School Nursing Review Consultation

Introduction

As part of the review of the School Nursing Service, the Public health department sought the opinions of a variety of people and organisations with an interest in how the School Nursing Service is delivered in Bradford. The aim of the consultation was to understand how people felt the system is working currently, and what the future expectations are of the service.

This paper provides a report on the consultation in five separate sections:

- Summary of Findings
- Summary of Participation
- Detailed explanation of consultation methodology
- Full report on results of the consultation
- Strengths and weaknesses of the consultation exercise

A full breakdown of the contents of the report appears in the Table of Contents, *after* the Summary of Key Findings.

The two main consultation methods were questionnaires and organised group discussions.

There were 5 questionnaires in total which were to obtain the views of;

- **Primary School pupils**;
  - 830 responses
  - 382 (46%) Boys, 417 (50%) Girls, 31 did not disclose their gender.
  - 97% were aged 10 and 11
  - 34 Schools across 20 Wards; good representation of the population.
- **Secondary School pupils;**
  - 215 Responses
  - 10 Schools across 5 Wards;
  - 97% were aged 13 to 15 with the greatest proportion aged 14 (132/ 61%)
  - 33% were Asian Pakistani and 33% were White British.
- **Parents;**
  - 156 responses
  - Were parents of pupils across 26 schools <u>ALL</u> of which were primary- we did not get the views of parents with children at secondary school.
  - 88% (138) were Female only 4% (14) were Male, the remaining 8% did not disclose
  - 66% of respondents were aged between 30 and 49.
  - 64% (100) White British 14% (22) Asian Pakistani.
- **Teachers;**
  - 82 responses
  - From 42 Schools across 5 wards
  - Schools were asked to nominate one member of staff to complete the survey on behalf of the school; however 45% of the responses were from two schools.
  - 74% of the teachers who responded were from a primary school which equates to 70% of all the responses.

- **GPs**
  - o 17 respondents
  - o An additional questionnaire was set up for GPs to enable them to give their views on the consultation. This was designed differently to the previous four questionnaires as it was the same questions as the organised group discussions.

There were five organised group discussions set up to understand how people feel the system is working currently, and what the future expectations are of the service. The attendees at each event consisted of;

- **Event 1: School Nursing teams (35 attendees);**
  - o School Nurses,
  - o Health Care Assistants,
  - o Team Leaders,
  - o Trainee School Nurses.
- **Event 2: Stakeholders (31 attendees);**
  - o Education
  - o Child and Adolescent Mental Health Service (CAMHS)
  - o Public Health
  - o Voluntary and Community Sector
  - o School Nursing
  - o Children's services
  - o Local NHS
  - o Born in Bradford
- **Event 3: School Nurse Leads (4 attendees)**
- **Event 4: Strategic Leads (6 attendees);**
- **Event 5:** This event was set up to provide an extra opportunity for individuals from education and health in particular teachers and GPs to give their views however there was only one attendee at this event.

Section One: Summary of Key Findings

Summary of Findings

The key findings from the consultation exercise can be divided into five broad categories:

Access and Awareness

1. **There is good awareness of the role of the school nurse but, in secondary school, most boys do not know of the role of the School Nurse.**
(See pages 17 & 27)

2. **Girls are more engaged with the School Nursing service. Whilst this may be entirely appropriate, and based on the relative health and wellbeing needs of boys and girls, care needs to be taken to ensure that the service is as accessible and available to boys as it is to girls.**
(See pages 19 & 29)

People's experience of the service

3. **People's experience of the service experience has tended to be positive.**
(See pages 20,29,40,42 & 44)

People's expectations of the service

4. **Young People generally would prefer to see someone "in school" and for them to be easily contactable.**
(See page 30 &31)

5. **Girls and young female students prefer to see a woman. Boys and young male students are less concerned about the gender of the school nurse, but those that did in primary school showed an overwhelming preference for seeing a male nurse.**
(See pages 22 & 30)

Needs

6. **The issues on which children, young people and parents most want advice and help relate to two main categories: Emotional and mental health, and lifestyle choices – including healthy eating, diet and exercise and Medical conditions.**
(See pages 21,32 & 41)

Organisational Matters

7. **Those working in, or closely with, the service are unclear about the boundaries of the role of the School nurse, and feel that it is misunderstood by others.**
(See pages 44,52,53 & 56)

8. **Some key stakeholders expressed the view that schools need to be more supportive of the School Nursing service.**
(See pages 52,53,56 & 59)

9. **Many stakeholders suggested that the service needs to be more visible and accessible generally, and particularly to hard-to-engage groups eg children who are not in school.**
(See pages 21.28.33.42.48.50 &53)

10. **Concerns were raised around the capacity of the current service, and whether demand outweighs provision.**

(See pages 30, 52 & 56)

11. **Whilst many contributors reported that partnership working was a strength of the current service, it was suggested that the service may function better through closer working with other services including; CAMHS, GPs, Health Visitors, Children's centres and Children's social care.**

(See pages 51, 53, 56, 58 & 59)

Summary of Participation

Questionnaires

Who: Primary Pupils
How many: 830 Responses
Where: 34 Schools across 20 Wards:

Gender: 382 Boys 417 Girls
Age: 97% were aged 10 and 11

Ward	Number of responses
Little Horton	91
Ilkley	86
Keighley Central	81
Worth Valley	78
Great Horton	72
Tong	72
Wibsey	45
Queensbury	39
Wharfedale	33
Keighley West	32
Toller	31
Bowling and Barkerend	27
City	27
Clayton and Fairweather Green	26
Craven	26
Manningham	22
Thornton and Allerton	20
Bolton and Undercliffe	18
Heaton	2
Bingley	1
Eccleshill	1

Who: Secondary Pupils
How many: 215 Responses
Where: 10 Schools across 5 Wards:

Ward	Number
Bolton and Undercliffe	63
Royds	48
Toller	45
Keighley Central	42
Thornton and Allerton	14

Secondary pupils were asked to provide the first part of their postcode 37% of responses lived in BD2, BD6 and BD21 postcode area which covers the following wards:

Postcode area	Wards
BD2	Bolton and Undercliffe, Bowling and Barkerend, Bradford Moor, City, Eccleshill, Heaton, Manningham, Windhill and Wrose
BD21	Bingley Rural, Keighley Central, Keighley East, Keighley West, Worth Valley
BD6	Great Horton, Little Horton, Queensbury, Royds, Wibsey, Wyke

Age: 97% were aged 13 to 15 with the greatest proportion aged 14 (132/61%)
Ethnicity: 33% were Asian Pakistani and 33% were White British.

Section Two: Summary of Participation

Who: Parents
How many: 156 Responses
Where: 26 Schools ALL primary
Where: Parents were asked to provide the first part of their postcode the table below shows the top three postcode areas and the wards in which it covers:

Postcode Area		Wards
BD6	Great Horton, Little Horton, Queensbury, Royds, Wibsey, Wyke	
BD8	City, Clayton and Fairweather Green, Manningham, Thornton and Allerton, Toller	
LS29	Craven, Ilkley, Wharfedale	

Gender: 88% (138) of respondents were Female only 4% (14) were Male, the remaining 8% did not disclose
Age: 66% of respondents were aged between 30 and 49.
Ethnicity: 64% (100) White British 14% (22) Asian Pakistani.

Who: Teachers
How many: 82 Responses
Where: 42 Schools across 5 Wards:

Ward	Number
Bolton and Undercliffe	63
Royds	48
Toller	45
Keighley Central	42
Thornton and Allerton	14

Who: Schools were asked to nominate one member of staff to complete the survey on behalf of the school; however 45% of the responses were from two schools.
School Type: 74% of the teachers who responded were from a primary school which equates to 70% of all the responses.

Group Discussions

Date	Who Attended	Number of attendees
22nd September 2015	School Nursing Teams; • School Nurses, • Health Care Assistants, • Team Leaders, • Trainee School Nurses.	35
30th September 2015	Stakeholders • Education • CAMHS • Public Health • Voluntary and Community Sector • School Nursing • Children's services • Local NHS • Born in Bradford	31*

Section Two: Summary of Participation

Date	Who Attended	Number of attendees
30th October 2015	School Nurse Leads	4
7th December 2015	Strategic Leads	6
	• Head of Children's Directorate	
	• School Nursing Manager	
9th December 2015	Individuals	1

*On reviewing the 'signing in' sheets for this session, it was noted that not all those who had attended had signed in. The most reliable estimate of attendance suggests 31 people were involved.

Contents

Section Three: Detailed explanation of Consultation Methodology

Methodology

The consultation for the School Nursing review was conducted using two main methods:

- Questionnaires
- Organised group discussions

Questionnaires

Five different questionnaires were used to collect the opinions of five separate groups:

- Primary School children (10 and 11 year olds)
- Young people in Secondary School (13, 14 and 15 year olds)
- Parents, Guardians and Carers
- Teachers (and other school representatives)
- GPs

Table 1 summarises how each of the questionnaires was designed, promoted, administered and analysed.

Organised group discussions

A variety of people and organisations were invited to contribute their views in a number of organised discussion groups.

Table 2 and the notes which accompany it summarises how each of the group discussions was organised.

Section Three: Detailed explanation of Consultation Methodology

Table 1: Questionnaires

Questionnaire respondents	Questionnaire Design	Promotion	Administration	Information collected / analysis performed
Primary School children (10 and 11 year olds)		• Each school was contacted via a letter to the headteacher. The headteacher was asked to nominate a staff member who would co-ordinate the school's contribution, including arranging for pupils to complete the questionnaire. • Follow-up telephone calls were made to individual schools to encourage participation. • The offer was made for paper copies of the questionnaire were provided to schools on request. No schools accepted this offer.	Online	Quantitative and Qualitative
Secondary School children (13, 14 and 15 year olds)	• Initial design by School Nursing Review team • Tested in open discussion at focus group with Children and Young People, at Barnardo's • Amended to take into account feedback from Focus Groups	• Each school was contacted via a letter to the headteacher. The headteacher was asked to nominate a staff member who would co-ordinate the school's contribution, including arranging for pupils to complete the questionnaire. • The initial letter also offered the opportunity for the school to contribute via an organised discussion ('focus group'). • Follow-up telephone calls were made to individual schools to encourage participation. • Further follow-up telephone calls were made to stimulate a response from schools based in more deprived areas. • Paper copies of the questionnaires were provided to schools on request. • Some schools agreed to carry out the exercise on paper, rather than online.	Online and paper copies – see note on 'Promotion.'	Quantitative and Qualitative

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Section Three: Detailed explanation of Consultation Methodology

Questionnaire respondents	Questionnaire Design	Promotion	Administration	Information collected / analysis performed
Parents, Guardians and Carers	- Initial design by School Nursing Review team - Tested by email with volunteer panel of Parents, Guardians and Carers - Amended to take into account feedback from panel	- Each school was contacted via a letter to the headteacher. The headteacher was asked to nominate a staff member who would co-ordinate the school's contribution, including encouraging parents to fill out the questionnaire. - Paper copies of the questionnaires were provided on request. - Some Parents, Guardians and Carers filled out the questionnaire paper, rather than online.	Online and paper copies - see note on 'Promotion.'	Quantitative and Qualitative
Teachers (and other school representatives)	- Initial design by School Nursing Review team - Amended to take into account feedback from testing of other questionnaires	Each school was contacted via a letter to the headteacher. The headteacher was asked to nominate a staff member who would co-ordinate the school's contribution.	Online	Quantitative and Qualitative
GPs	Adaptation of SWOT*-style approach	An email was sent out to all of the CCG's who then passed it on to all of the Practice Managers and GPs	Made available online	Qualitative

Notes:

* Strengths and Weaknesses, Opportunities and Threats.

Section Three: Detailed explanation of Consultation Methodology

Table 2: Organised Group Discussions

Date / Venue / Time	Membership of Group	How the group was identified	Administration / Promotion	Information collected / analysis performed
1. 22nd September Carlisle Business Centre 1-5pm	School Nursing Service	The current provider was asked to contact school nursing staff and invite them all to the consultation event.	Invitation by email from current service provider	Qualitative
2. 30th September Jacobs Well 1-5pm	Stakeholders	The basis of the membership was the invitation list for the 'Health and Wellbeing of School Age Children' Steering Group, with additional members having been identified at a meeting of the group.	Invitation by email	Qualitative
3. 30th October Shipley Health Centre 10-12pm	School Nurse Leads	The current provider was asked to identify school nurse leads and invite them to the consultation event.	Invitation by email	Qualitative
4. 7th December Jacobs Well 12-1pm	Strategic Leads	The membership was identified from within existing provider strategic leads.	Invitation by email	Qualitative
5. 9th December Carlisle Business Centre 12-2pm	Drop-in session	School Nursing Review team identified that the views of GPs and Teachers may have been under-represented in earlier sessions and organised another session accordingly.	Promoted through Bradford Schools online and CCGS	Qualitative

Questions and Format

At sessions 1 and 2, attendees were divided into groups. The discussions were led by experienced facilitators, and the discussion took place in two sessions. The first session looked at the current service and in particular what attendees feel does and does not work well.   The second session focused on the future service and what needs to change.

At sessions 3 and 4, the discussion was in a single group of all attendees.

Section Three: Detailed explanation of Consultation Methodology

Recording responses

Responses were recorded on flip chart paper and were typed up following the session. Key themes were then identified from each group and the results are presented later in this report.

Section Four: Full report on the results of the consultation

Full report on the results of the consultation

In common with the section on Methodology, the results of the consultation are separated into two sections.

- Questionnaires
- Organised group discussions

Questionnaires

The results of the questionnaire are further divided into five separate parts:

- Primary School children
- Secondary School children
- Parents, Guardians and Carers
- Teachers (and other school representatives)
- GPs

Section Four: Full report on the results of the consultation:
PART ONE – PRIMARY SCHOOL CHILDREN

Primary School children

Response rates and coverage

830 responses were received.

The Primary school questionnaire collected the following factual data about the respondents:

- School attended
- Sex
- Age

School attended:

Which school do you go to?

- 34 schools were represented by the responses
- The following table lists all the schools where 15 or more pupils responded, together with the ward in which the school is located.
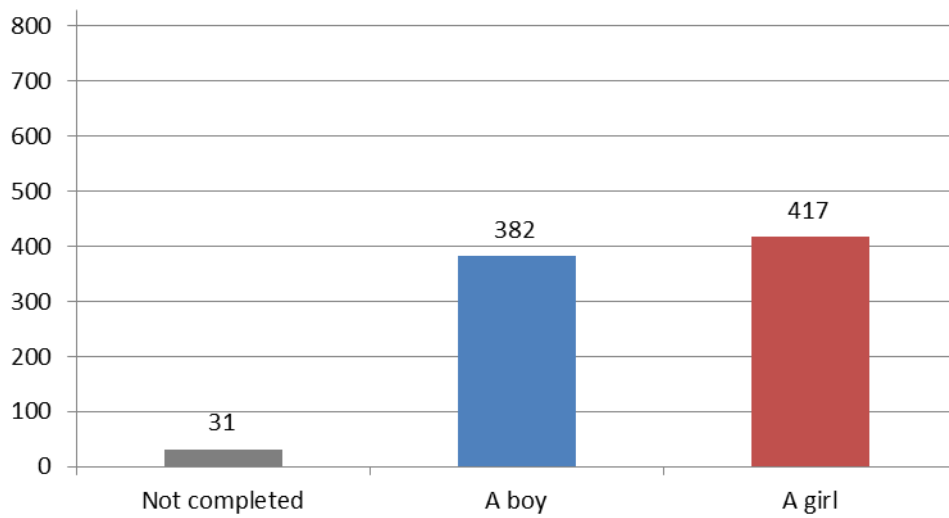
School Name	Number of respondents	Ward
Ashlands Primary School	60	Ilkley
Newby Primary School	58	Little Horton
St John's CE Primary School	58	Tong
Hollingwood Primary School	57	Great Horton
St Anne's Catholic Primary School	52	Keighley Central
All Saints' CE Primary School (Bradford)	33	Little Horton
Burley and Woodhead CE Primary School	33	Wharfedale
Nessfield Primary School	32	Keighley West
Girlington Primary School	31	Toller
Victoria Primary School	28	Keighley Central
Barkerend Primary School	27	Bowling and Barkerend
Farnham Primary School	27	City
Lees Primary School	27	Worth Valley
Addingham Primary School	26	Craven
Clayton Village Primary School	26	Clayton and Fairweather Green
Haworth Primary School	26	Worth Valley
Ben Rhydding Primary School	25	Ilkley
Oakworth Primary School	25	Worth Valley
Shibden Head Primary Academy	25	Queensbury
St Paul's CE Primary School	25	Wibsey
Sandy Lane Primary School	20	Thornton and Allerton
St Winefride's Catholic Primary School	20	Wibsey
Bradford Grammar School	18	Manningham
Westminster CE Primary School	18	Bolton and Undercliffe
St Oswald's CE Primary Academy	15	Great Horton

Section Four: Full report on the results of the consultation:
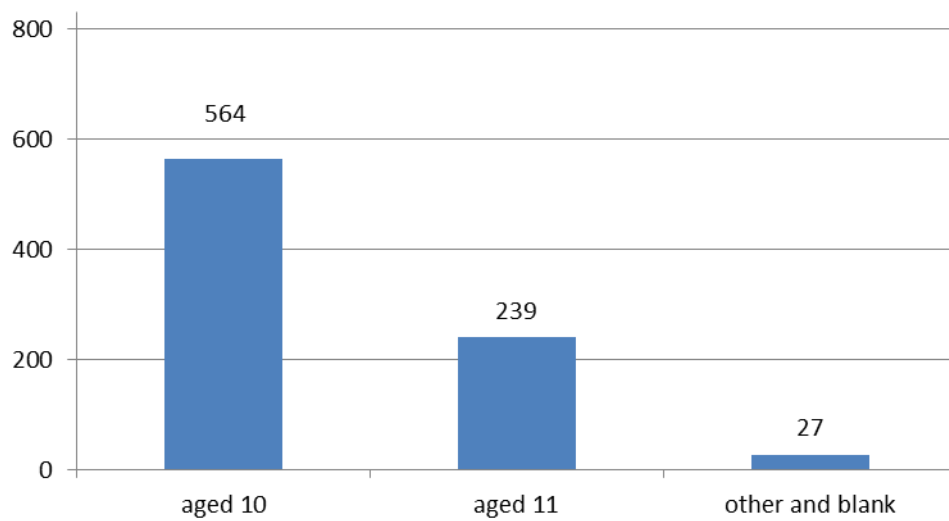## PART ONE – PRIMARY SCHOOL CHILDREN

Sex:

**Are you?**

A bar chart titled "Are you?" showing:
- Not completed: 31
- A boy: 382
- A girl: 417

Age:

How old are you?

A bar chart titled "How old are you?" showing:
- aged 10: 564
- aged 11: 239
- other and blank: 27

PART ONE – PRIMARY SCHOOL CHILDREN

Responses by question

Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?
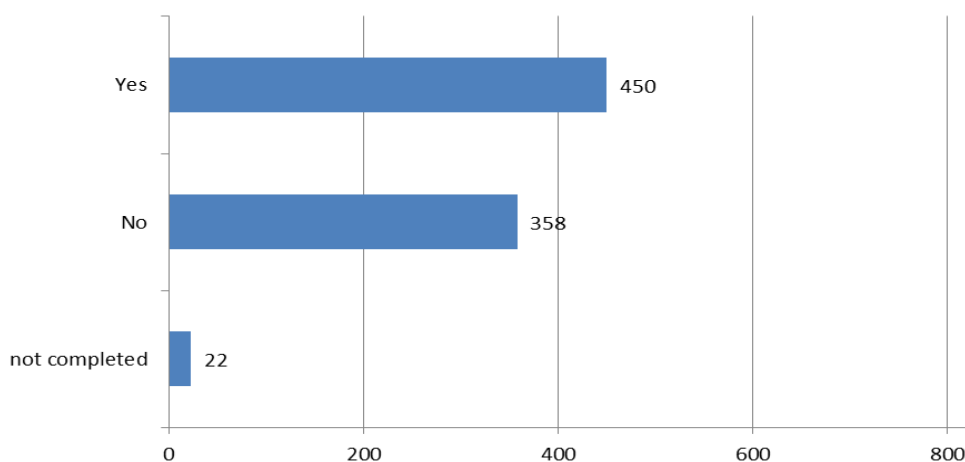
The following chart shows the number of people who said whether or not they knew there was someone in their school whose job it was to talk to them about things like your health as you are growing up broken down by gender
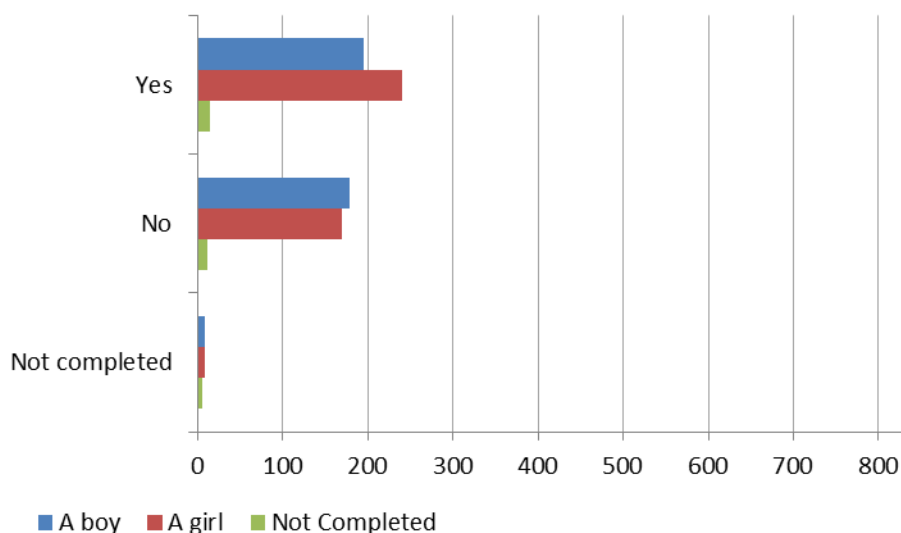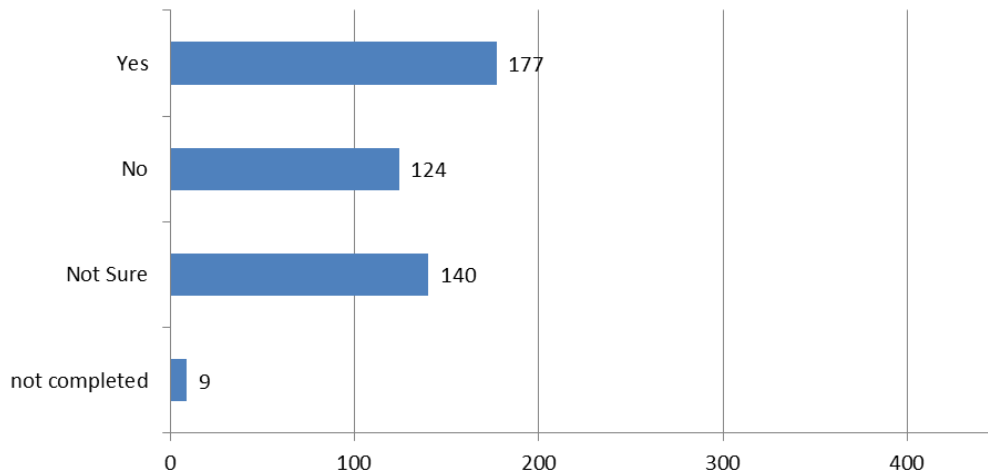

➢ **The chart above shows evidence of key finding 1**

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"

Do you know who this person is?

PART ONE – PRIMARY SCHOOL CHILDREN

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"

Have you ever been to see or talk to this person?

■ A girl ■ A boy

> **The chart above Shows evidence of key finding 2**

PART ONE – PRIMARY SCHOOL CHILDREN

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"
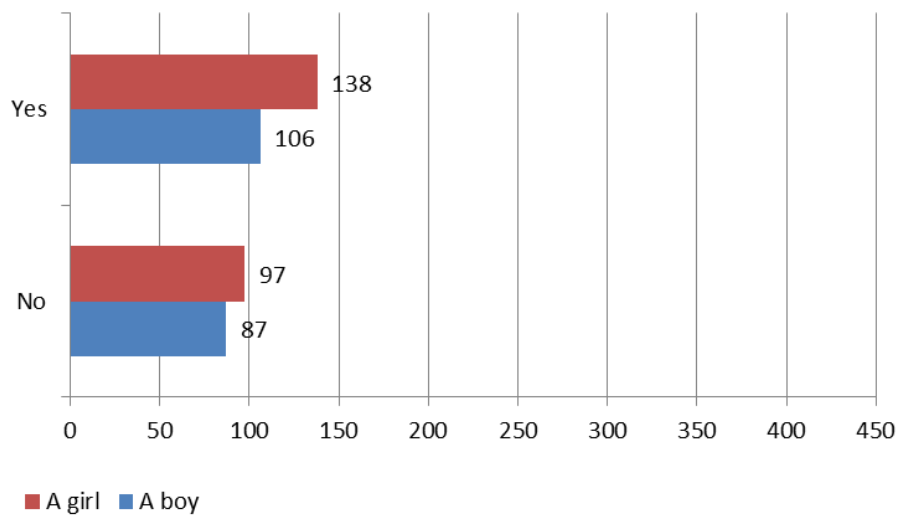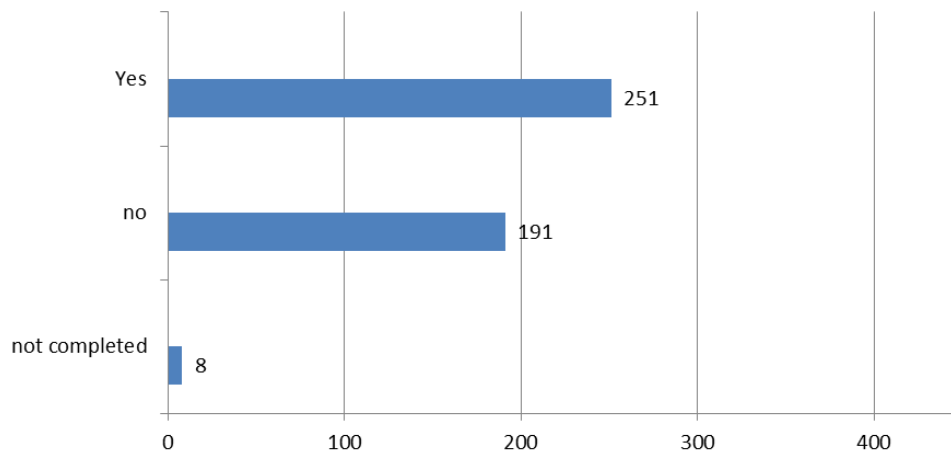
Do you think they are (tick all that apply)?

Description	Number of respondents
Friendly and nice	175
Caring	172
Kind	161
Honest	151
Knowledgeable about health	148
Easy to talk to	143
Trustworthy	122
Good	113
Non-judgemental	53
Easy to find	46
Nosy (asks lots of questions)	16
Judgemental	11
Scary	6
Grumpy	2
Mean	2
Rude	0
Cross	0

➢ **The table above shows evidence of key finding 3**

NOTE: The experience of Primary school children appears to be positive – all of the positive terms were recorded more frequently than all of the negative terms.

What do you think this person should be able to help you with? (Tick all that apply)

Topic	Number of respondents
Healthy eating	484
Medical conditions eg asthma, diabetes	404
Problems at school	367
Puberty	328
Things I'm worried about	324
Feeling sad	320
Fitting in / making friends	263
Being angry	240
Problems at home	204
Smoking	193

Sexuality	186
Head lice	180
Relationships	157
Changing school	149

> ➢ **The table above shows evidence of key finding 6**

What else would you like this person to do to help you stay healthy and happy?

This was an 'open' question which allowed respondents to express themselves freely, rather than to select from a number of options. The responses which were received were coded into themes. Many responses could be categorised into more than one theme. For instance a comment such as "help around keeping active and eating healthy food" would be coded as both 'Exercise' and 'Healthy Eating'. The following table illustrates the most common themes, in descending order of recurrence.

Theme	Number of respondents
Healthy eating	61
Be available more	44
Exercise	38
Advice (general)	34
Provide more information	33
Bullying	24
Health checks	21
Help with feeling sad	21
Check ups	20

Some of the comments corresponding to the most common themes were as follows:

Healthy eating
"..a food plan to help …to eat healthier"
"…make sure we eat what is healthy for us…"
"…tell me what happens when I eat too much sugar"

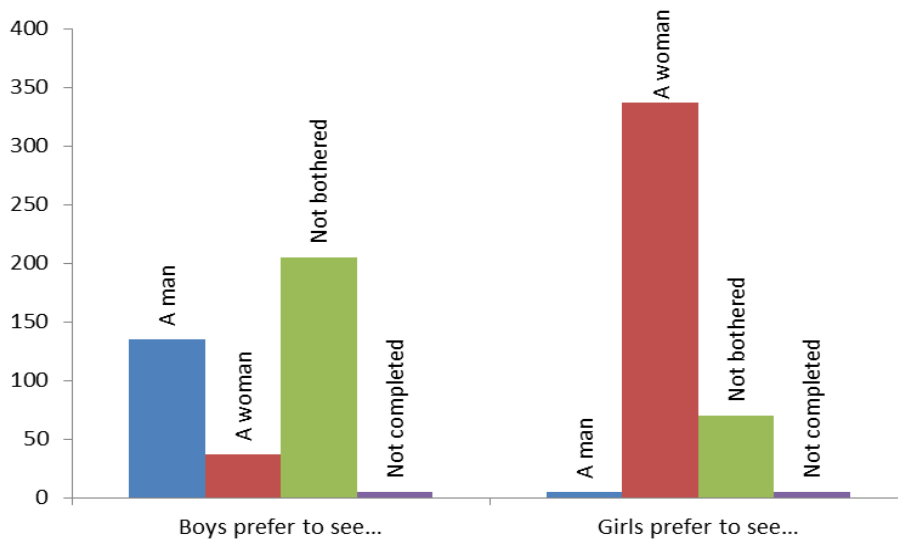| Be available more |
|---|
| *"…around in school more often"* |
| *"…you can go to at anytime"* |
| *"…able to see them more…able to see on your own"* |

Exercise
"…help staying fit"
"…make fun games in the playground… help me stay happy"

> ➢ **The table above shows evidence for key finding 9**

Section Four: Full report on the results of the consultation:
PART ONE – PRIMARY SCHOOL CHILDREN

Would you prefer to see?

> ➢ **The chart above shows evidence of key finding 5**

Secondary School children

Response rates and coverage

215 responses were received.

The Secondary school questionnaire collected the following factual data about the respondents:

- School attended
- Sex
- Age
- Disability status
- Home postcode
- Sexual orientation
- Religion / belief
- Ethnicity

School attended:

Which school do you go to?

- 10 schools were represented by the responses
- The following table lists all the schools where more than 10 pupils responded, together with the ward in which the school is located.

| School	Number	Ward
Buttershaw Business & Enterprise College	48	Royds
Bradford Girls' Grammar School	45	Toller
Hanson	42	Bolton and Undercliffe
The Holy Family Catholic School	22	Keighley Central
Feversham College	21	Bolton and Undercliffe
University Academy Keighley	20	Keighley Central
Thornton Grammar School	14	Thornton and Allerton

Sex:

Are you?
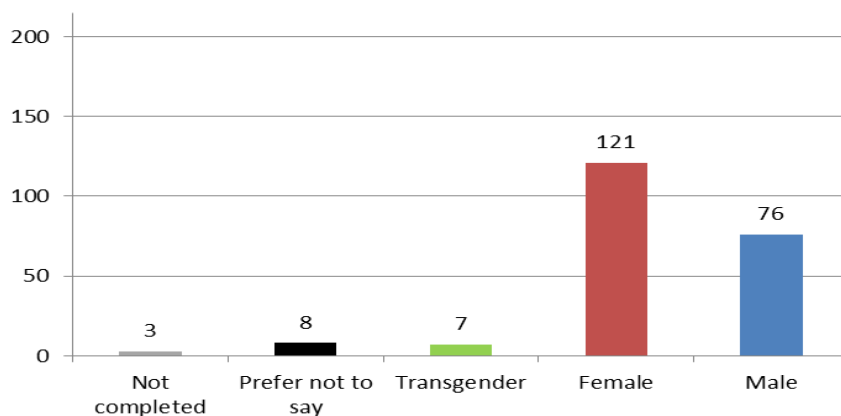
PART TWO – SECONDARY SCHOOL CHILDREN

Age:

How old are you?
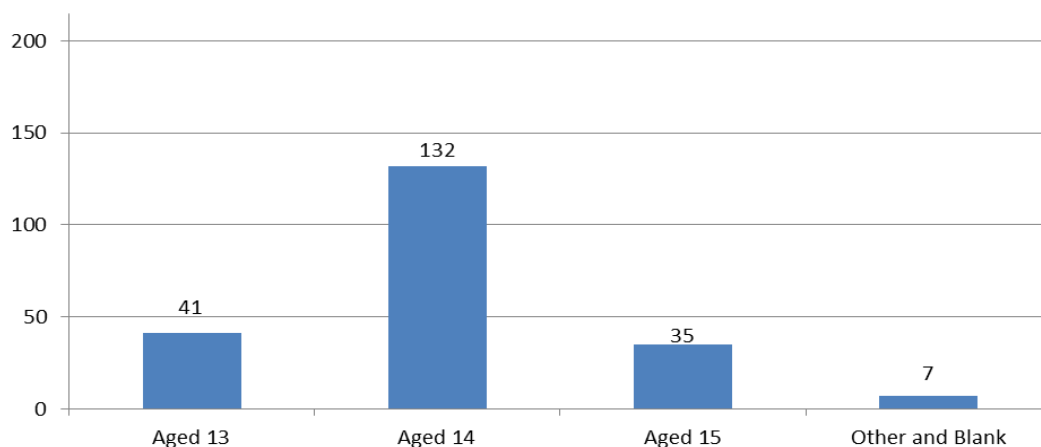
Aged 13	41
Aged 14	132
Aged 15	35
Other and Blank	7

Disability Status:

Do you have any of the following disabilities?

Disability	Number of respondents
Prefer not to say	34
Visual impairment	10
Physical Disability	9
Learning difficulties	9
Other substantial and long term condition	9
Mental ill Health	7
Hearing impairment	7
Mobility	5
Speech impairment	5

Home postcode:

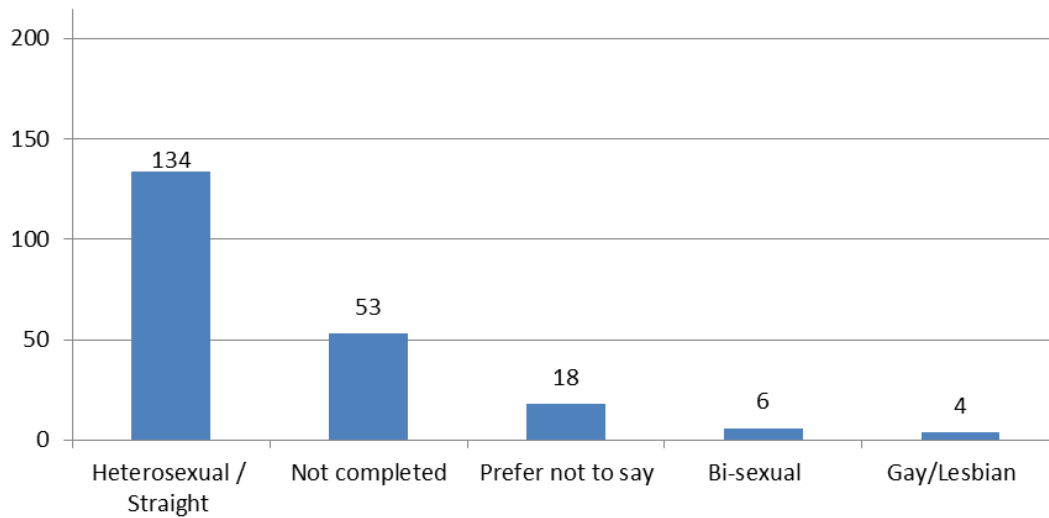**Please provide the first part of your postcode eg BD13**

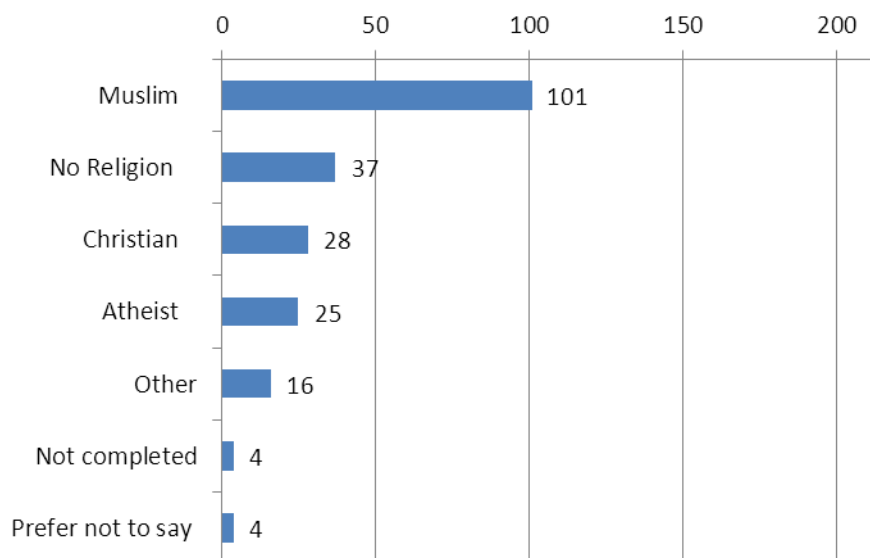| Postcode area	Number of respondents
BD2	28
BD6	28
BD21	24
BD7	17
BD3	15
BD5	14
BD8	14
BD9	10
BD13	9
BD20	9
Not completed/ not valid	20

Sexual Orientation:

Which of the following options best describes your sexual orientation?

Religion / belief:

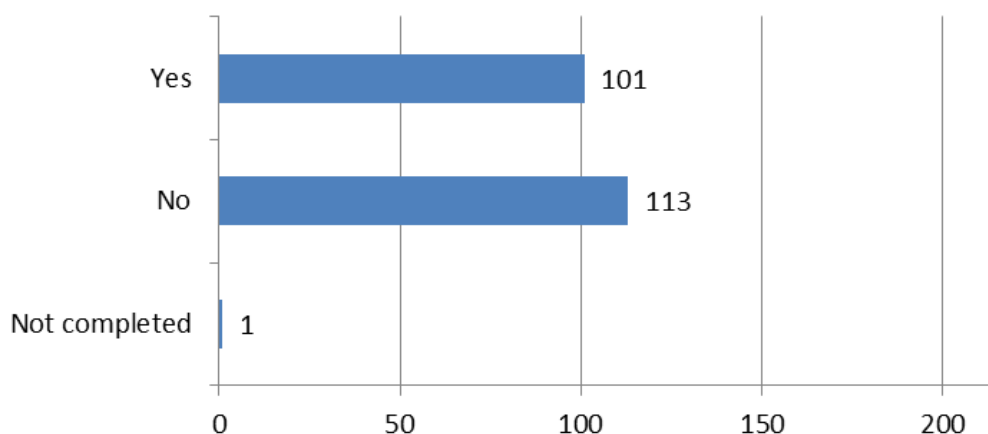**Which of the following options best describes your religion or belief?**

Ethnicity:

Which of the following options best describes your race, ethnic or cultural origin?

Ethnicity	Number of respondents
Asian or Asian British Pakistani	70
White English / Welsh / Scottish / Northern Irish / British	70
Not completed	13
Asian or Asian British Other	8
Don't Know	8
Asian or Asian British Bangladeshi	7
Asian or Asian British Indian	7
Mixed White / Asian	6
Asian or Asian British Kashmiri	4
White Other	4
Gypsy /Traveller	3
Mixed White / Black Caribbean	3
Prefer not to say	3
Other (*8 other stated ethnicities*)	9

Responses by question

Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?

Female Male

➤ **The chart above shows evidence of key finding 1**

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"

Do you know who this person is?

Female Male

➤ **The chart above shows evidence of key finding 1**

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"

Do you know how to contact this person?

➢ **The chart above shows evidence of key finding 9**

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"
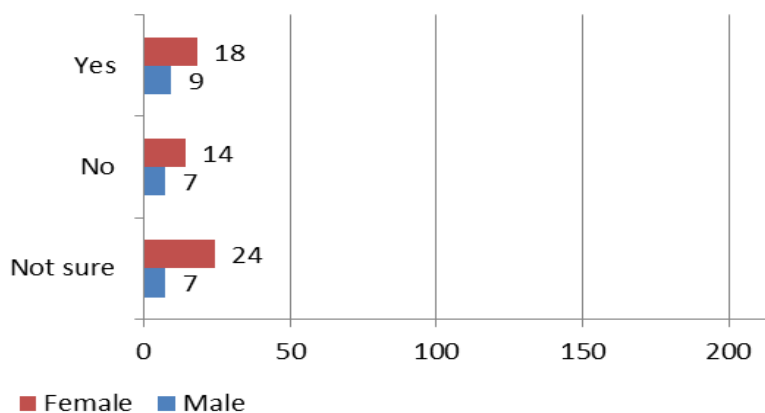
Have you ever been to see or talk to this person?
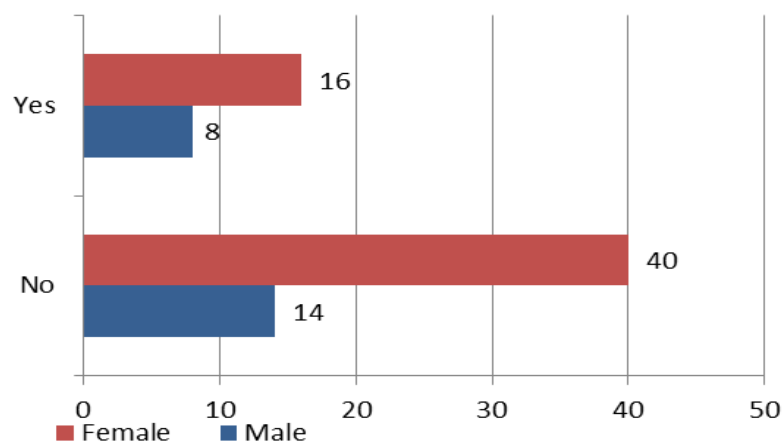
> ➢ **The chart above shows evidence of key finding 2**

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"

Do you think they are?

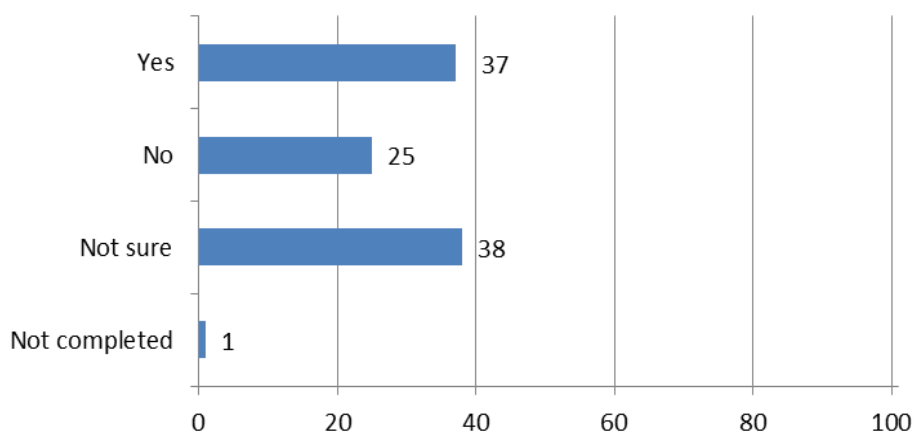| Description	Number of respondents
Caring	45
Friendly and nice	43
Easy to talk to	41
Knowledgeable about health	41
Kind	39
Non Judgemental	38
Honest	32
Trustworthy	32
Good	31
Easy to find	20
Nosy (asks lots of questions)	13
Grumpy	7
Judgemental	6
Scary	6
Rude	5
Mean	3
Cross	2

> ➢ **The table above shows evidence of key finding 3**

If "Yes" to "Did you know that there was someone in your school whose job it is to talk to you about things like your health as you are growing up?"
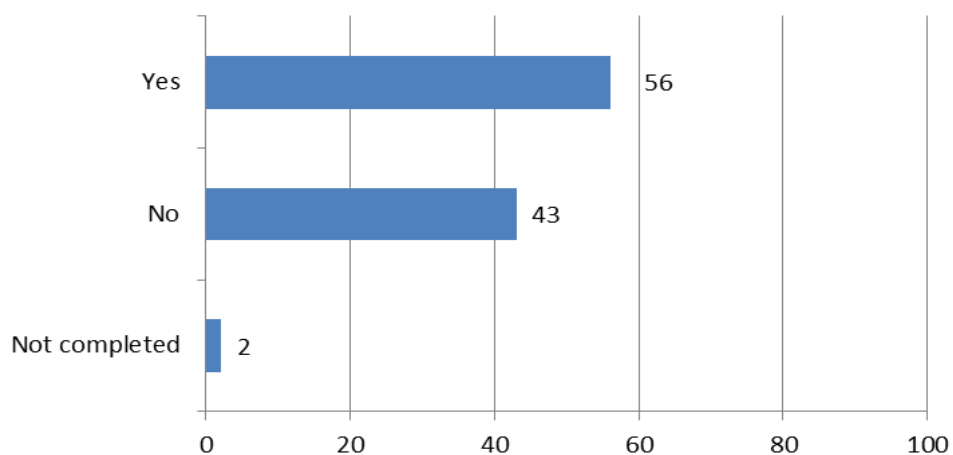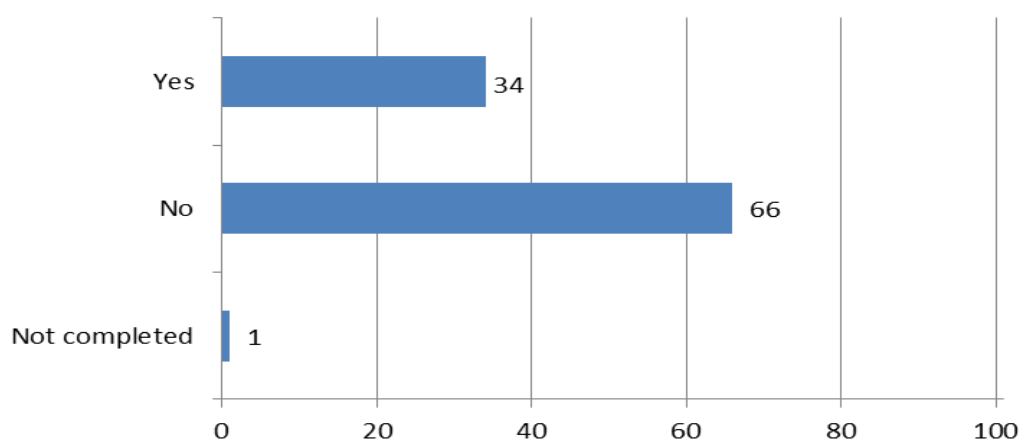
PART TWO – SECONDARY SCHOOL CHILDREN

Have you ever been unable to see this person when you needed to?
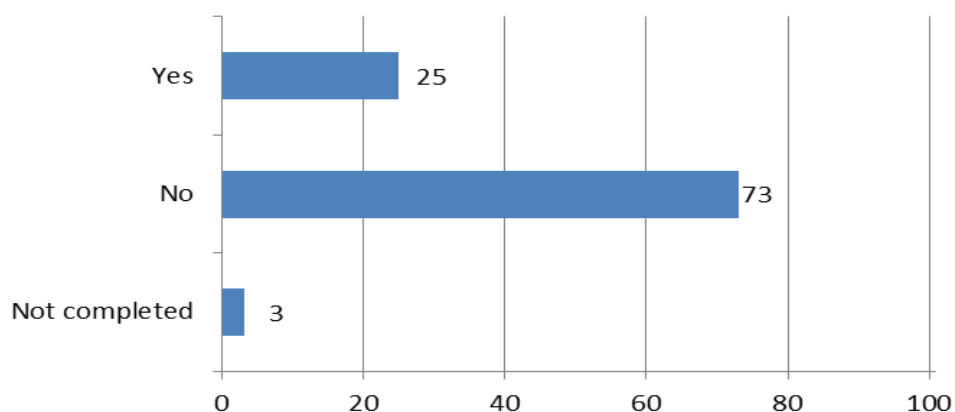
If "Yes" to "Have you ever been unable to see this person when you needed to?"

Why were you unable to see them?
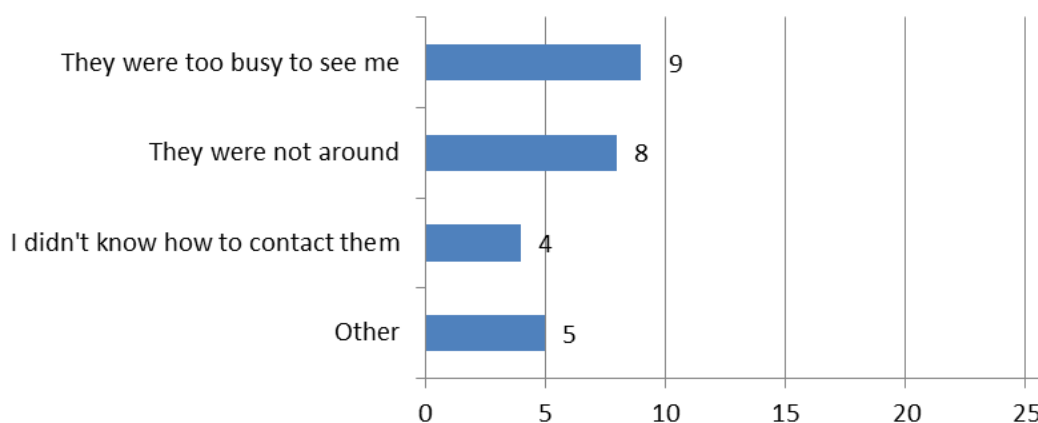
➢ **The chart above shows evidence for key finding 10**
➢ **The chart above shows evidence for key finding 4**

Would you prefer to see?
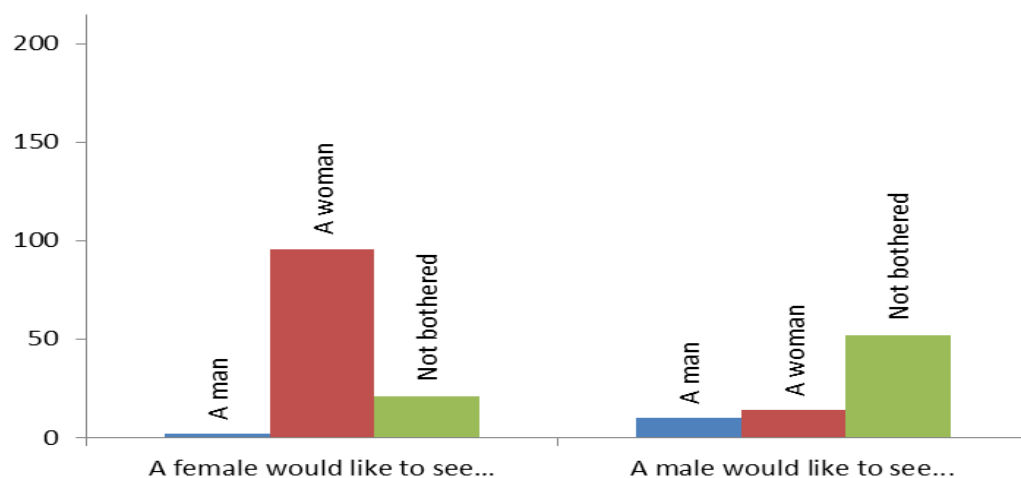
➢ **The chart above shows evidence of key finding 5**

PART TWO – SECONDARY SCHOOL CHILDREN

How would you like to be able to contact them?

Method of contact	Number of respondents
Go and see them	134
Ask a member of staff	55
Text	41
Email	30
Phone	20

Where would you like to be able to see them? (tick all that apply)

Location	Number of responses
At school	161
Doctor's surgery / Health centre	42
Hospital	24
Somewhere else out of school	24
Other	14
Youth centre	9
At a community venue	6
Children's centre	2

➢ **The table above shows evidence of key finding 4**

Which of the following options would be best for you?
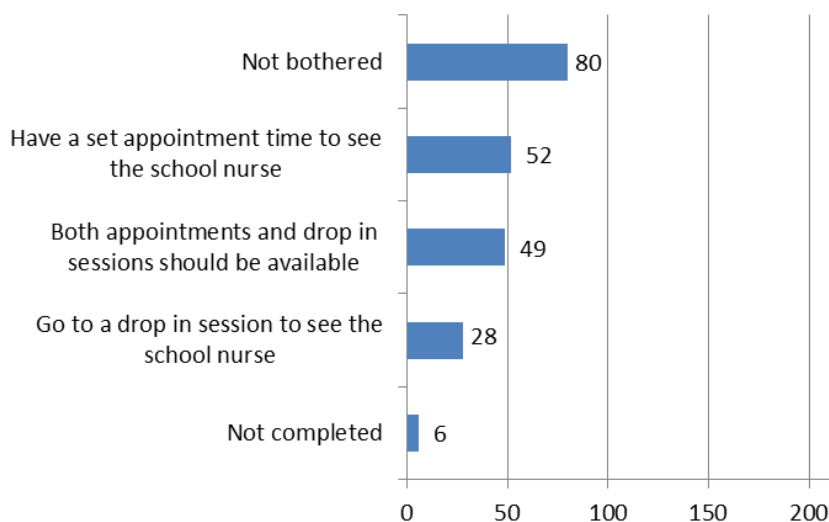
What do you think they could help you with? (Tick all that apply)

Topic	Number of respondents
Exam stress	132
Problems at school	103
Help around depression, stress and anxiety	98
Bullying	88

Problems at home	81
Help around healthy eating and healthy weight	79
Cyber bullying	79
Self-harm	75
Mental health problems	73
Medical conditions eg asthma, diabetes	73
Puberty	66
Settling in at new school	62
Relationships	62
Help around drug and alcohol use	58
Help to Stop Smoking	57
Sexuality	54
Pregnancy tests	54
Condoms	51
Grooming (online or street based)	49
Chlamydia screening	47
Emergency contraception (morning after pill)	46
Contraception	44
Head lice	33

> ➢ **The chart above shows evidence of key finding 6**

What else would you like this person to do to help you stay healthy and happy?

This was an 'open' question which allowed respondents to express themselves freely, rather than to select from a number of options. The responses which were received were coded into themes. Many responses could be categorised into more than one theme. For instance a comment such as "being in school more and teach us about healthy eating" would be coded as both 'be more accessible' and 'Healthy Eating.' The following table illustrates the most common themes, in descending order of recurrence.

Theme	Number of respondents
be more accessible	8
offer advice	6
Healthy Eating	5
listen	3
problems at school	4

Some of the comments made by the children in the most common themes were as follows:

Section Four: Full report on the results of the consultation:
PART TWO – SECONDARY SCHOOL CHILDREN

Be more accessible
"…come in every week…"
"…able to talk whenever …have a problem…"
"…appointments…when I am free…"

Offer advice
"…give advice to people who are suffering…"
"…give advice…inform…parents"

Healthy Eating
"… give… a healthy diet like the 5 a day"
"…information on what to eat…"

> ## The table above shows evidence for key finding 9

Section Four: Full report on the results of the consultation:
PART THREE – PARENTS

Parent responses

Response rates and coverage

156 responses were received

The Parents' questionnaire collected the following factual data about the respondents:

- School attended by the children
- Sex
- Marital Status
- Age
- Disability Status
- Home postcode
- Religion / belief
- Ethnicity
- Pregnancy

Due to technical errors, data on "Sexual Orientation" was not collected.

School attended by the children:

- 26 schools were represented by the responses

The following table lists all the schools where more than 10 pupils responded, together with the ward in which the school is located.

School	School Type	Ward	Number of responses
Ashlands Primary School	Primary	Ilkley	25
St John's CE Primary School	Primary	Tong	25
Ben Rhydding Primary School	Primary	Ilkley	14
One In A Million	Primary	Manningham	13
Girlington Primary School	Primary	Toller	11

PART THREE – PARENTS

Sex:

Are you?
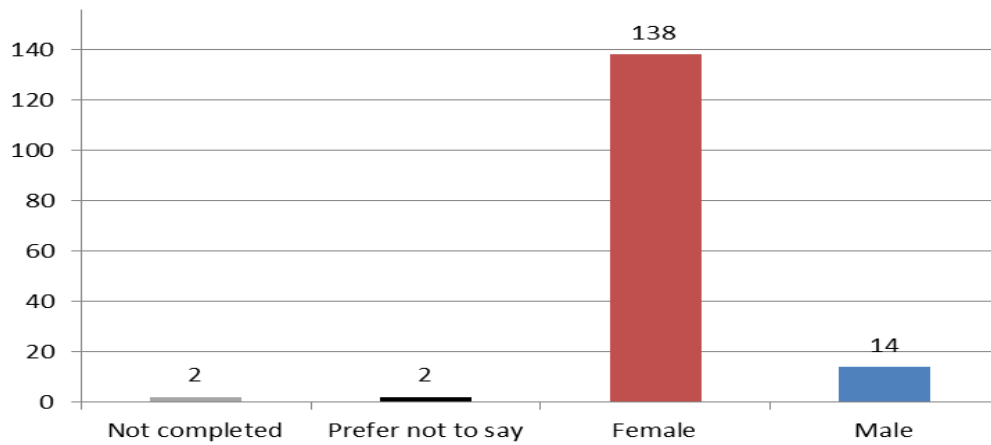
Marital Status:

Which of the following options best describes your Marital Status?

Age:
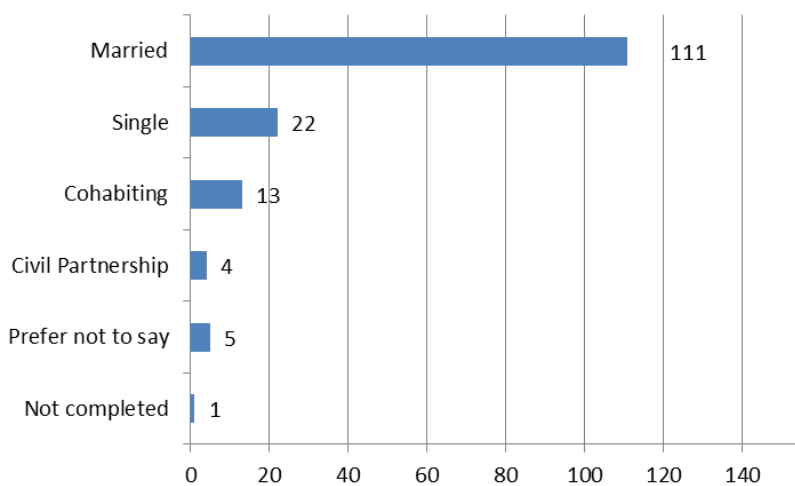
How old are you?

Age band	Number of respondents
20-29	8
30-39	52
40-49	51
50-59	7
Other and Incomplete	38

PART THREE – PARENTS

Disability Status:

Do you have any of the following disabilities?

Disability	Number of respondents
Prefer not to say	10
Mental ill Health	6
Physical Disability	5
Learning difficulties	5
Other substantial and long term condition	5
Hearing impairment	4
Mobility	2
Speech impairment	2
Visual impairment	0

Home postcode:

Please provide the first part of your postcode eg BD13

Postcode	Number of respondents
LS29	51
BD4	19
BD8	18
BD12	6
BD22	6
BD6	6
BD3	5
BD5	5
BD10	2
BD13	2
BD18	2
BD20	2
BD21	2
BD7	2
Other valid postcodes	8
Not completed/ invalid postcode	20

Religion / Belief:

Which of the following options best describes your religion or belief?

Religion	Number of respondents
Christian	58
Muslim	35
No Religion	31
Atheist	12
Not completed	8
Other	7
Prefer not to say	5

PART THREE – PARENTS

Ethnicity:

Which of the following options best describes your race, ethnic or cultural origin?

Ethnicity	Number of respondents
White English / Welsh / Scottish / Northern Irish / British	100
Asian or Asian British Pakistani	22
Asian or Asian British Bangladeshi	4
Black or Black British African	4
Mixed White / Asian	4
White Other	4
Not completed	4
Asian or Asian British Other	3
White Irish	3
Other (6 other stated ethnicities)	8

Pregnancy:

Are you pregnant or have you given birth in the last year?
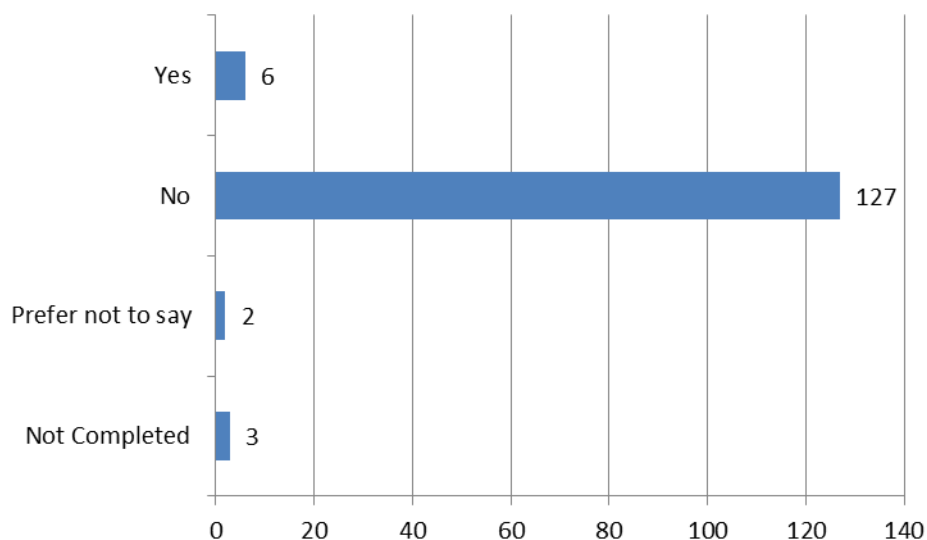
Responses by question

Has your child's school let you know that there is someone at school - other than their teacher - whose job it is to talk to your children about health and wellbeing?
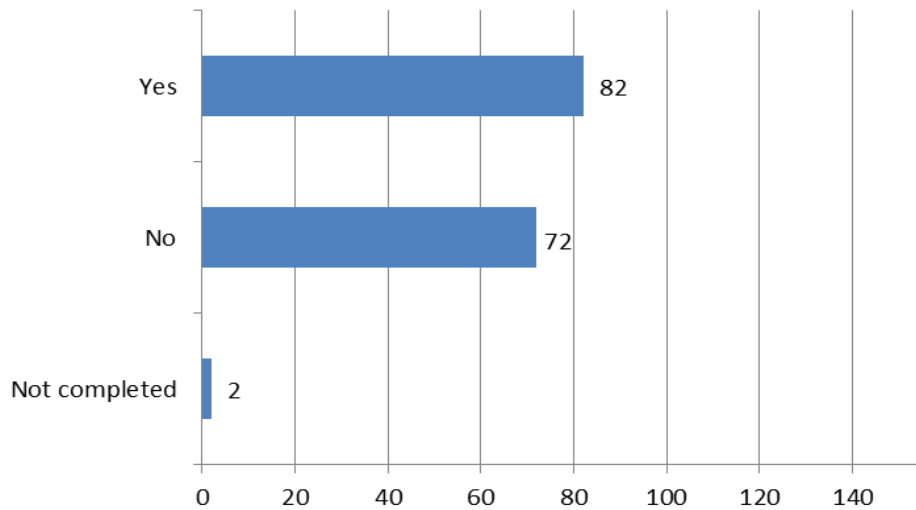
PART THREE – PARENTS

Do you know who this person is?
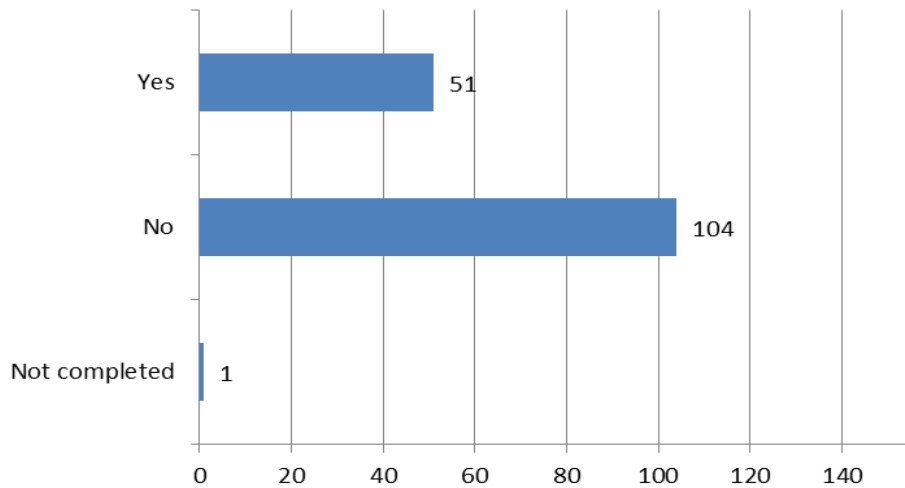
Does your child/ do your children know how to contact this person if they want to see them?

Do YOU know how to contact this person if you want to see them?

Yes	50
No	103
Not completed	3
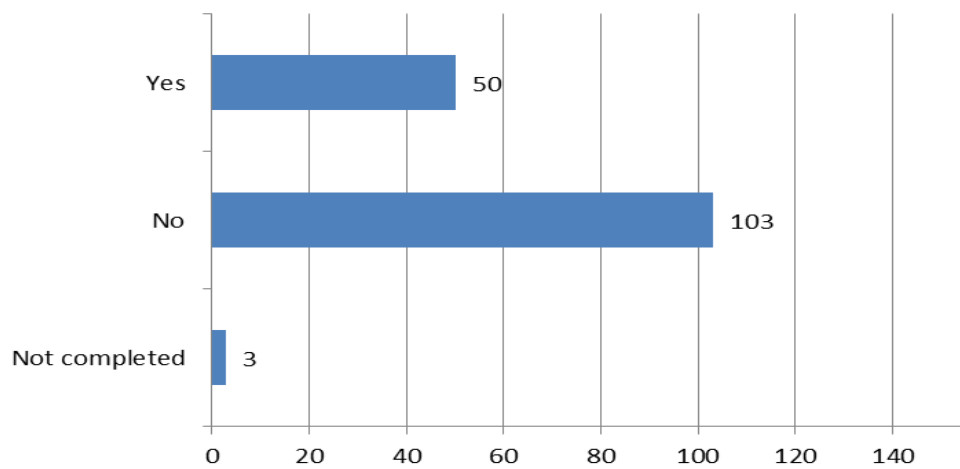
Does it matter to you if the person is male or female?
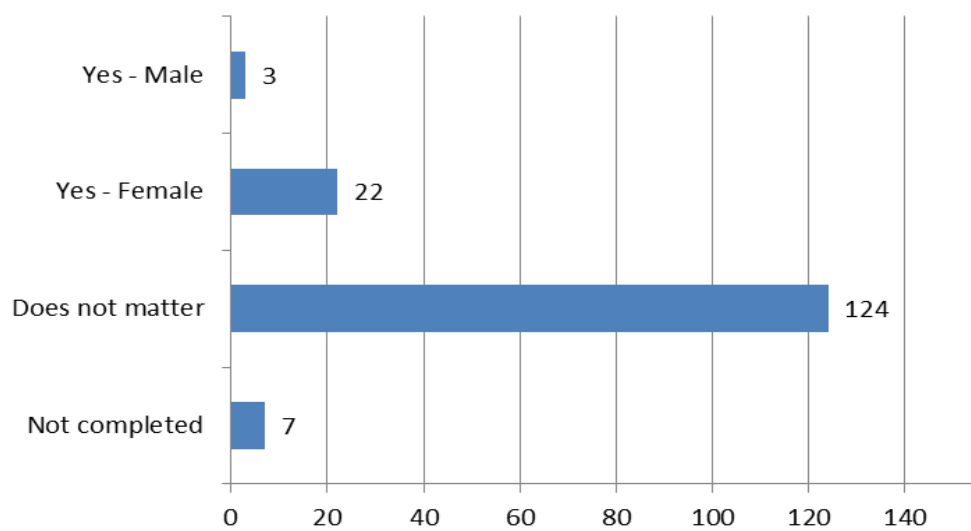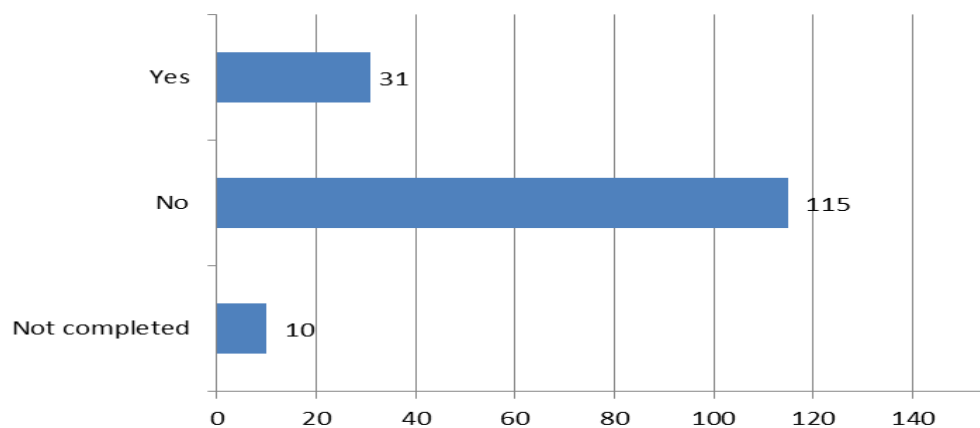
Yes - Male	3
Yes - Female	22
Does not matter	124
Not completed	7

Have you ever spoken to this person about your child/children?

Yes	31
No	115
Not completed	10

If "Yes" to "Have you ever spoken to this person about your child/children?"

Were you happy with the discussion?
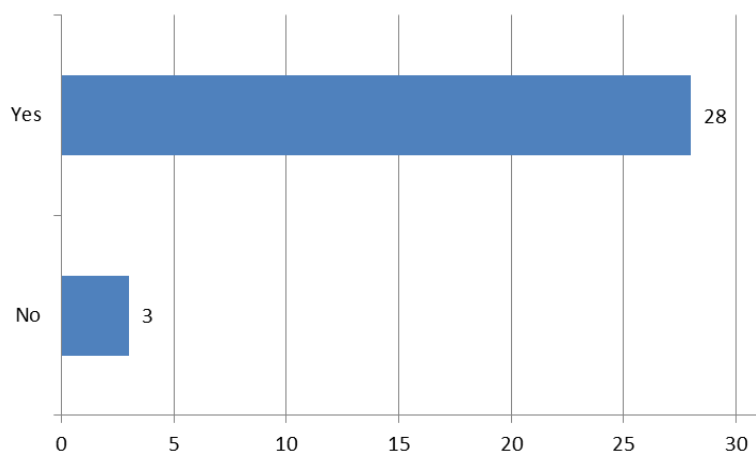
> ➢ **The chart above shows evidence of key finding 3**

If "No" to "Were you happy with the discussion?"

Please explain why you were unhappy: (tick all that apply)

Respondents were invited both to select from a list of potential reasons *and* to provide comment. The comments received identified that those that were unhappy felt:

- They were not given enough time
- They were not happy with the outcome
- They did not feel that they or their child was being listened to
- Nurses did not deal with issues age-appropriately, and were patronising

As a parent, guardian or carer, which of the following things would you like your child/children to be able to speak to this person about? (Tick all that apply)

Topic	Number of respondents
Healthy Eating	108
Bullying	88
Weight	71
Behaviour	70
Puberty	68
Safety	68
Anxiety/ Pressure	67
Body image	58
Head Lice	57
Vision	57

PART THREE – PARENTS

Hearing	55
Sleep	54
Long term illnesses	51
Family health	50
Other worries at home	50
Immunisations	49
Allergies	48
Anorexia/ eating disorders	46
Grooming	46
Smoking	45
Self - harming	44
Bed wetting	44
Sexual Health	43
Drugs	43
Alcohol	40

➢ **The chart above shows evidence of key finding 6**

If you needed to make an appointment to see the person in question, how would you prefer to do so? (Tick all that apply)

Contact method	Number of respondents
By phone	94
By going into school	76
By email	57
By text	42
By letter	13

If you needed to make an appointment to see the person in question, where would you prefer to meet? (Tick all that apply)

Location	Number of respondents
In school	115
At a GP's surgery / health centre	54
At home	49
I would prefer to discuss the matter on the phone	31
At a children's centre	22
Somewhere else outside of school	16
At a hospital	10

PART THREE – PARENTS

How would you like to find out more about services which relate to your child / children's health and wellbeing? (Tick all that apply)

Information method	Number of respondents
Letter home	91
Email to parents	88
Leaflets	71
Information on school website	65
School Newsletter	56
Parent evenings	45
Information in school starter pack	40
School notice board	21
Posters	12

Please use this space for any other comments you would like to say about the School Nursing Service.

This was an 'open' statement, encouraging respondents to express themselves freely, rather than to select from a number of options. The responses which were received were coded into themes. Responses could be categorised into more than one theme. For instance a comment such as "I don't really know much about the school nursing service, however with the issue with head lice this would be a good service to have within schools" would be coded as both 'lack of information/ awareness' and 'Head lice' The following table illustrates the most common themes, in descending order of recurrence.

Theme	Number of respondents
Lack of information/awareness	11
praise	7
health checks	3
Communication with parents	3
more accessible	2
questionnaire design	2

Lack of information/ awareness
"…didn't know… had a school nurse…"
"…make more of it…making everyone aware…"
"…need to have more of a presence around school…"

Praise
"…very proactive…made it easy to meet…gave good advice"
"…listened to and taken seriously…"
"…nothing but good experiences…"
➢ **The table above shows evidence of key finding 3**
➢ **The table above shows evidence for key finding 9**

Section Four: Full report on the results of the consultation:
PART FOUR – Teachers

Teachers

Response rates and coverage
- 82 responses were received
- 42 schools were represented by the responses

To monitor that the overall response was reflective of schools across Bradford, respondents were asked to provide information about the size and nature of the school.

Responses by question

What do you consider to be the main role of the school nursing service within your school (1 selection only)?
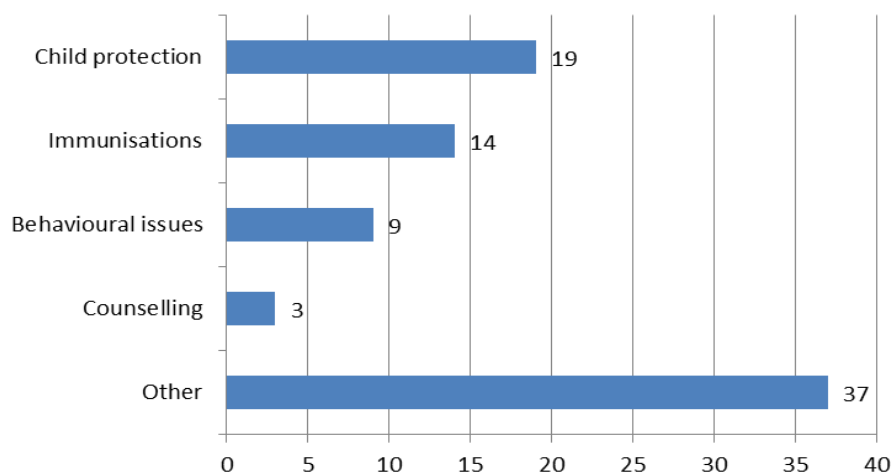
The table below gives the reasons given for other; the main reason why respondents selected other was because they felt they were all important and could not select one as the main role. The second highest was health concerns and medical checks highlighting a more medical role.

Main role Other	Number of respondents
All of them	11
health concerns	5
medical checks	4
support for parents and/or teachers	4
referrals	3
don't know	2

PART FOUR – Teachers

How would you rate the quality of the school nursing service?

Very Good	18
Good	27
Average	25
Poor	9
Very Poor	1
Not completed	2
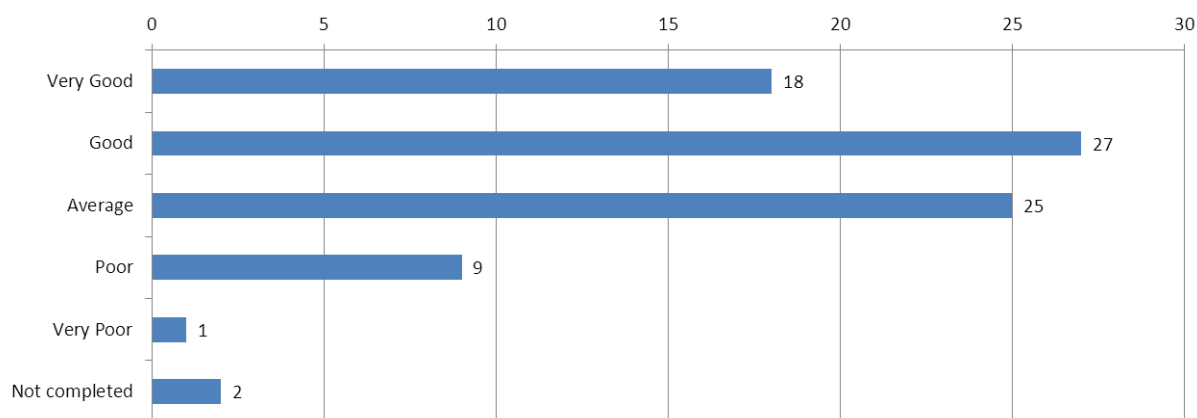
> ➢ **The chart above shows evidence of key finding 3**

To the best of your knowledge, how often is the school nursing service available in your school?

Unsure	23
Once a week	14
Daily	13
Once a month	13
Less than once a month	12
2 or 3 times/week	3
No contact in last 12 mths	2
Not completed	1
No contact at all	1

> ➢ **The chart above shows evidence for key finding 7**

PART FOUR – Teachers

Do you think the school nursing service is in your school often enough to address the health needs of the children and their wellbeing?
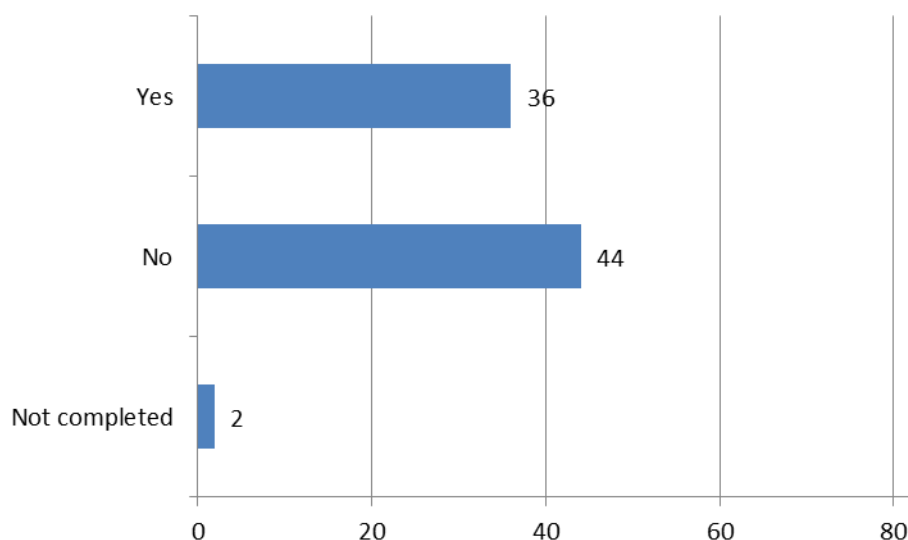
Which of the following options do you think should be available to pupils?
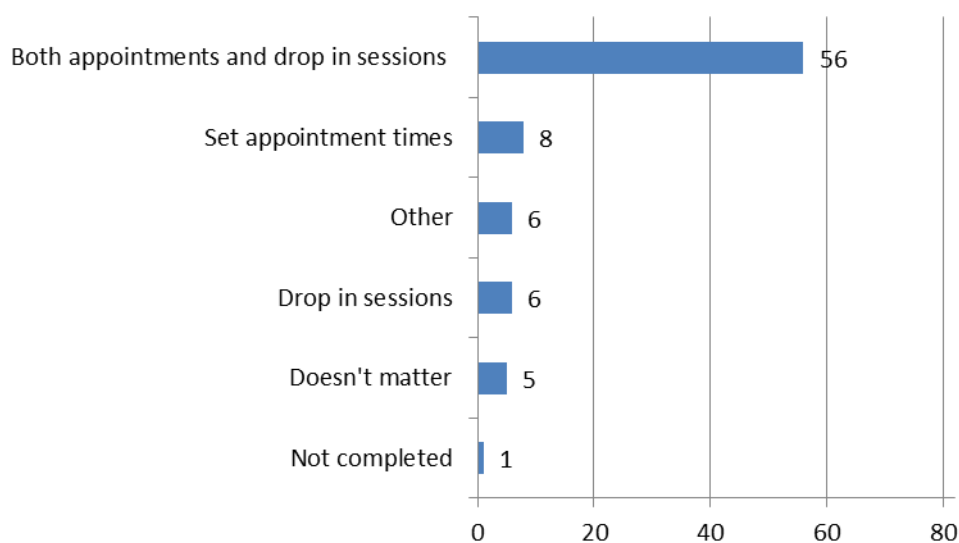
In your opinion, which of the following would most benefit the children in your school? (Tick all that apply)

Topic	Number of respondents
Counselling/signposting to mental health services (CAMHS)	60
Behavioural interventions	44
Help around healthy eating and healthy weight	43
Health care interviews (height, weight, vision and hearing)	42
Advice on Puberty	41
Advice on health issues	40
Head lice checks or advice	39

PART FOUR – Teachers

Supporting safeguarding	38
support with medical conditions eg asthma, diabetes	38
Help around depression, stress and anxiety	37
Relationship and sex education	35
Vaccinations	34
Signposting to health services	33
someone to talk to about problems at home	33
Advice about exam stress	32
Help for students with long term conditions	31
Someone to talk to about problems at school	30
Help around drug and alcohol use	26
Information about Self harm	26
Advice about bullying	25
Having someone to talk to about sexuality	24
Help to Stop Smoking	23
Advice on relationships	19
Advice about contraception	19
Advice about cyber bullying	19
Help with settling in at new school	19
Advice on Child sexual exploitation (grooming online or street based)	19
Pregnancy tests	15
Condoms	14
Chlamydia screening	13
Emergency contraception (morning after pill)	12

Boys' Health

**We would like to understand what could help boys with their health
Would it be helpful if boys had access to a male school nurse?**
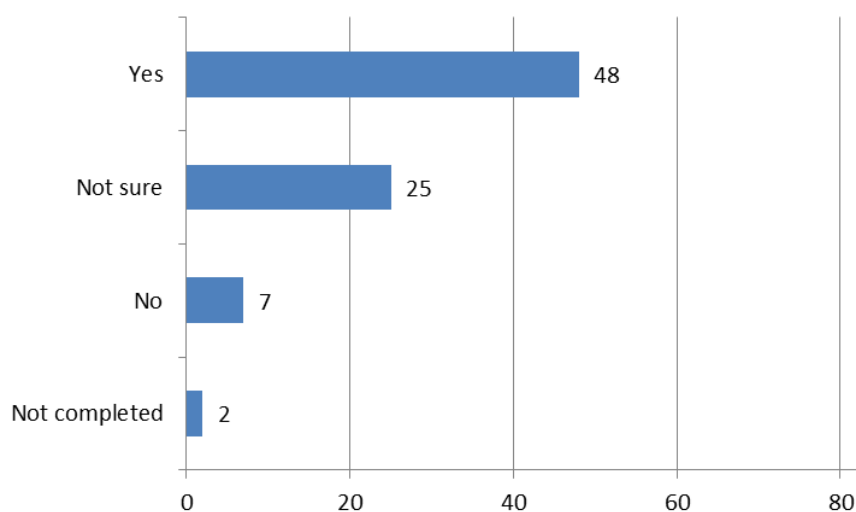
Section Four: Full report on the results of the consultation:
PART FOUR – Teachers
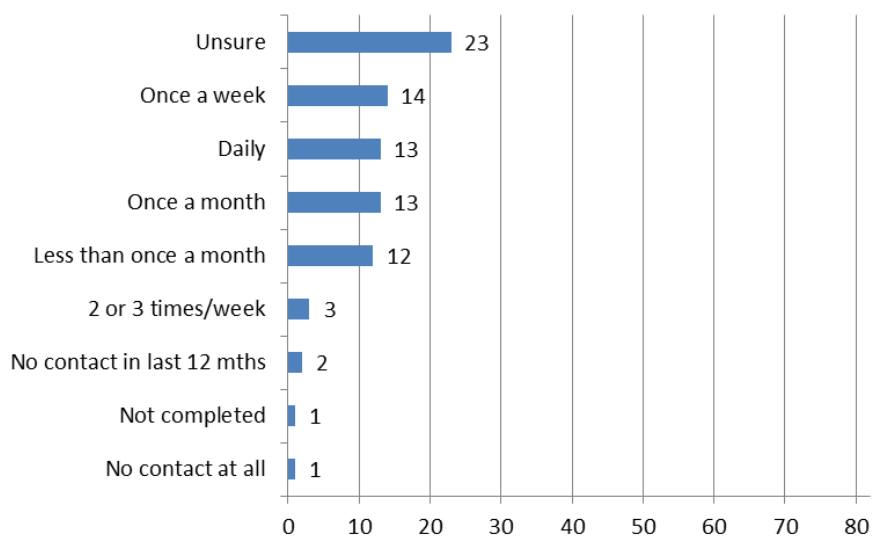
What else do you think the School Nursing service do to help children and young people stay healthy and happy?

This was an 'open' question which allowed respondents to express themselves freely, rather than to select from a number of options. The responses which were received were coded into themes. Many responses could be categorised into more than one theme. For instance a comment such as 'provide information on what service is available. And carry out training for school staff on asthma and the use of an EpiPen' would be coded as both 'communication' and 'training.'

N.B: A number of the responses answer 'what 'could' the School Nursing Service do to help children and young people stay happy and healthy, rather than what they currently do, some responses were less clear.

The following table shows the responses which answer the correct question about the current service in descending order.

Topic	Respondents
Support families	5
praise	2
Don't know	1
health checks	1
Support School staff	1
service deteriorated over the years	1
quick to respond	1
Proactive	1
lack of understanding	1
good links	1
Flexible	1
Child protection	1
Accessible	1

The following table shows the responses which highlight what the service could provide in descending order.

Topic	Respondents
More accessible	6
drop in sessions	3
Health Talks	2
build relationships with pupils	2
Support families	1
health checks	1
Communication	1
Advice	1
referrals in a timely manor	1

mental health checks	1
Have a male nurse	1

> ➢ **The table above shows evidence for key finding 9**

More accessible
"…be a more of a familiar face…"
"…Constant…Known presence…"
"…regular contact with the school…"
"…need to have more of a presence around school…"

Support Families
" … brilliant support to ….parents"
"…Support…parents in many ways"
"…advise in our Parents forum about health related issues"

GPs

Response rates and coverage

There were 17 responses to the questionnaire for GPs.

Responses by question

All of the questions in the questionnaire for GPs were 'open' questions, which allowed respondents to express themselves freely. The responses which were received were coded into themes. Many responses could be categorised into more than one theme. For instance a comment such as 'to work with other services when safeguarding/ child protection needs are identified, and to deliver health promotion advice when needed' would be coded as both 'Safeguarding' and 'Health Promotion.' The following tables illustrate the most common themes, in descending order of recurrence, together with sample responses from contributors.

What are your expectations of the School Nursing Service?

Theme	Summary of the views of the discussion groups
Mental Health	they are the first contact for children and young people aged 5 and over with Mental Health issues, support with low level behavioural and mental health issues through tier one services and to provide counselling and assessments.
management of long term conditions	advice and support on use of medications and managing health problems, training of school staff to support children with long term conditions.
Discuss health issues with GP	Liaise with GPs when children have health needs, Discuss health issues with GP and feedback where possible. Having good communication with GPs
safeguarding	Awareness of safeguarding issues and to refer where appropriate, liaise with appropriate services around safeguarding issues
Advice and support	Health advice to children and young people and supporting parents with health related issues, supporting schools with issues such as Sexual Health, emotional problems and developmental problems.

What do you think works well?

The key point to draw from responses to what works well was that they were using the same IT system which helps when sharing information between services. Referrals can be made via the system and enables services to task other services which mean that things get done in a timelier manner and has increased communication.

What do you think doesn't work as well?

Despite the use of the same IT systems having been seen as a positive to increase communication it was highlighted that communication was seen as an issue, this was demonstrated in the majority of the responses with issues with School nurses not having a presence and being difficult to contact,

PART FIVE – GPs

some respondents indicated an issue with the use of system1 (IT system) with some school nurses not sharing information.

What would you change?

The final question gave the GPs the option to make suggestions to what they would change in the future service:

Theme	Count of What would you change?
communication	going back to being able to contact individual School Nursing teams and having the contact list well publicised. Having easier communication routes.
better use of IT Systems	ensure all school age children and on the system one module to make contact more straightforward and allow entry of notes in system one so that it includes more information
flexible service	More flexibility for example understanding the extant to what school nurses are involved during school holidays.
safeguarding	attend more of the monthly safeguarding meetings held in the practice when appropriate

> ➤ **The table above shows evidence for key finding 9**

Section Four: Full report on the results of the consultation:

ORGANISED GROUP DISCUSSIONS

Organised Group Discussions

Group discussion 22nd September

Coverage

The event was attended by School Nurses, Health Care Assistants, Team Leaders and Trainee School Nurses.

Responses by question

What works well?

Theme	Summary of the views of the discussion groups
Current team Structure	the skills mix within the teams seems to work well, and they all work well together to achieve the same goal 'Best outcome for young people,' strong communication and committed and passionate staff, which work together in teams with lots of peer support.
Partnership working	strong partnership working was identified this includes; close links among school nursing and health visiting is working in some teams, School Nurses work well with CAMHS, this is developed through good relationships with services. There were pockets of good practice seen in some PRUs and voluntary and community services however it was identified that this wasn't universal across the district.
Safeguarding	- School Nurses provide tier 1 mental health services to reduce demand on the CAMHS service, they work closely with vulnerable families to ensure that appropriate safeguards are in place. Attending Child Protection conferences.
Needs Assessments	identifying health needs both individually and school wide to identify 3 priorities that are agreed with the school head teacher.

> **The table above shows evidence for key finding 11**

What Doesn't Work as well?

Theme	Summary of the views of the discussion groups
Clarity of the role	the role is very varied and there are quite a lot of demands from lots of different areas; school, GPs, Hospital, CAHMS. They need clarification for themselves and others around their role so that they can prioritise work effectively. In addition they feel the children and young people are unsure what their role is and what they can do for them so clarity is needed for them also.
Schools understanding of the service	Similar to the clarity of the role, it is unclear whether the school understands what it is that the service provides and they often rely on the service. The expectations of the service vary from school to school, it is clear from some schools that they are not aware of what the service can provide and therefore do not utilise it efficiently.
Barriers put in place by	Due to the schools having conflicting priorities they are not always

ORGANISED GROUP DISCUSSIONS

schools	very engaged with the service and quite often put barriers in for them to be able to carry out their role effectively. Whether this is having a physical place within the school to carry out screening tests e.g. one team mentioned that some schools put them in the disabled toilets to carry out hearing tests. This affects the relationships with the schools as they do not feel values and can often find this disrespectful.
Capacity	the size of the team does not always reflect the workload. There is a lot of demand on the team to go to child protection conferences and deal with referrals that they often do not have the time to carry out the role they are supposed to be doing. The current service provision does not fit the demands of the service.
IT systems	Education social and NHS all on different systems and data sharing agreements are not always in place, this can lead to duplication or things not being followed up. In addition to the different system there are also issues among those who have the same system e.g. GPs, Dentists who are all on system one, they often get the school nurses to check things up for them when they all have access to the same information. Also sometimes GPs block information that the School Nurses can access.

> - **The table above shows evidence for key finding 7**
> - **The table above shows evidence for key finding 8**
> - **The table above shows evidence for key finding 10**

What takes up most of the time?

Theme	Summary of the views of the discussion groups
Safeguarding	the thing that the school nurses felt that took up most of their time was safeguarding, this involves risk assessments, responding to referrals, attending Child Protection conferences (even those that do not have a health issue)

Admin	since the reduction of admin support the School nursing teams feel that a lot of their time has been spent doing admin which has been preventing them from carrying out their role this includes;
	   o *Chasing Consent Forms*
	   o *Looking into Missing children*
	   o *Contacting parents (often who have changed their contact details)*

How can this be improved?

Theme	Summary of the views of the discussion groups
Clarification of the role	The role of the School Nursing Service needs to be clarified for all involved. This will help the teams prioritise their workload, it should impact on the inappropriate referrals they receive and the schools, and children and young people will be able to utilise the

ORGANISED GROUP DISCUSSIONS

	service more effectively.
Accessibility	Changing how people can access the service and having somewhere that they can meet which is convenient for all. Suggestions included a text messaging service for young people, creating an app for advice and working better overall with technology whilst ensuring that the service remains confidential.
Agile working	Working more efficiently for example online referral system, automated letter system, opt out for referrals to reduce time in chasing up consent forms. All having access to laptops so that they can work remotely, instead of waiting till they are in the office to type up notes etc.
Safeguarding procedures	Having better procedures in place to ensure that the service is only involved when there is a health need.
Joint working with schools	Working with health and social care to ensure there is a full picture of the child and that work doesn't get duplicated or missed.

> ➢ **The table above shows evidence for key finding 9**

What would you change?

Theme	Summary of the views of the discussion groups
Team	A couple of suggestions were made on how they would change the teams these included; having a broader range of skill mix in each team, larger teams across areas with greatest need or having a more flexible approach so that people can work across teams when demand is higher. It was suggested that having a specific mental health nurse within the team to focus on mental health would allow the rest of the team to focus on the other aspects of the role.
Accessible	Ensure a service that is accessible for all; this includes those who don't go to school, and be able to see children and young people where they want to be seen so long as this is appropriate, this should come out of the consultation with the young people.
Communicate with young people	This is similar to accessibility, ensuring that children and young people are able to contact the service when they need to, introduction of a text or email service, creating an app for advice and contact details for the service.
Joint working	improve communication across organisations, cross organisational working- physically working in the same setting (creating a hub of services) this could include; health visitors, School Nursing Team, Children's Centres, children's social services, CAMHS etc.
Clarification of the role	Overall the key theme that is coming across is clarity of the role, this is for the service itself and other key stakeholders who work closely with the service.

> ➢ **The table above shows evidence for key finding 7**
> ➢ **The table above shows evidence for key finding 9**
> ➢ **The table above shows evidence for key finding 11**

ORGANISED GROUP DISCUSSIONS

Name change

There were a few suggestions around the change in the name of the service but the main points to draw from the discussion was that the majority were happy to drop the 'School' from the name however it was quite important the 'Nurse' was retained. Some groups did not see the need in changing the name as it has been around for a long time.

Group discussion 30th September

Coverage

There were various stakeholders who attended the session which including representatives of:

- Education
- CAMHS
- Public Health
- Voluntary and community sector
- School nursing
- Children's services
- the NHS locally
- the Born in Bradford Project.

Responses by question
What works well?

Theme	Summary of the views of the discussion groups
Safeguarding	this was considered a key role of the School Nursing service in particular the tier 1 services they provide which there was lots of praise for one attendee was "in awe of the work they do" in addition to the tier one service they refer into the CAHMS service where appropriate.
Needs assessment	School nurses carry out needs assessments within school with pupils in reception in primary, and in year 7 and 10 in secondary. In addition to the needs assessments the school nurse service is good at identifying children and young people who are in need of additional support.
Partnership Working	The School Nursing Service work well with other agencies including the youth service, there is a good skill mix within the team and people work well together.
Communication	Similar with partnership working the School Nursing Service communicates well with other services including the CAMHS service and they have a good relationship with commissioners. In addition to other services the School Nurses communicate well with parents, it was noted by some participants that parents have elected to discuss issues with the school nurse as they find them more approachable than other professionals.
Health Education	The School Nursing Service is good at delivering key health

Theme	Summary of the views of the discussion groups
	messages i.e. keeping safe, sexual health and coping with stress and anxiety.

What doesn't work well?

Theme	Summary of the views of the discussion groups
Clarification of the role	There was a lot of discussion around what the School Nurses role is and was even questioned if the School Nurses even knew what their role was. It is apparent from the responses that the School Nursing Service requires clarity, currently it is seen that they take on too much as the role isn't defined and there is a lack of clear pathways and procedures.
Capacity	several comments were made about the capacity of the current service, provision outweighs demand 'not enough nurses' 'everyone wants a school nurse'
Availability	School Nurses are only available in term time only and when they are dealing with safeguarding and mental health issues they are needed all year round. What happens to vulnerable pupils during this time? There was quite a bit of discussion around this which led to questions around other services for example do A&E attendances increase over the holiday period?

> **The table above shows evidence for key finding 7**
> **The table above shows evidence for key finding 9**
> **The table above shows evidence for key finding 10**

What are their expectations of the service?

Theme	Summary of the views of the discussion groups
Safeguarding	The School Nursing Service is seen as the key referral pathway into CAHMS, the service will receive referrals from GPs and other agencies and based on a risk assessment will decide whether it requires specialist CAHMS or whether they can provide tier one services.
Clarification of the role	Despite a few individual level responses around the heights and weights being recorded and signposting to services, and championing health interventions such as Oral Health interventions it was felt that the role was very vast and there wasn't a clear definition of what the service actually provides, it was noted that it is unrealistic to have the service oversee everything as the role is so diverse.

What needs to change?

Theme	Summary of the views of the discussion groups
Clarification of the role	The main aspect that needs to change is the clarity of the role; need to be really clear of what the role of the School Nurse

ORGANISED GROUP DISCUSSIONS

	actually is and what the service can provide. In addition to the role of the School Nurse there needs to be clarity on the roles of other services for example there are some aspects of the service that the voluntary and community sector could provide.
Partnership working	It was suggested that the service could work more jointly with other services and develop and health and social care approach so that all areas are working together, especially in terms of commissioning to avoid duplication and ensure a seamless service, closer links with health visiting especially on the 0-7 agenda to ensure a smooth transition between services.
Capacity	Need to work more efficiently to increase capacity, examples given was around access to laptops and mobile phones, having IT systems that link with other services so that data is shared efficiently to reduce duplication. It was also identified that there are issues with recruitment in that nationally there is a shortage in School Nurses. Ensure that the service is fit for purpose and perhaps having more resources in areas with greater need- set number of families/ young people per School Nursing team.

> ➢ **The table above shows evidence for key finding 7**
> ➢ **The table above shows evidence for key finding 10**
> ➢ **The table above shows evidence for key finding 11**

In addition to the key themes other suggestions were around the name of the service and the visibility of the School Nurse within the school whether this is having a set place/time where people can access the service when they need it or having some form of branding e.g. a uniform.

Future challenges

Theme	Summary of the views of the discussion groups
Financial challenges	
Widening inequalities/changes to population	Developing a service which is fit for purpose in an ever changing environment.
Schools to buy in	Conflicting priorities the school have their own outcomes that they need to achieve, it was suggested that a meeting needs to be arranged with the chairs and vice chairs of the partnership group, and get governors involved through governor forums.

> ➢ **The table above shows evidence for key finding 8**

Group discussion 30th October

Coverage

A consultation session was held on the 30th October with School Nurse leads the session looked at the current service and suggestions for the future service.

Section Four: Full report on the results of the consultation:
ORGANISED GROUP DISCUSSIONS
Responses by question

The current service has agreements with schools where in addition to the core 'statutory' requirements they carry out focussed work on 3 priority areas identified by the school which is need focussed for example; obesity, sexual health and mental health. They provided a list of other core work that they do however it was apparent that this wasn't universal across all schools for example there are parent drop-ins at breakfast club in some but not all primary schools. There are posters to advertise the service and there was an attempt to set up a text messaging service but it wasn't successful due to legal reasons.

The leads were asked what they felt the least effective aspect of the service was and unanimously the response was around attending child protection conferences when there is no health need. Another area which is very time consuming is the lack of admin support and having to chase consent.

In terms of the future vision for the service there were a few key points, these included; the need to spend more time on site in secondary schools in particular for transition in year 7 pupils. It was suggested that the service becomes more flexible examples of how this can be achieved include using Skype or face time for appointments, working Saturday mornings and being available during school holidays at a base other than schools. Skill mix was seen as a positive however it isn't utilised to the best of its ability due to pressures on the service. It was suggested that the skill mix should include more specialisms for example a CAMHS worker.

Group discussion 7th December

Coverage

A consultation session was held on the 7th December with Strategic leads the session looked at the current service and suggestions for the future service. There were six people in attendance at the session including the head of Service for the children's directorate, the School Nursing Manager and the Clinical Lead.

Responses by question

The first part of the session focussed on where the service is now and what it looks like and what pressures are on the service.

Where the service is now and what it looks like?

- There are currently 10 teams which consist of;
  - Specialist practitioners
  - Band 5 School Nurses/ Staff Nurses
  - Nursery Nurses
  - Health care practitioners

- Every school has a named nurse; either a School Nurse or a Staff Nurse
- Every Children centre has a named nurse
- GP have a named nurse
- They deliver targeted interventions which include;
  - Health and wellbeing of schools
  - Drop in sessions for pupils and families
  - Behavioural and Mental health interventions

Section Four: Full report on the results of the consultation:

ORGANISED GROUP DISCUSSIONS

- o Health needs assessments which are carried out annually which enables them to profile the school and get a better understanding of the needs of the pupils
- o Timetable of interventions
- o Health questionnaires are carried out for pupils in transition years; reception and year 7 (previously carried out in year 10 but this is no longer captured) for the reception pupils the parents complete the questionnaire and they use the notes received from the Health Visitor. Year 7 pupils are completed by the previous school.
- o The year 10 questionnaire wasn't giving them any more information than they already have; it was likely that if they had any health problems then they would already be known to the service.
- o Currently trying to raise the profile of the service via a website and posters
- o The service delivers a targeted approach based on the needs of the service
- There are inconsistencies across the service as not all schools are engaging, for example the faith schools are offered a core service but they are difficult to engage with.
- All of the Pupil Referral Units (PRUs) have a named nurse
- They have good links with the Special Education Needs Co-ordinators (SENCOs)

What are the current pressures on the service?

- Partner agencies want a lot more from the service
- Lack of clarity of role eg Enuresis who's role is it
- Safeguarding- expectation that health need to be around even when there is no health need
- Pressures from social services
- Complex needs in mainstream school eg children with enteral feeding needs- expectation to provide equipment and train parents and teachers- training for parents should be done at discharge
- Pathways from community discharge are unclear
- Capacity issues
- SENCO don't like to deal with health needs
- Time consuming tasks- Basic assessment of mental health needs can take up to 3 hours

The second part of the session looked at the Future of the service

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➤ **The table above shows evidence for key finding 11**

Future Direction

- Training and enablement model for staff in the school eg dealing with an asthma attack
- Clearer pathways eg enuresis
- Consent from parents, other areas are using the opt out method- this is being reviewed strategically
- Safeguarding- don't attend if no health need
  - o Identify what health needs are the responsibility of the school nurse
  - o Hold other professionals to account when it is not their responsibility
- Self-care model- pro-active instead of reactive
- Identify priority areas
- Clarification of the role of the School Nurse
- More flexible service- out of hours/ term time
- Use of technology to offer support to children and young people

Section Four: Full report on the results of the consultation:

ORGANISED GROUP DISCUSSIONS

- Work closer with the voluntary and community sector- see what services they can provide
- Be more creative- get schools to buy in to a more enhanced model
- Better understanding around CAMHs to ensure appropriate referrals

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➢ **The table above shows evidence for key finding 8**

➢ **The table above shows evidence for key finding 11**

Group discussion 9th December

Coverage

One person attended.

Responses by question

The person was asked to fill in the stakeholder questionnaire, and the response was added to the other questionnaire results.

Strengths and weaknesses of the consultation exercise.

Strengths

- The consultation has taken into account the views of a large number of people – in total well over 1,000 individuals have offered their views on the School Nursing Service. Furthermore, the contributions have been received from individuals from different backgrounds, whose opinions and expectations of the service will have been formed by very different experiences and perspectives. Furthermore, throughout the period of consultation effort was made to ensure that the Children and Young People who responded represented a mixture of those who live in the most- and least-deprived parts of the District.

- The consultation exercise has been conducted in such a way that individuals have been able to express their views freely and frankly. Some of the material that cannot be used in the report has demonstrated that people have been completely uninhibited in their responses, and the messages conveyed have been reflected in the key findings that have emerged.

- The consultation also benefitted from the testing of the questionnaires. It was important to design survey methods which reflected the language used by key stakeholders – including Children and Young People.

Weaknesses

- There is some concern that the responses from parents may not reflect the diversity of parents in Bradford and District. Specifically, the number of responses from parents who described themselves as 'White British' far outnumbered the responses from all other Ethnic Categories combined – whereas in the population at large, one would expect that around half of parents are of ethnicities other than 'White British'.

- For all it has been apparent that individuals have been able to express their views freely and frankly (see ' Strengths'), an acknowledged weakness of any survey of Children and Young People is that by their very nature, they may not be able to make informed decisions about their own Health and Wellbeing.

- Whilst this consultation exercise has been designed to contribute to a review the School Nursing *service,* there has inevitably been a good deal of contribution from the current service *provider.*   This has particularly been the case in the organised group discussions. Although this has perhaps been unavoidable, as it has been necessary to get a real-world view of the current service from a variety of different perspectives, it means that the consultation exercise is inherently more likely to portray the current service model in a positive light.