

2017

SCPHN Standard Operating Procedure No.11		
Title:	SPECIALIST COMMUNITY PUBLIC HEALTH NURSE (SCPHN) SCHOOL NURSE (SN) DROP-IN SESSIONS FOR PARENTS OF CHILDREN IN PRIMARY SCHOOLS	
Prepared by:	Verna Robinson, School Nurse Team Leader	
Presented to:	Care & Clinical Policy Group	Date: March 2015
Ratified by:	Care & Clinical Policy Group	Date: March 2015
Review date:	2 years	March 2017
Links to Policies:	<ul style="list-style-type: none"> • Torbay & Southern Devon Health & Care NHS Trust (TSDHCT) SCPHN Record Keeping Policy • South West Safeguarding & Child Protection Group Guidelines Torbay Safeguarding Adults Multi-Agency Policy & Protocol • TSDHCT Supervision Policy • TSDHCT Lone Working Policy 	

1. Purpose of this Document:

- 1.1 This document has been written to provide best practice guidance for the delivery of a SCPHN School Nurse (SN) drop-in session for parents at primary schools in Torbay (if a child attends unaccompanied please refer to 3.3.2). The Healthy Child Programme 5-19 (HCP) described will be the Universal Service and interventions to be provided to all primary school aged children and their families educated within Torbay.

2. Scope of this Standard Operating Procedure (SOP):

- 2.1 This SOP refers to the Specialist Community Public Health Nurse (SCPHN) School Nurse (SN) Team employed by Torbay and Southern Devon Health and Care NHS Trust (TSDHCT).

3. Competencies Required:

- 3.1 SCPHN SN Practitioners delivering the HCP and primary school drop-in service are expected to have knowledge and understanding of child development, and of factors that influence health and well-being of primary school aged children.
- 3.2 If a child attends the drop-in independently, the SCPHN SN will contact parent / carer to inform them regarding visit unless this compromises a safeguarding issue. Staff will refer to and follow the Trust consent policy.

3.3 Safeguarding

- 3.3.1 If the SCPHN SN has concerns about the safety or welfare of a child or young person 0 – 19 years, or unborn baby, those concerns must be referred to Children’s Services. Under Section 47 of the *Children Act* (Department of Health, 1989) the Local Authority (Children’s Services) has a duty to make enquiries, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.
- 3.3.2 If the SCPHN SN has concerns that a vulnerable adult may be at risk of abuse, they must contact the Safeguarding Adults Team on (01803) 219700 or email safeguarding.alertstct@nhs.net. A vulnerable adult is a person “who is or may be in need of Community Care services by reason of mental or other disability, age or illness, and who is or may be unable to care for him/herself, or unable to protect him/herself against significant harm or exploitation”.
- 3.3.3 There is a clear link between domestic abuse and child abuse (HM Government 2006). The Adoption and Children Act 2002 (implemented February 2005) extends the meaning of ‘harm’ as defined in the Children Act (1989) to include the harm that children suffer by “*seeing or hearing the ill treatment of another*”. This puts obligations on all practitioners when considering the needs of a child and the risk of significant harm, to consider the impact of hearing or witnessing domestic abuse on the child’s emotional and psychological wellbeing. SCPHN SNs should be familiar with the SOP Domestic Abuse Guidelines for Routine Enquiry dated June 2015.
- 3.3.4 The SCPHN SN should recognise the impact that parental behaviour or ill health (for example mental ill health, parental substance misuse) has on the welfare of children.
- 3.3.5 The SCPHN SN can also refer to the South West Safeguarding and Child Protection Group guidelines – managing individual cases www.swcpp.org.uk
- 3.3.6 In all cases where there are concerns about the safety or welfare of a child, the SCPHN SN team will liaise with the Safeguarding Children Team at Torbay Safeguarding HUB on (01803) 208100 and their own Child Protection Supervisor or the Named Nurse on (01803) 208659
- 3.4 The SCPHN SN Practitioner will have undertaken training and have knowledge on a range of health interventions to enable discussion with children and parents / carers to include:
- Immunisation Advice
 - Emotional, Psychological, Mental Health and Behavioural Issues
 - Promoting Healthy Weight
 - Puberty
 - Substance Misuse
 - General Health Advice
 - Long Standing Illness and Disability
 - Enuresis, Encopresis, Daytime Wetting and Soiling
 - Sleep Difficulties
- 3.5 The SCPHN SN Practitioners need consultation skills, purposeful listening skills and guided questions (motivational interviewing skills).
- 3.6 The SCPHN SN Practitioners need to be able to recognise the range of normal development.
- 3.7 The SCPHN SN Practitioners need to be able to use up-to-date growth charts.
- 3.8 The SCPHN SN Practitioners need to be able to use specified audiology equipment.
- 3.9 The SCPHN SN Practitioners need knowledge of agencies working with the school population.
- 3.10 The SCPHN SN Practitioners need knowledge of care pathways.
- 3.11 The SCPHN SN Practitioners need knowledge and training of Safeguarding policies and procedures.
- 3.12 The SCPHN SN Practitioners need knowledge of Safeguarding, Child Protection procedures and training in Level 3 Safeguarding Children.
- 3.12 The SCPHN SN Practitioners need awareness of Domestic Abuse risks and have undertaken Level 3 Domestic Abuse training.

- 3.13 The SCPHN SN Practitioners need knowledge of Healthy Child Programme (5 – 19) schedules (October 2009).

4. Clients Covered:

- 4.1 This SOP is applicable to all primary school children educated in Torbay and their parents / carers.

5. Procedure:

- 5.1 The service delivered takes account of privacy, confidentiality, warmth and friendliness, competence and accessibility.
- 5.2 Details of all contact with the child and their parents/carers will be documented in school nursing records in accordance with TSDHCT Record Keeping Policy.
- 5.3 Knowledge and understanding of service providers and partner agencies, and an awareness of the interplay of multi-factorial risks is essential.
- 5.4 All those working with children should be alert to risk factors, and signs and symptoms of child abuse, and follow TSDHCT Safeguarding procedures where there is cause for concern (Working Together to Safeguard Children, DSFC 2010).
- 5.5 A member of the SCPHN SN team should respond to the health and well-being concerns raised, which may include any of the following:
- 5.5.1 **Immunisation Programme for Children**
If there are concerns raised a member of the SCPHN team will ensure the provision of good quality, evidence-based information and advice on immunisations. Children who have missed immunisations should be referred to their GP practice to receive any outstanding vaccinations.
- 5.5.2 **Emotional, Psychological, Mental Health and Behavioural Issues**
A member of the SCPHN SN team should respond to any health and well-being concerns raised and recognise symptoms of any incipient mental health problems or disorders. A member of the SCPHN SN team should be familiar with ways in which distress can present as physical illness and should consider this when deciding whether additional support is required, with appropriate referrals to mental health services.
- 5.5.3 **Promoting Healthy Weight**
If the child, parents/carers raise concerns, a member of the SCPHN SN team will undertake an assessment of underlying health issues and co-morbidities as appropriate. A member of the SCPHN SN team will give appropriate information on the importance of a healthy balanced diet and exercise and making healthy food choices. A member of the SCPHN SN team will make a referral to appropriate weight management services to enable the child to move towards and maintain a healthier weight. A member of the SCPHN SN team will monitor the child's weight if appropriate.
- 5.5.4 **Puberty**
Provide support and evidence based advice in relation to any puberty issues or child development.
- 5.5.5 **Substance Misuse**
A member of the SCPHN SN team should be able to identify substance misuse. If concerns are regarding the child, then a member of the SCPHN SN team should assess and provide relevant information advice and support relating to the concern and refer appropriately with

parental consent. If concerns are regarding a parent/carer then a member of the SCPHN SN team can suggest assessment screening to assist in identifying concerns and signpost to specialist support and advice and refer if appropriate to the drug and alcohol team.

5.5.6 **General Health**

Discuss the child's health concerns, offering appropriate advice, guidance and support with healthy lifestyles promotion, making referrals as required.

5.5.7 **Long Standing Illness or Disability**

If there are concerns raised by the child, parents/carers about a long-standing illness or disability, a member of the SCPHN SN team may advise or support appropriately in regard to the child's concern working with other involved professionals to develop the health care plan to address the child's changing needs.

5.5.8 **Enuresis, Encopresis, Daytime Wetting and Soiling**

Advice, support, and referral to the Bladder and Bowel Specialist SN for assessment, would be offered as appropriate by the SCPHN SN in attendance.

5.5.9 **Sleep Difficulties**

Advice, referral, and support offered as appropriate by a member of the SCPHN SN team.

5.6 **Consent**

The Children's Act 1989 sets out persons who may have parental responsibility. These include:

- the child's mother;
- the child's father if he was married to the mother at the time of birth;
- unmarried fathers, who can acquire parental responsibility in several different ways: (For children born before 1 December 2003, unmarried fathers will have parental responsibility if they marry the mother of their child or obtain a parental responsibility order from the court or register a parental responsibility agreement with the court or by an application to the court);
- the child's legally appointed guardian;
- a person in whose favour the court has made a residency order concerning the child;
- a local authority designated in a care order in respect of the child:

Reference Guide to Consent for Examination or Treatment (Author DH, second edition July 2009) can be viewed at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1.pdf.

6. **References: (Bibliography and Internet Links)**

- 6.1 Children's Workforce Developments Council (2009) – Early identification, Assessment of Needs and Intervention; Common Assessment Framework for Children and Children Practitioners Guide - London
- 6.2 Department for Children Schools and Families (2003) - Every Child Matters - London
- 6.3 Department of Children Schools and Families (2010) – Working Together to Safeguard Children: a Guide to Inter- Agency Working to Safeguard and Promote the Welfare of Children - Crown, London
- 6.4 Department for Education and Skills (2005) – Managing Medicines in Schools and Early Year

Settings - London

- 6.5 Department of Health (2006) – A Member of the SCPHN Team: Practice Development Resource Pack - London
- 6.6 Department of Health (2009) Healthy Child Programme - Crown, London
- 6.7 Laming W (2009). The Protection of Children in England: A Progress Report - London
- 6.8 National Institute for Health and Clinical Excellence Guidelines (2009) – When to Suspect Child Maltreatment
- 6.9 The Children Act (2004)
- 6.10 www.swcpp.org.uk – Local Safeguarding Children’s Board (2010)

7. Appendices

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8. The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from Health and welfare decisions to finance and property decisions.

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all Health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person’s ability to make a decision due to ‘an impairment of or disturbance in the functioning of the mind or brain’ the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that Health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual’s right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”.

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare http://icare/Operations/mental_capacity_act/Pages/MCA.aspx

Monitoring Tool:**Standards:**

Item	%	Exceptions
Safety: This document serves as a summary/checklist/reminder of the main points to consider for a member of the School Nursing Team undertaking a drop-in a community setting for parents of primary school age children. Any risks identified should be reported to the team manager for risk assessment.	100	
Governance: The SN undertaking a community based drop-in for primary school age children should ensure they follow the Standard Operating Procedure guidance outlined in this document.	100	
Patient Focus: The School Nursing Team responds sensitively and appropriately to the immediate concerns presented, considering the interests of the child ('Child's Voice') in all decision making/plans. (Action plans within records /completed Health Need Assessments).	100	
Accessible and Responsive Care: The school community is to be kept informed and updated of the drop-in times. Audit sample of stakeholders. Monitor responses from feedback questionnaires to reflect the usefulness and timeliness of the SN response within the drop in.	100	
Public Health: Provides a framework for the timely and appropriate identification of clients who require interventions. Audit information from within previous standards.	100	
➤ HOW WILL MONITORING BE CARRIED OUT?		<i>Peer review will enable the monitoring of patient focus within the drop-in and any environmental issues which may be influencing care.</i> <i>Monitoring will be carried out through completion of audit of quality/ standards criteria within 5 drop in sessions at 5 different venues will be completed annually (from peer observations completed within drop-ins) or (if peer observation sessions produce inadequate sample size) observation/audit of quality standards of drop-in sessions will be completed by Team Leader</i>
➤ WHEN WILL MONITORING BE CARRIED OUT?		<i>Annually</i>
➤ WHO WILL MONITOR COMPLIANCE WITH THE GUIDELINES?		<i>Service Manager / Professional Lead / Team leader / Record keeping auditors.</i>

Amendment History:

Version	Status	Date	Reason for Change	Authorised
1	Draft	19/06/14	Update	V Robinson
2	Draft	31/01/15	Additions of more detail to describe possible areas of concern which may arise within drop-ins, and audit methods to monitor standards achieved.	V Robinson

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