



Department of

**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

CONSULTATION

Review of Health Visiting and School Nursing in Northern Ireland and Draft Action Plan 2009-2011

Before responding to this consultation please note the Freedom of Information requirements in Appendix 1 at the end of this questionnaire.

***Part A:** provides an opportunity to provide some general feedback on the review*

***Part B:** provides an opportunity for respondents to give additional feedback relating to the draft action plan and in relation to Human Rights and Equality Implications*

Responses should be sent to:

School Nursing and Health Visiting Review,
DHSSPS
Castle Buildings
Stormont,
BELFAST, BT4 3SQ
E-mail: SNHVReview@dhsspsni.gov.uk

Please reply by 5pm on 30th September 2009. Responses received after this date will only be considered in exceptional circumstances and with prior agreement from the Department.

Please tick

I am responding as an individual

Or on behalf of an organisation

Name; Colin Reid Job title: Policy and Public Affairs Manager, NI

Response compiled by NSPCC staff with input from:

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Date: 25/9/2009

PART A

Vision for Service Development

Q1a: Do you agree with the vision?

Yes

No

If you answered "no" to this question please outline the reasons for your answer

NSPCC welcomes this Review and the proposed development and integration of School Nursing and Health Visiting services. In particular we welcome the focus on children, on prevention and early intervention, the expansion of services to include children and young people up to the age of 19 and the particular emphasis on Looked After Children. The vision is ambitious and far-reaching and we welcome this shift to a more balanced, community based, holistic approach to the development of services. Working towards achieving this vision will require careful planning and co-operation at both strategic and practice levels and in particular will necessitate Cross-departmental co-operation with the Department of Education as a key partner to ensure outcomes for children are achieved

Q1b: Do you think that implementation of the vision will result in improved health and wellbeing of children aged 0-19?

Yes

No

If you answered "no" to this question please outline the reasons for your answer

Ensuring the Vision is realised will require attention to be paid to relationships with all the professionals/agencies involved in the delivery of services. In relation to safeguarding in particular, there is need for clarity in relationships with Social Services, Education and Welfare Child Protection Support Services and Independent Counselling Service for Schools. It would be helpful to be explicit about these relationships in the document and in particular how the proposed new service in schools will relate to Designated teachers.

Current perceptions of the school nurse role as providing a basic 'medical' oriented service (vaccinations, head lice, basic first aid) will need to be challenged and addressed if this vision is to be realised in schools. Children, parents and teachers will need to embrace the new role and this will require the extent and capacity of the new role envisaged for School Nurses to be clearly defined and processes made explicit. An audit of current practice among School Nurses (n =38) who attended a CPHVA NI Conference in 2007 carried out by NSPCC Education Advisors documented that the majority of respondents were not included in pastoral care teams within schools and more than half reported not having read the child protection policy within the schools where they were

working.

School Nurses are in a unique position working at the interface of education and health. However this in itself presents significant challenges for clarifying interfaces and developing new relationships with others in the education environment such as Designated Teachers, the Independent Counselling Service for Schools , teachers delivering the statutory Personal Development curriculum and social workers (particularly in relation to Looked After Children).

Research for NSPCC in 2004 by Featherstone and Evans showed that young people identify three significant issues which create barriers to accessing services: being able to identify who might be able to help; having the confidence that this person would have the time and desire to help; and that they are appropriately qualified to do so. It is imperative that these factors are considered in the design of a School Nurse service that is universal if it is to be genuinely accessible to children in school.

Improving or expanding skills levels, improving knowledge and awareness among all the stakeholders involved and developing new processes will require significant resources to be allocated to achieving the vision. NSPCC would welcome such an investment in frontline services for young people and a shift in emphasis from a medical to a social model.

Key responsibilities

Q2: Do you agree with the three key responsibilities identified for health visitors and school nurses. E.g. are they sufficient in relation to identifying and meeting the needs of all children, young people and their families including those with progressive needs?

Please tick

Yes

No

If you have answered “no” what would you prefer to have in place?

NSPCC welcomes the focus on early intervention as public attitude research conducted by NSPCC in Northern Ireland in (2006) has previously demonstrated the importance of Health Visitors in the delivery of advice and information to all parents. We would draw attention to the recently published guidance by the National Institute for Health and Clinical Excellence, “When to Suspect Child Maltreatment” as a useful tool for professionals which NSPCC would also like to see implemented in Northern Ireland. It is helpful to be aware of this guidance and the need to link the redesign of services into the wider development of clinical and good practice guidelines.

The focus on mental health promotion is also of particular importance in

identifying and meeting the needs of children, young people and their families and cognisance will need to be given to the implications for service redesign of the proposed new legislation on Mental Health. The points raised in relation to partnership working are particularly important in the area of mental health.

The focus on public health is also to be welcomed but again the same issues of clarity of purposes, support, training and the need for partnership working across education and health is central to its success.

Model for the Assessment of Need

Q3 Have you any comments to make regarding the role of health visiting and school nursing within the UNOCINI Threshold of Needs Model (DHSSPS, 2008) – e.g. will it improve the assessment process and facilitate improved partnership working?

Please tick

Yes

No

If you answered “no” to this question please detail.

The shift in assessment models will clearly raise training and resource issues. Health Visitors who have been using the Family Health Assessment Model will require a period of familiarisation and the new service model will probably take some time to “bed down” and to ensure partnership working is made a priority. It is unclear from the review what the “out – of –term” arrangements will be for provision. This lack of clarity may arise from the use of the term “school nurse” which implies a service linked to schools and which is therefore time bound. This could lead to confusion about the nature of the service. Given that the school leaving age is currently 16, what arrangements will be in place for families and young people to access services if they leave school at age 16?

The Importance of Prevention and Safeguarding

Q4: Does the review place enough emphasis on the importance of prevention and early intervention?

Please tick

Yes No

If you answered “no” to this question please outline the reasons for your answer with any suggestions you may wish to provide.

NSPCC welcomes the emphasis on prevention and early intervention. Research on SureStart has shown the positive effects of high quality pre-school provision on children’s intellectual and social behaviour development up to the end of Key Stage 1 in Primary School (DCSF 2008). In relation to the proposals to develop the role of school nurse, school is an ideal setting for establishing a universal service. Establishing a two-tier service development model which includes universal provision as well as targeted provision will require appropriate resourcing.

Q5: Does the review place enough emphasis on the importance of safeguarding?

Please tick

Yes No

If you answered “no” to this question please outline the reasons for your answer with any suggestions you may wish to provide.

We welcome the proposed role of a Nurse Consultant Post which will take responsibility at a regional level for strategy and direction although it is unclear how this will fit in with the proposed new Safeguarding Board for Northern Ireland. However the overall emphasis on the development of a regional approach is a positive aspect of this review. This could ensure uniformity of information and consistency of practice across the new service.

The proposal for specific LAC posts in each Trust area for school age children is significant given that research shows looked after children often have less

positive health outcomes than children who are not in the care system (need to add ref to research here). Having health professionals with the specific remit of looking after the health needs of Looked After Children is therefore to be welcomed but again there needs to be clarity of roles as Looked After Children have numerous professionals in their lives already and there is potential scope for duplication, dilution of service or simply confusion. Greater integration needs to take place in terms of the DHSSPS Strategy Care Matters: a Bridge to a Better Future (2007).

Recommendations of the review

Q6: Do you agree with the recommendations of the review?

Please tick

Yes

No

If you answered "no" to this question please provide comments or suggestions.

We have confined our comments in this section to issues relating to Recommendations 3 and 6.

Rec 3: In relation to delivering equitable workloads and maximising resources we believe this could prove to be challenging. Targeting resources on families most in need using an imaginative skill-mix and ensuring partnership with users will have a significant training implication. Ensuring there is an equitable workload across the new service will require monitoring to be put in place.

Ensuring staff within the proposed new model who will be delivering the service have access to preventative and/or treatment programmes for those families identified through the assessment model as having the most challenging or complex needs will be important in embedding confidence in the new service and avoiding raising expectations which cannot be met.

Rec 6: Role of Health Visitors and School Nurses in safeguarding LAC

As stated above we welcome the focus on Looked After Children and the regional approach to the development of child protection nursing infrastructure.

The proposal for a regional safeguarding supervision model supported by an IT based Health Needs Assessment/ Caseload Profiling within the context of the FHA/UNOCINI modal and which interfaces with the Child Health System will potentially streamline service provision.

The proposed review of IT systems and record keeping to avoid duplicating

information and the proposed introduction of a single system across all partner agencies could assist in managing information and potentially reduce the current administrative burden thereby enabling staff to provide a more client based service than the current professionally driven service.

Proposed Models for Delivery

Q7: Please comment on the proposed model and/or suggestions you might wish to have considered

Comments

In the past, concerns have been raised by school nurses about the differences in grading between school nurses and health visitors. This issue will need to be addressed to ensure equity among those delivering the new service.

Perceptions of the School Nurse role will need to be addressed if there is to be a shift to developing a more holistic service