



The policy background for modern school nursing; a briefing

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Main points:

- Modern qualified school nurses can lead and deliver the public health outcomes for school-aged children and reduce health inequalities
- School nurses are the only qualified public health professional whose remit is entirely and only focussed on meeting the health needs of school-aged children and their families
- School nurses' expertise bridges health, education and social services.
- School nurses are health advocates for children and young people
- Healthy children and young people are more likely to become successful adults.

Abstract:

School nursing has become established as a discipline, separate from health visiting, and each of the four countries of the United Kingdom has undertaken a review to establish the desired outcomes from the workforce. School nurses with the Specialist Community Public Health Nurse qualification (SCPHN) are now registered on the first and the third part of the Nursing and Midwifery Council (NMC) register. Numbers of SCPHNs and school staff nurses have been increasing slowly from a very low base, and there are now about 1,104 wte (1,467 headcount) employed in England, 38 wte (49 headcount) in Wales, 313 in Scotland (although here the public health nurse role varies across the country) and very few in Northern Ireland. The Welsh government is the only one which has made efforts towards an ultimate goal of one full time qualified school nurse per secondary school. Many school nurses in England have caseloads covering two or three secondary schools and several primary schools and most practitioners do not have the time to carry out the role effectively.

Introduction

The role has evolved into one with a public health focus incorporating some clinical aspects. School nurses strive to ensure that their practice is evidence based and a number of areas do carry out health needs assessments and profiles and develop services to meet these. This work is challenging and often constrained by a lack of resources. However sometimes they are asked to undertake work which does not originate from needs led assessment or evidence based practice, but is still organised along traditional lines and driven by current or emerging needs of local and national decision makers without any reference to where it fits in with health or education policy. This is exacerbated by the lack of use of evidence about what school nurses contribute to the health of school-aged children and by the fact that most staff are employed by the health service but work in the education service.

Traditionally, school nurses worked on a term time only basis, but over recent years it has been accepted that public health and preventative work with school aged children and young people, both in school and in the community, is a year round commitment and so working patterns have had to change.

The public health role is underpinned by a health inequalities perspective and the clinical role is driven by health protection. The

World Health Organisation states that leading causes of premature death and disability in adults are cancer, cardio vascular disease, chronic lung disease, substance abuse, depression, violence, injuries, nutritional deficiencies (obesity), HIV/Aids and sexually transmitted infections. WHO identifies (2011) that nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviours that began in youth, including tobacco use, harmful drinking of alcohol, other substance misuse, a lack of physical activity, poor nutrition, behaviour that results in injuries and violence, mental health problems and sexual behaviour which causes unintended pregnancy and disease. Additionally in the UK school nurse work covers children with chronic and complex conditions and disabilities.

Currently however many school nurses find that the majority of their time is taken up with child protection work, and they are unable to fulfil other aspects of their public health role. Owing to time constraints they also have difficulty delivering a quality service bench-marked to the 'You're Welcome' or 'Walk the Talk' criteria.

Literature review:

DeBell and Tomkins (2006) carried out a scope review to clarify the evidence base for school nurse practice in the UK. They identified a paradigm shift from a medical model to a social model of working and that the four categories of specialisation were:

- Promoting healthy lifestyles and healthy schools
- Child and adolescent mental health
- Long-term conditions and complex healthcare needs in children and young people
- Vulnerable children and young people

They found that there was a considerable evidence base for practice but it was largely focussed on the activities of individual services. They identified inconsistencies in expectations of the service ranging from traditional to specialist roles and called for urgent research into the cost and outcome measures of the effectiveness of school nursing.

In particular they noted 'if the school nurse service were lost, there is no health professional group who could replace the work that these healthcare staff do for school age children and young people.'

The Ofsted report (2006) looked at the contribution of education to pupil's health and wellbeing in eighteen schools which were selected because of their good practice in the area of health education. It found that school nurses 'gave invaluable input to and support for the personal, social, health education (PSHE) curriculum; they provided 'drop-in' sessions at secondary schools and often gave one to one confidential health advice to pupils'. Most of the schools in the survey regularly used a school nurse to support the teaching of sex and relationships and drug education. Moreover it found that 'three of the schools were disadvantaged by not having regular access to such personnel'

The four Teenage Health Demonstration sites in England were set up to explore ways to improve the health and wellbeing of the 30% most vulnerable young people. Sawtell et al (2009) in their evaluation identified several factors as important to success, including specialist adolescent health nurses where they were

central to a multi-agency team. These nurses should have enhanced skills, including prescribing, and be employed at a salary grade to attract high calibre staff. The results showed that services needed to take place in various community settings with flexible and extended opening hours.

Warwick et al (2009) reviewed the evidence for effectiveness for healthy outcomes of the healthy schools approach, including international evidence. They draw out the research which shows that there is a strong association between health and wellbeing and education related outcomes such as exam grades, classroom performance, and student's behaviour and attitudes.

Research carried out by Chase et al (2010) identified 'significant diversity with respect to what nurses do in schools to promote the health and well-being of pupils, the ways in which their services are commissioned and managed, the resources they have access to, and the constraints they face in meeting the health care needs of diverse populations.' It also pointed up the considerable challenges nurses face from lack of capacity to lack of working space in schools. The majority of nurses questioned reported an increase in safeguarding work which had a detrimental effect upon the amount of time they could spend on health promotion. The survey brought out the perennial problem that sudden national immunisation campaigns or local management initiatives in reducing the service in response to financial constraints had a significant impact as there was often no school nurse involvement in consultation and planning, resulting in schools feeling that the service was unreliable when school nurses were withdrawn. They also highlighted that some schools and other partners had little understanding of the contribution which modern school nursing could offer to the health and well being of children and young people.

The report was however optimistic, particularly where local management promoted effective partnership and community working; 'there was a sense of innovation in nursing practice and clear evidence that, given adequate resources and structural support, nurses had the potential to make a significant contribution to the health and wellbeing of children, young people and their families.'

Inequality has long been known as a marker for poor health outcomes, and UNICEF (12/2010) places the UK in the middle band for children's health and education across Europe.

UNICEF states that 'the idea that inequality is justified as a reflection of differences in merit, cannot reasonably be applied to children'. Few would deny that growing up in poverty incurs a substantially higher risk of lower standards of health, of reduced cognitive development, of under achievement at school, of lower skills and aspirations, and eventually of lower adult earnings, so helping to perpetuate disadvantage from one generation to the next.'

The research and analysis tries to define the extent of the difference between the least successful children with the median of children in each country, and then lists the countries in order.

In all health measurements: healthy eating, sufficient exercise and self reported health complaints, the UK is disappointingly in the middle band when comparing the gap between the median and children at the bottom end of the scale. Our children do particularly badly on self reported health complaints; headache, stomach ache, feeling low, feeling irritable and bad tempered, feeling nervous, having difficulty getting to sleep, feeling dizzy.

Professor Marmot's report 'Fair Society, Healthy Lives' (2010), following on from work carried out by the World Health

Organisation, provides evidence that health inequalities result from social inequalities which could and should be avoided by reasonable means as a matter of social justice. He defined six policy objectives which need to be delivered by national and local partnership work.

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities
- Strengthen the role and impact of ill health prevention
- Create and develop healthy and sustainable places and communities
- Create fair employment
- Ensure a healthy standard of living

The report brings out the fact that as we move to a society with a higher pensionable age, current levels of health inequalities will mean that many more people will experience levels of disability which preclude them from active working for so long. There is tremendous scope here for pro-active public health nurses and school nurses who should feel empowered to use this evidence to reclaim their role around prevention of ill health to include not just immunisations, but actively promoting healthy lifestyles to school aged children.

English government policies:

Healthy lives, healthy people (2010), and Healthy Lives, healthy People; update and way forward (July 2011):

There is strong emphasis on the commitment to reduce health inequalities by impacting on the wider determinants of health and to see public health as a core part of business across departments. The white paper makes the argument that health and wellbeing is linked to attainment, and that children need high quality sex and relationship education to make positive choices. School nurses will have a role in helping to develop local approaches to public health.

Subject to Parliamentary approval, a new body: Public Health England will be set up as part of the Department of Health from 2013 to strengthen the national response on emergency preparedness and health protection. It will be a trusted supplier of public health advice to the general public and a powerful agent in supporting the shift to healthier lifestyles. It will be responsible for devolving funding to local authorities for them to commission services including child health promotion, school nursing and health visiting (from 2015). They (local authorities) must also deliver the National Child Measurement Programme, elements of the Healthy Child programme and ensure appropriate access to sexual health services. A recent review of the NCMP (2011) has demonstrated that since its inception in 2005, there have been incremental changes which have changed it from a surveillance programme to a hybrid surveillance and screening programme. Although all areas are using the Department of Health guidance, there were considerable variations in whether routine feedback occurred and if so how, and to what extent it was proactive. Many areas also had concerns about whether it could or would be funded in future.

Health and Well-being Boards, based in local authorities, will provide a forum to bring together NHS commissioners, elected councilors and patient champions, to join up the public health

agenda with the wider work of the NHS, social care and children's services. They will 'provide the vehicle for local government to work in partnership with clinical commissioning groups to develop comprehensive Joint Strategic Needs Assessments (JSNA)'. Directors of Public Health, situated exclusively in local authorities, will be able to work in partnership with local authority children's services colleagues, schools, and other business and voluntary services to determine local strategies for improving child health and well being.

There is a proposal for **Healthwatch England** to be established in 2012. This would be a new independent consumer champion and a statutory part of the Care Quality Commission (CQC). Local Healthwatch would replace Local Information Networks (LINKs) and be the vehicle through which views of young people are fed back into the commissioning of their services, and they could be commissioned to provide advocacy and support to those with particular needs, but there is no requirement for them to be represented on Health and Well-being Boards. There are however grave concerns about whether a voluntary organisation relying on local authority funding will be able to be an independent watchdog.

The Healthy Schools and Healthy Further Education

programmes may continue where local schools wish, but without any further central government directives or money. Good schools will be 'active promoters of health' although there is no indication about how this will be monitored. Responding to local need the school nursing service will work with other professionals to support schools in developing health reviews at school entry and key transitions, managing pupils' well being and long term condition needs and developing schools as health promoting environments. School nurses have a broad public health role in the school community.

The Healthy Child Programme 5-19: sets out the good practice framework for prevention and early intervention services. It builds upon a wide range of previous government strategies. A key ambition is to make 'everywhere as good as the best, using resources as effectively as possible, informed by the best available evidence.' It is a progressive universal programme to cover all children and young people whether in school or not. It puts forward the economic case for not investing in activities which have not been shown to be cost effective, (such as testing colour vision or routine physical examination at school entry) and investing in those which will have longer term benefit, such as family therapy, obesity and sexual health services.

Although a little out of date as far as organisation and management of children's services, the document has much to say about school nurses, which remains relevant. The school health team, with school nursing at its core, is to deliver the Healthy Child Programme as part of a multi-disciplinary team across localities: primary care, schools, youth justice system etc. It echoes the commitment from Choosing Health (2004), but doesn't quite go as far as to suggest one school nurse for every school, opting instead for 'the 5-19 HCP offers the opportunity to ensure that schools will have access to the expertise of school nurses and their colleagues'. The school nurse is seen as co-ordinating the delivery of the HCP in schools, ensuring that health elements of the programme are delivered and quality outcomes monitored, and providing services directly, especially where these require nursing skills and expertise. Importantly it states that the range and breadth of provision will be determined by local needs assessment, therefore it is essential that all school nurses make sure that preventative health service needs of 5-19 year olds are properly reflected in the local Joint Strategic Needs

Assessments. The programme includes an expanded talking therapies service, although in many places this has not yet been embedded into 5-19 services. The school nurses' role is one of early detection, and during their 'drop-ins' they frequently use active listening skills to decide on referral to Child and Adult Mental Health Services (CAMHS). Some school nurses are trained to treat children and young people at this early stage and so prevent problems from deteriorating.

There is a phrase in the statement: 'Young people should have easy access to services they trust', for example those accredited by 'You're Welcome' (DH 2011). These criteria should be used by school nursing teams to benchmark their services, including drop-ins and texting schemes.

There is reference to more support for vulnerable families, potentially via Family Intervention Projects and group parenting programmes; all very laudable aims. However, school nurses should make sure that where these programmes run locally, that the school nursing service is properly integrated into them. There are proposed community budgets for families with complex needs, but it is not clear where this money comes from.

Liberating the NHS (achieving equity and excellence for children)

This strand of the white paper emphasises putting children and young people at the heart of services for them. In particular this means that there should be shared decision making 'no decision about me without me'. It will come as no surprise to school nurses or families that the paper identifies that there is some way to go before services are truly child-centred, especially in secondary care where children and young people often have to miss more school than necessary in order to attend separate appointments on different days or are treated in inappropriate environments.

The NHS outcomes framework for 2011/2012 has a set of five outcome domains, as well as overarching indicators, underpinned by quality standards. These are clinical, not public health outcomes which are separate, and will be regularly updated, to include indicators around children's outcomes. Each domain has a work stream relative to school nursing, and future indicators under consideration may become more relevant, for example outcome measures around transitions to adult services, responses to children and young people who are at risk of significant harm, experiences of disabled children's care, mental health needs of looked after children and the impact of the health of parents on the health of their children. Even where school nurses think that these outcomes do not directly affect their work, they may well be involved in collecting statistics for audits:

- 1) 'Preventing people from dying prematurely': Much of the health promotion work which school nurses undertake around smoking, sun safety, testicular cancer, eating better and managing long term conditions such as asthma in school, relate to this outcome.
- 2) 'Enhancing quality of life for people with long term conditions'. There are three conditions (asthma, epilepsy and diabetes) which account for 94% of emergency admissions for children under 19 years. School nurses are often the health link for children and young people who have life impacting chronic conditions, and have a role in educating them to manage their condition, and liaising with other health services.

- 3) 'Helping people to recover from episodes of ill health or following injury': Accidents in children are never going to be entirely eliminated, but school nurses have a role in educating young people to prevent serious injury and to liaise with other health services to get children and young people back to school following illness.
- 4) 'Ensuring that people have a positive experience of care' school nurses use and promote 'You're Welcome' criteria.
- 5) 'Treating and caring for people in a safe environment and protecting them from avoidable harm': School nurses support this outcome through safe immunisation techniques, and their involvement in child protection.

NHS public health outcomes framework (proposed) We await clarification of these outcomes, but they are obviously extremely relevant to school nurses.

- 1) health protection and resilience: protecting people from major health emergencies and serious harm to health
- 2) tackling the wider determinants of ill health : addressing factors that effect health and wellbeing
- 3) health improvement: positively promoting the adoption of 'healthy lifestyles'
- 4) prevention of ill health: reducing the number of people living with preventable ill health
- 5) healthy life expectancy and preventable mortality: preventing people from dying prematurely

No health without mental health: This strategy takes a whole life approach, with broad objectives. Half of lifetime mental health problems have already developed by the age of 14. School based approaches that target particular risk behaviours are less effective than whole-school mental health promotion intervention. School based mental health promotion programmes result in a broad range of improved outcomes, including reduced health risk behaviours, improved wellbeing, reduced depression, conduct disorder and anxiety, and improved social outcomes. Personal Social Health Education (PSHE) can provide appropriate teaching on sex and relationships, substance misuse and mental health issues, and the Healthy Schools and Colleges programmes are encouraged to continue. However early detection and prevention of individual problems and stepped care approaches are also required, and school nurses have a role in local partnerships.

The Department of Health reviews of health visiting, school nursing and Child and Adolescent Mental Health Services (CAMHS) nursing are to ensure that these staff are properly equipped to manage their roles in identifying and supporting parents, infants, children and young people in need of support for their emotional or mental health.

School nursing development programme: This piece of work which is due to be published at the end of 2011 will build on the health visiting programme for 0-5s, thus providing the opportunity for synergy between the public health input initiated within early years and provision for school aged children. The programme will develop a service model to support the development of a strengthened and well-equipped school nurse workforce who would deliver public health and healthcare support to school-aged children and their families. There will be a 'vision of service' to include role review and clarification with the aim of raising the morale and profile of school nursing as a career and a profession. School nurses will be offered access to the 'Building Community

Capacity' programme which is currently being developed for health visitors. This training will equip school nurses with the required skills to support young people's contribution to strengthening their local communities.

Scottish government policies:

Getting it right for every child (GIRFEC) is a fundamental way of working that builds on research and practice evidence to help practitioners focus on what makes a positive difference for children and young people. It builds from universal health and education services and drives the developments that will improve outcomes for young people by changing the way adults think and act to help all children and young people reach their full potential. It aims to get all practitioners using shared language and online record keeping.

The model is a wheel of eight inter-related indicators of well-being: healthy, achieving, nurtured, active, respected, responsible, included and safe. This leads outwards to overarching ambitions that all Scotland's young people will be successful learners, confident individuals, effective contributors and responsible citizens. There are ten core practice components which provide a benchmark for practitioners. These include a common approach to gaining consent, listening to the child, offering the right help at the right time, the use of a Lead Professional, and high standards of professional co-operation. It is underpinned by the UN universal rights of the child.

School nursing within this context should be far more integrated and less prone to isolated health initiatives, as the health and well-being of the whole child should be taken into consideration. This is similar to 'team around the child' working which has proved rewarding and successful.

'Walk the talk' youth friendly criteria came about because research by the Scottish government showed that there was a compelling need for health professionals to develop appropriate and accessible services for young people. The aims are to remove the barriers affecting young people in accessing health care services and to support the needs of vulnerable groups.

Delivering for Health, the national action framework for children and young people's health: This is a ten year plan to deliver improvements in the health of Scotland's children and young people. It only mentions school nurses once, in the context of school food and healthy nutrition, but this may be because childhood obesity is singled out as one of the most serious threats to public health. There are targets to reduce health inequalities, dental health, smoking and teenage pregnancy.

There is plenty of support for what would be recognised as a school nurse role, and a strong commitment to collaboration of all agencies. Scotland has been an active proponent of Health Promoting Schools, and school nurses should be able to make a difference to the health outcomes of children within that context.

There is recognition that workforce planning needs to ensure sufficient staff in the child health workforce, but this has not been followed up by the necessary commissioning of more school nurses, and the service is patchy across the country.

Welsh Government policies

Getting it Right (2009) the Action Plan on implementing the United Nations Convention on the Rights of the Child (UNCRC) in Wales : The Welsh government has ratified the UN convention and incorporated the principles into its policies for children and young people. School nurses are mentioned in the context of working with others to develop anti-bullying policies. There is a commitment to reducing child poverty (and a strategy for this was published in 2011), and caring for vulnerable children, as well as improving their educational attainment. Health, including mental health is included in a holistic way, with plans rather than targets.

A framework for a school nursing service for Wales: The previous Welsh government committed to providing a minimum of one family nurse per secondary school by the end of the Assembly term, and for the most part achieved this. The name was changed back to 'school nurse' as research found that adolescents were unsure whether confidentiality would be maintained if the nurse was involved with the family. The main changes to the service are that it should be a year round service rather than predominantly term time only and equitable across the principality. The universal service has a holistic public health focus and includes contributing to Personal Social and Health Education (PSHE). There is targeted support where this is indicated.

Our Healthy Future: The Welsh government has developed a strategic framework for Public Health which acknowledges that the foundations of good health are laid before and during pregnancy and the early years of life. Tackling risk factors such as poor mental health and well-being; smoking; alcohol; substance misuse; unsafe sex; teenage pregnancy; and obesity will reduce the need for intervention later. There are also initiatives to reduce inequalities, encourage exercise, increase the uptake of immunisations and develop healthy sustainable communities.

The Progress report for the first year continues the commitment to one school nurse per secondary school, and points to the development of an all Wales job description and a mandatory induction programme for school nurses, along with modules to support training and development needs within the school nursing service.

The Sexual Health and Wellbeing Action Plan for Wales; forms part of Our Healthy Future, and recognises that young people have a right under the UNCRC to access educational and health services that prepares and helps them to make responsible decisions about their relationships and sexual health. Reducing rates of teenage conception is a key priority, and school nurses will play an important role in supporting the delivery of SRE. Modern sexual health services are often at inconvenient times and places for young people, and services are expected to make best use of physical locations and human resources, which must mean that well resourced school nurses should be providing these on or near school premises where required.

Talk to Me - A National Action Plan to Reduce Suicide and Self Harm in Wales (2009-2014)

Suicide is one of the highest causes of death among children and young people, and many more harm themselves. The Welsh government has a five year action plan to raise awareness of suicide and self harm and help people understand that it is often preventable. Developing healthier attitudes in schools and colleges and working with young people, particularly those who are most vulnerable and encouraging them to talk openly about their problems and feelings is a vital part of the plan. Each school nurse will be an important link in this strategy.

Together for Health; a 5-year vision for the NHS in Wales: sustainability and a desire for people to take more responsibility for their own health and for that of their family and community are at the heart of this over-arching strategic document. The Welsh government commits to do more to support children's health including the healthy schools and school nurse initiatives, but cautions that 'every penny must count'. Through annual health campaigns it will tackle the biggest public health priorities – alcohol, obesity, smoking, teenage pregnancies and drug abuse.

Northern Ireland Government policies

Healthy Futures: the contribution of health visitors and school nurses in northern Ireland 2010-2015 Action Plan: This laudable plan, if achieved should lead to an improvement in the recognition of school nursing in Northern Ireland. The document is divided into four themes:

- 1) clarifying and understanding the role and contribution of health visitors and school nurses within integrated children's services
- 2) prevention, early intervention, mental health promotion and addressing public health outcomes
- 3) provision of evidence based programme
- 4) leadership and education

School nurses would become responsible for undertaking formal needs assessments of the school age population to inform commissioning to target resources effectively. All school nurses would be trained in child protection and take on the role of safeguarding of school aged children, as do their counterparts in the rest of the United Kingdom. This would obviously lead to questions of banding and parity with health visitors. There should be senior posts created for looked after children and those who need safeguarding, and school nurses will develop their competencies working with discrete groups such as pregnant teenagers, mental health and well-being and parenting programmes, providing an expert service. Outcomes include 'equitable workloads', less duplication, and school nursing contribution being valued by other health professionals and at all levels of policy making and frontline practice. A focus on prevention, public health, early identification of concerns and a single assessment framework should all help to improve the status of school nursing.

Conclusion

School nursing is high on the health agenda of all four countries of the United Kingdom, and it is acknowledged that they are leaders in the field of public health nursing for children and young people.

All four countries have aspirations to improve the health and well-being of children and young people and have published public health policies on this. However, apart from the Welsh government, the proposals have not been defined by required numbers of school nurses to deliver the project. Instead there are unfunded expectations that the desired change in outcomes will happen through good leadership and partnership working with statutory and voluntary agencies. However, owing to public sector financial cuts to education, social services, youth services and charities, many partner agencies have reduced staff and resources and curtailed their activities. Moreover all countries face cuts to the health budget, and although government ministers desire that these should not affect frontline services, they do inevitably affect training and promotion opportunities.

In Wales and Scotland the health and well-being of school-aged children is underpinned by the United Nations Convention on the Rights of the Child, but it is not clear what right they have to access money for their services.

Responsibility for commissioning of public health services in England is transferring to Local Authorities and so school nurses there must develop new ways of engaging with Public Health Directors, as under the 'any qualified provider' rule, local authorities can also contract with any private or voluntary service from outside the NHS.

The next few years will be difficult for school nurses, as the expectations that they improve the health of the young nation will persist, but lack of resources in some places will make this extremely challenging.

Recommendations

- Every child whether in school or not must be able to benefit from the Healthy Child Programme 5-19s or country equivalent led by a qualified school nurse.
- All children at all educational establishments (including independent schools, free schools, academies, young offender institutions, smaller units, pupil referral units and special schools) should receive the universal school nursing service and a proportionately enhanced service where there is identified greater need.
- Children and Young People who are Educated Other than at School (EOTAS) will also receive the universal and enhanced school nursing service
- Qualified school nurses will be at the heart of the child public health workforce, and will lead the Healthy Child Programme in schools and educational establishments
- One full time qualified school nurse (AfC band 6 or 7) to be employed per secondary school, supported by school staff nurses and community nursery nurses working in primary schools.
- Caseload per full time nurse would not exceed 1200 children recognising that 20% are likely to have an enhanced health need.
- School nurses must be involved locally and nationally where strategic and operational decisions are made about the public healthcare of school-aged children.
- There must be more research into school nursing

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