



**NSPCC**   
**Dim mwy o greulondeb i blant. DIM.**  
**Cruelty to children must stop. FULL STOP.**

**NSPCC CYMRU/WALES**  
**RESPONSE TO:**

**The development of a family nurse  
service for Wales**

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- 1.0 NSPCC Cymru/Wales welcomes the opportunity to respond to this consultation on the development of a family nurse service for Wales.
- 1.1 The NSPCC's purpose is to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential.
- 1.2 We seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

- 2.0 **General Comments – Current provision**
- 2.1 NSPCC Cymru/Wales recognises the importance of the current school nursing service’s role in ensuring the health and wellbeing of all school-aged children and young people across Wales. From our experience of working alongside school nurses, we believe that the role could be developed to enable greater co-ordination and multi-agency working.
- 2.2 We also believe that these developments could have a positive impact on the ability to meet the needs of the children and young people who present themselves to school nurses. NSPCC Cymru/Wales expects that the proposed family nurse service in schools will reflect a child-centred approach as enshrined in the UN Convention on the Rights of the Child(UNCRC). With better support and multi-agency working, we would envisage that complex needs could be better recognised and addressed in a timely manner, involving appropriate partner agencies from both the statutory and voluntary sectors. **We urge the Welsh Assembly Government (WAG) to ensure a rights based, child-centred approach to the service is prioritised throughout delivery of this strategy.**
- 2.3 We welcome the consultation with children and young people undertaken in order to identify their thoughts on the current service and to provide an opportunity for them to propose improvements. Some of the issues they highlighted reflect our own comments within this response. Despite the limited number of children and young people involved, we commend WAG on their child’s rights approach to policy and their commitment to the realisation of the Articles set out in the UNCRC.
- 2.4 Despite the opportunities of meeting identified need mentioned above, NSPCC Cymru/Wales was disappointed not to find a clearer explanation of how exactly the role of the current school nursing service will evolve through the proposals put forward. We believe that as part of any proposals, the safeguarding and child protection role of the current school nursing service is vitally important and this should be protected. We believe that children and young people must be kept safe and their health and wellbeing prioritised. **We urge WAG to ensure that any proposed changes to the current school nursing role include the need for continued support, and that training is provided on a recurrent basis to ensure children and young people in need of support are recognised early and signposted to appropriate services.**
- 2.5 NSPCC Cymru/Wales recognises that the current provision of school nurses across Wales is variable. Our experience is very positive in some parts of Wales, with school nurses working co-operatively and in a timely manner. However, we are concerned that this is very dependent on the support given to schools and other agencies to provide such a service. We are deeply concerned that some schools within Wales are apparently assigning a staff member who holds a First Aid certificate only, as their “school nurse”, meaning they are unable to meet the needs of pupils for advice and support. The role of a school nurse, as outlined in the strategy, far exceeds that of a First Aider.
- 2.6 We strongly believe that there should be a statutory requirement for nurses in schools to hold a Specialist Community Public Health Nurse (School Nurse – SCPHN) qualification, or an equivalent. Making this requirement statutory

would go some way to help ensure that those working with children and young people in need of health improvement, promotion and well-being initiatives are appropriately qualified to deliver interventions. This would also provide an opportunity to secure accountability to the role and clinical supervision where necessary. **We strongly urge WAG to recognise the need to ensure that a qualifications framework is developed for current school nurses and is in any proposals for change so as to ensure those in the role have the skills and qualifications necessary to meet the diverse needs of children and young people.**

- 2.7 We note the estimation that there appears to be a current shortfall of 15 school nurses across Wales. However, from our experience of the variable role and provision, we believe the actual workforce gap could be greater than originally thought. **We therefore urge the Welsh Assembly Government to recalculate these figures considering their qualitative context and supply details of the qualifications and capacity of those identified in post.**
- 2.8 In addition to the current shortfall of school nursing staff across Wales, it would also have been beneficial to identify the recent achievements of each local authority in Wales in achieving the actions set out within the National Service Framework (NSF) for children, young people and maternity services in Wales (2005) relating to school health. This could have provided a basis on which to evaluate progress to date and gain an understanding of whether and if so, where, proposals for change need to reflect. From this, alongside the consultation with children and young people, a more informed decision could have been reached as to which Model proposed to develop the current service, would best suit the current needs.
- 2.9 Despite many referrals to important policy and guidance produced previously by the Welsh Assembly Government, including the NSF, we were extremely concerned not to see any reference to the Welsh Assembly Government's commitment to provide school counselling services in all secondary schools across Wales and the subsequent publication of the school based counselling strategy. Taking on board the suggestion that the nurse should work as part of a team with access to support and advice from other professionals, made by the children and young people who participated, we are concerned at the failure to join and cross reference these two proposals, both of which could provide pupils with crucial professionals to talk to about their lives. It is vitally important that there are clear protocols in place between the school counsellor and the proposed family nursing service around sharing information, referring pupils between the two services and who the lead professional is when both services are being accessed by a child. Without these we are concerned that information about vulnerable pupils could become compartmentalised, which could lead to safeguarding concerns. **We recommend that before the final strategy is published discussions are held within Government on how these two important services will work together and work is undertaken to develop the protocols mentioned above and any other relevant agreements.**
- 3.0 **General Comments – Service developments**
- 3.1 NSPCC Cymru/Wales provides a school counselling service across all secondary schools in Wrexham. Our Schools Team has encouraged the development of independent counselling and peer support programmes for

children and young people in schools across this area. These provisions are intended to create schools where personal development is supported and where young people are listened and responded to. This in turn strengthens children's ability to take advantage of the educational opportunities provided to them. Our experience of working with the current school nursing role here has been very positive and working collaboratively within schools has proven to be very successful in meeting the needs of children and young people. A joint approach here could ensure that the multiple and often complex needs of children and young people can be effectively and appropriately recognised, signposted if necessary and ultimately treated as timely as possible. As outlined above we believe that improved communication within Government around the provision of school based counselling and the proposed role of a family nurse could provide children and young people with the option they have outlined. **Again we would urge the Welsh Assembly Government to clarify how the proposed role of a family nurse and school counsellor will work together to provide a wrap around health and emotional support service for children and young people.**

- 3.2 We must also recognise that issues for young people do not arise in vacuum and a number of agencies both in the voluntary and statutory sector may be involved. The impact of failing to share information will ultimately be felt by the child or young person. This must be avoided at all cost. We believe that this is yet another reason for the proposed family nursing service to be provided alongside the provision of school counselling and other appropriate services. **The Welsh Assembly Government must lead by example here and ensure that both guidance and practice reflects the importance of co-working and information-sharing, with all appropriate services supported in their capacity to apply this.**
- 3.3 We believe that working together must be the underpinning principle of the proposed role. Clear referral protocols must be in place to share information and signpost children, young people and their families to the appropriate service(s). Similarly, NSPCC Cymru/Wales' experience of child and adolescent mental health services (CAMHS) has highlighted the importance of this. The role of the current school nurse plays a key part in Tier 1 provision, as detailed within the WAG Strategy document 'Everybody's Business' (2001). With regular direct contact with children and young people, the role of any family nurse proposed must be supported in recognising early signs of mental health problems and informed in knowing the appropriate referral pathways. **We urge the Welsh Assembly Government to ensure that the role of the proposed family nurse is fully resourced and supported to undertake their responsibilities in relation to CAMHS.**
- 3.4 NSPCC Cymru/Wales would also like to particularly highlight the vital importance of clarifying the thresholds of confidentiality that the proposed family nurse will be expected to work within. **We recommend that the proposals clarify confidentiality within the boundaries of child protection and that children and young people accessing the proposed service are always made aware of this and understand fully the responsibility of the proposed family nurse in meeting this requirement.**
- 3.5 Despite the importance of the above responsibilities, NSPCC Cymru/Wales is concerned that without further clarity around the specific responsibilities, the aspects of the role proposed within Table 5 on Page 13 and the fact that this service will be available to children, young people and families, will not help

avoid the role aiming to be “all things to all people” as identified from the consultation events. **We urge the Welsh Assembly Government to acknowledge this and consult further on the proposed degree of responsibility identified to distinguish the specific developments to the role of a family nurse service.**

- 3.6 We are also unsure as to how the proposals will change the role of the current school nurse to a family nurse. The title implies a wider audience of stakeholders though the proposals contain little detail as to how this will look in reality. The consultation makes reference very early on to DeBell and Tomkins’ (2006) belief that school nursing is the “only professional group whose remit is entirely focused on meeting the health needs of school-aged children, young people and their families” (Pg6). However, the current remit, as far as it is made aware by the context setting, is more closely linked to the needs of children and young people and makes little reference to how the service aims to meet family needs. Despite “working in partnership with parents, carers, teachers and other agencies on child health” (pg6) noted as an impressive achievement of the current service in Wales, it is unclear how the proposals will strengthen the family work here and justify the title change. There is also a need to clarify the role in relation to the proposal by the Welsh Assembly Government to place a statutory duty on local authorities and the NHS in Wales to establish Integrated Family Support Services in every authority area that will work with families with complex needs. How will the school nurse link with this service, ensure information is shared and ensure that work undertaken is mutually supportive. **We believe this is a valuable service though we would urge the WAG to clarify if and to what extent will this work change with the proposed developments. We would also urge WAG to clarify how the role will link with proposed new developments to help families and to reiterate the importance of appropriate information sharing amongst agencies working with children, young people and families.**
- 3.7 We appreciate the identification within the proposals of the need to address capacity and workload issues. It is noted that if there was one family nurse per mainstream (excluding special needs schools) school, the current ratio would be 1:940. One of our concerns here would be that the expectation that developments will “enable greater co-ordination and multi-agency support and partnership working” (pg7) may be jeopardised. From our experience of Serious Case Reviews across Wales, the current school nursing role, alongside many other agencies with a responsibility for the health and wellbeing of children and young people in their care, have been unsupported in their role in sharing information and communicating in a timely manner. This can lead to vital communication between partners failing to reach the necessary individuals in time and can lead to a deterioration of situations and consequently fail to meet the immediate needs of children and young people. **We urge the Welsh Assembly Government to ensure that appropriate training and support is put in place to enable and empower the proposed family nurse to play their role in the child protection system.**
- 3.8 The lack of clarity of the proposed family nurse role may compromise the ability for such a post to be able to deliver a service to a range of children and young people. This service would be available to children and young people across a wide age range and consequently a wide developmental range. An example within the proposals where this has not been considered is Model Four. Looking at the examples of issues put forward for children aged 0-

11years, these are predominantly physical and developmental issues, with no reference to the emotional wellbeing and mental health issues which are also apparent amongst younger children. We are concerned that there was no mention of adequate training and support, even qualification award to enable the proposed family nurse role to meet the communication and developmental needs of children aged between 3 and 18 years. Findings from the proposals' consultation with children and young people identified itself that "the service requirements of primary aged children differ from those secondary schools" (Pg11). **Despite acknowledging that the service models proposed would need to be sensitive to the varying needs, we question how the Welsh Assembly Government will achieve this without a robust qualifications and training framework in place.**

- 3.9 NSPCC Cymru/Wales agrees that any potential scope of the proposed family nurse service must ensure that they reach out in an accessible way to certain vulnerable groups of children and young people. This in turn will go some way to identify the correct care pathways to be followed in a joined-up, communicative and timely manner. **We urge the Welsh Assembly Government to ensure the role is supported and able to reflect a multi-agency approach to the needs of the children and young people who present themselves to the service.**
- 3.10 We acknowledge the commitment to invest in the proposals, but were disappointed not to see any further details on this. We were also concerned with the lack of clarity around the status of the proposals and onto which responsible body would the need to implement and deliver the proposals be placed. Investment in resources, clarity around service providers and accountability are hugely important factors, particularly in roles handling sensitive information about vulnerable children, which we feel have been omitted from the proposals set out within the consultation. **We therefore urge the Welsh Assembly Government to provide clarify these details within the final proposals and provide the recurring funding needed to provide high quality and supported services.**

#### **4.0 General Comments – Service models proposed**

- 4.1 Based on the above issues, NSPCC Cymru/Wales believes it would be inappropriate to comment on the proposed service models. We believe the Welsh Assembly Government should first seek to clarify further the issues we have raised within this consultation, and on the basis of this, consult further on any proposed service delivery model.

#### **5.0 Conclusion**

- 5.1 NSPCC Cymru/Wales again, welcomes the opportunity to respond to this consultation on the development of a family nurse service for Wales. We would be happy to meet with relevant officials to discuss further the issues raised here and to offer more information on our experience to date.

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