

– *School nurse in the South West*

School nurses also felt frustrated about the inaccessibility of children's services. 23% found children's services and social work very hard to contact and engage with. Trying to establish this contact, in many cases took up a lot of the school nurses time.

“Mostly time again. The time taken from when a problem is first raised to any actions being taken - takes a while - changes in social workers and FSW is a big issue as families have to deal with a number of different social workers and support workers there is not always good communication between different social workers and information does get lost along the way.”

– *School nurse in the North West*

“The threshold seems to be higher and higher all the time. I think the thresholds are higher because the social workers are overwhelmed. More social workers and early social help funding would improve the situation.”

– *School nurse in the South West*

“Better access and communication with social care. Better staffing levels which would give more time to make and follow up referrals.”

– *School nurse in the East of England*

Issues with communication and information sharing across different safeguarding and child protection agencies were also reported. 21% of school nurses felt that there were significant barriers to multi-agency working and information sharing. In responding to this question, many nurses highlighted that often different professionals held information in different formats, which made that information hard to share. Many school nurses also felt they were often left out and were not informed of outcomes to cases they had referred or worked with.

“Multi agency working is still difficult as different agencies have different thresholds. Increased communication and explanation of these thresholds would reduce barriers and frustration - for example if you refer to an agency and they can't take the referral due to it not meeting threshold it would be helpful if they could give the rationale around why they are not able to take the referral. This would be better done by conversation not email to promote networking and communication.”

– *School nurse in the North West*

“Communication difficulties with social care and not being informed of the outcome of referrals. Not being informed of domestic abuse or allegations regarding parents. High thresholds for social care and limited early help leading to universal services supporting complex cases. What could help? Pathway for social care for liaising with universal services. Increased funding in early help services before families reach crisis point.”

– *School nurse in Yorkshire and Humberside*

“Disagreement between professionals regarding 'significant harm' and how it impacts on a young person. Not being able to sufficiently evidence concerns (e.g.: CSE). CSE matrix tool can mask real concerns yet is relied on as main point of evidence at times. A young person may present as 'low risk' however you are aware the concerns are likely higher yet cannot evidence this or get further information. Time constraints when doing chronologies. Lack of time in role to meaningfully engage young people and/or families.”

– *School nurse in Yorkshire and Humberside*

The impact of all this work has also taken its toll on the other duties that school nurses have. 21% of school nurses felt that the time, resourcing and capacity needed to make a referral, the paperwork involved and the follow-up placed a significant strain on their work and capacity to perform other activities.

“Staffing constraints within social services. Access to young people within school due to lack of facilities and /or time to meet effectively. Increase in social care staff for children. Effective multi-agency links schools committing to external school nursing input providing private, confidential facilities and time to engage with young people in order to identify. Easy to use paperwork to refer.”

– *School nurse in the East Midlands*

“My own referrals have gone down because I am not seeing any pupils and parents don't know about our services so really it is school that put the referrals in and we only get to know about cases when social care ring up for health information.”

– *School nurse in the North West*

“Contact with children and young people is reducing. More and more time is office-based due to paperwork and processes.”

– *School nurse in the South East*

“Lengthy paperwork. This could be improved by having shared IT systems so that children's details and previous concerns etc. were very readily available.”

– *School nurse in the South West*

Some school nurses highlighted that schools and/or parents were occasionally reticent about safeguarding referrals. They told us that in some cases parents were disruptive and reluctant to cooperate, resulting in either referrals not being made or social services not taking up cases. Other school nurses felt there was limited awareness and training in this area, which could be improved.

“Since working in this local authority I have not had cause to make any child protection referrals but have worked in many cases that have been referred in by schools and as a result of police intervention. I feel that children find it very difficult to disclose and then are often not believed, as adults in the family will contradict them. We work in a culture where children's evidence of any type of abuse is sometimes disbelieved or if believed is not enough evidence to act upon in the fact of adults contradicting their account.”

– *School nurse in the South West*

8% of school nurses stated that they had no involvement in making referrals or the child protection processes in their schools. They felt that there could be greater awareness among other professionals regarding the role of school nurses in safeguarding and child protection.

Conclusion

We are grateful to the 775 school nurses who completed our survey, a large sample of school nurses from all over England. Our findings illustrate that school nurses are confronted by a number of barriers to undertaking proactive work intended to reduce the incidence of problems affecting the health and wellbeing of children and young people. Over all we found that:

- > The majority of school nurses stated that children and young people in the schools they work in were unaware of their service
- > School nurses are often playing a reactive rather than proactive role in schools, responding to young people's problems rather than leading work on issues such as health education
- > School nurses spend on average twice as much time on paperwork than on doing direct work with children and young people in schools. 13% of nurses stated that they spent most of their day filling in paperwork
- > Safeguarding and child protection duties are a substantial part of school nurses' duties
- > School nurses felt that child protection thresholds are set too high, meaning that concerns are not acted upon by children's social care
- > Almost half of school nurses were unsatisfied with the outcome of at least half of the child protection referrals they had made to local authorities.

School nurses face significant restrictions in engaging directly with children and young people. Just over two-thirds of nurses were assigned to over five schools. These nurses will have less than a day a week working with each school. Many school nurses told us how bureaucratic and reactive work is impacting on their ability to engage directly with pupils face-to-face and build trusting relationships. We found that in many cases, nurses can spend more time on paperwork and administrative duties than they do working directly with children and young people. This included safeguarding and child protection duties.

The restrictions and thresholds imposed by other organisations and agencies mean that school nurses have to take on additional roles. Over a third of school nurses told us that schools restrict what they can do in schools. School nurses also felt that the thresholds imposed by social services meant that a number of children and young people at risk and/or in need of support were being turned away. As a result, schools and school nurses often hold significant child protection concerns, without the power to intervene. Many school nurses also felt that when they needed to get in touch with social services this was often difficult, which placed a strain on their time.



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