

SCPHN Standard Operating Procedure No.15		
Title:	<b>SPECIALIST COMMUNITY PUBLIC HEALTH NURSE (SCPHN) SCHOOL NURSE (SN) DROP-IN SESSIONS FOR YOUNG PERSONS AGED 11 – 19 YEARS</b>	
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Review date:	<b>2 years' time</b>	March 2017
Links to Policies:	<ul style="list-style-type: none"> <li>• Torbay &amp; Southern Devon Health &amp; Care NHS Trust (TSDHCT) SCPHN Record Keeping Policy</li> <li>• EHC: PGD &amp; SOP</li> <li>• South West Safeguarding &amp; Child Protection Group Guidelines Torbay Safeguarding Adults Multi-Agency Policy &amp; Protocol</li> <li>• TSDHCT Supervision Policy</li> <li>• TSDHCT Lone Working Policy</li> </ul>	

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**Monitoring Tool Standards:**

Item	%	Exceptions
<b>Safety:</b> this document serves as a summary/checklist/reminder of the main points for the School Nursing Team undertaking a Drop-in in Secondary school.	100	
<b>Governance:</b> School Nursing Team member undertaking a Drop-in in Secondary school should utilise the guidance within this document.	100	
<b>Patient Focus:</b> the School Nursing Team member will respond to the clients' concerns raised.	100	
<b>Accessible and Responsive Care:</b> the School Nursing Team member will be able to respond to clients' requirements in an appropriate and timely manner.	100	
<b>Public Health:</b> provides a framework for the timely and appropriate identification of clients who require interventions.	100	
➤ <b>HOW WILL MONITORING BE CARRIED OUT?</b>	<i>By a record keeping audit</i>	
➤ <b>WHEN WILL MONITORING BE CARRIED OUT?</b>	<i>Annually</i>	
➤ <b>WHO WILL MONITOR COMPLIANCE WITH THE GUIDELINES?</b>	<i>Record keeping auditors</i>	

**Amendment History:**

Date	Version No.	Amendment Summary	Completed by
18/06/2014	4		
16/12/2014	5		

## 1. Purpose of this Document:

- 1.1 This document has been written to provide a standard for best practice and service specification based on the healthy child (HCP). This document provides guidance for the Drop-ins within a Secondary School for young people aged 11-19 years educated within Torbay.

## 2. Scope of the Standard Operating Procedure (SOP):

- 2.1 This SOP refers to the Specialist Community Public Health Nurse (SCPHN) team employed by TSDHCT.

## 3. Competencies Required:

- 3.1 Registered Practitioners delivering the HCP and Young Person's Drop-in Service are expected to have knowledge and understanding of child development, and of factors that influence health and well-being of young people aged 11- 19 years.

- 3.2 Training and knowledge to advise on a range of health interventions to these young people which relate to/ include:

- Childhood Immunisation Programme.
- Emotional and mental health and wellbeing
- Promoting Healthy weight/lifestyle choices
- Sexual Health and wellbeing
- Drug and Alcohol Misuse
- Smoking Cessation
- General Health Advice
- Long Standing Illness and Disability

### 3.3 Safeguarding

- 3.3.1 If staff have concerns about the safety or welfare of a child or young person 0 – 18 years or unborn baby, those concerns must be referred to Children's Services, (01803 208100). 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 staff have 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](mailto: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 HVs should be familiar with the SOP Domestic Abuse guidelines for Routine Enquiry dated June 2015.
- 3.3.4 Staff 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 Staff can also refer to the South West Safeguarding and Child Protection Group guidelines – managing individual cases [www.swcpp.org.uk](http://www.swcpp.org.uk).
- 3.3.6 In all cases where there are concerns about the safety or welfare of a child staff must liaise with the Safeguarding Children Team at Torbay Safeguarding HUB – and their own Child Protection Supervisor or the Named Nurse on (01803) 874089 / 07826874089.
- 3.4 Sexual Health Training Level 1 and 2, and C-card training.
- 3.5 Training for the administration of Emergency Hormonal Contraception (EHC) within the Patient Group Directive (PGD).
- 3.6 Practitioners need consultation skills, purposeful listening skills and guided questions (motivational interviewing skills).
- 3.7 Knowledge, understanding and application of Fraser Guidelines.

- 3.8 Practitioners need to be able to recognise the range of normal development.
- 3.9 Practitioners need to be able to use up-to-date growth charts.
- 3.10 Practitioners need to be able to use audiology equipment.
- 3.11 Practitioners need to have knowledge of agencies working within the school population.
- 3.12 Practitioners need to have knowledge of care pathways.
- 3.13 Practitioners need to have knowledge of and training in Common Assessment Framework process.
- 3.14 Practitioners need to have knowledge of Safeguarding / Child Protection procedures and training.
- 3.15 Practitioners need to have awareness of Domestic Abuse risks.
- 3.16 Practitioners need to have up to date knowledge of Healthy Child Programme Schedules.

#### **4. Clients covered:**

- 4.1 This SOP is applicable to all young people aged 11-19 years educated in Torbay.

#### **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 a young person, and regarding that young person, to be documented in school nursing records or WINDIP (IT system) as detailed in TSDHCT Record Keeping Policy.
- 5.3 Knowledge and understanding of service providers and an awareness of the interplay of multi-factorial risks is essential.
- 5.4 All those working with young people 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 School Nurse Team will respond to health and wellbeing concerns identified, which may include any of the following:
  - 5.5.1 **Immunisation Programme for Young People**

If there are concerns raised; a member of the School Nurse team should identify the immunisation status of the young person and ensure they are provided with good quality, evidence-based information and advice on immunisations.

Young people who have missed immunisations to be referred to the School Nurse immunisation coordinator in the first instance to discuss any outstanding vaccinations.
  - 5.5.2 **Emotional, Psychological and Mental Health**

A member of the School Nurse team will be responsive to any mental health/ well-being concerns raised and utilise tools to inform the assessment /referral process (appendix 1)

The SCPHN will be familiar with ways in which distress can present as physical illness and should consider this with appropriate consultation/ referrals to Child and Adolescent Mental health Service (CAMHS).
  - 5.5.3 **Promoting Healthy Weight**

If the young person raises concerns, the SCPHN will undertake an assessment of underlying health issues and co-morbidities as appropriate, liaising with health professionals if indicated.

Appropriate information on the importance of a healthy balanced diet and exercise and healthy food choices will be introduced to the Young Person, to create awareness.

The SCPHN will refer to lifestyles team for further intervention options i.e group work to enable the young person to make choices to move towards and maintain a healthier weight.

A member of the School Nurse Team will monitor the young person's weight if appropriate.
  - 5.5.4 **Sexual Health**

Provision of contraception and sexual health services, including:

    - Prompt access to Emergency Hormonal Contraception (EHC) following the Patient Group Directive (PGD) for the provision of EHC.

- Discussing choice of effective contraception and offer pregnancy testing when necessary, with referral to sexual health services as appropriate.
- Promoting and increasing access to condoms to prevent Sexually Acquired Infections (SAIs) using the Torbay Condom Distribution Policy.
- Encourage Chlamydia screening whilst applying the Policy for the implementation of the National Chlamydia Screening Programme in Torbay.
- Unbiased support and advice for unintended pregnancy, and referral of young person for appropriate specialist advice and support from the sexual health service.

#### 5.5.5 **Drug & Alcohol Misuse**

A SCPHN may identify a young person's misuse of substances within a Drop-in session.

If concerns are raised relevant information, advice and support will be offered relating to the concern. The Multi-Agency Substance Misuse Screening Tool should be undertaken if indicated to facilitate the referral of the young person to local specialist services as part of a multi-agency strategy.

#### 5.5.6 **Smoking Cessation**

It is recommended that the SCPHN should use the '3A' (AAA) approach to supporting young people who smoke and wish to quit:-

- **A**sk if they smoke
- **A**dvice them about stopping and the efficacy of the Torbay Stop Smoking Service
- **A**ct by offering a referral to the Torbay Stop Smoking Service

#### 5.5.7 **General Health**

Discuss the young person's health concerns, offering appropriate advice, guidance and support with healthy lifestyles promotion, liaising with other health professionals, parents and school if required :to formulate health care plans or make referrals as required.

#### 5.5.8 **Long Standing Illness or Disability**

All young people with long term medical conditions and/or significant disabilities should have an individualised health care plan reviewed annually by a registered nurse within the School Nurse Team. (DH/DCSF 2009). If there are concerns raised by the young person about a long-standing illness or disability, a member of the School Nurse Team may advise/support appropriately in regard to the young person's issue whilst being guided by the health care plan.

#### **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 **residue 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, second edition 2009 :Author DoH, Publication date July 2009*[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_103653.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103653.pdf)

## 6. **References:** References, Bibliography and Internet Links

- a. Children's Workforce Developments Council (2009) – Early identification, Assessment of Needs and Intervention; Common Assessment Framework for Children and Children Practitioners Guide. London
- b. Department for Children Schools and Families (2003) -Every Child Matters. London
- c. 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
- d. Department for Education and Skills (2005) – Managing Medicines in Schools and Early Year Settings. London
- e. Department of Health (2006) – A Member of the SCPHN Team: Practice Development Resource Pack. London
- f. Department of Health (2009) Healthy Child Programme, Crown, London
- g. Laming W (2009) The Protection of Children in England: A Progress Report. London
- h. National Institute for Health and Clinical Excellence Guidelines (2009) – When to Suspect Child Maltreatment
- i. The Children Act (2004)
- j. [www.swcpp.org.uk](http://www.swcpp.org.uk) – Local Safeguarding Children's Board (2010)

## 7. **Appendices:**

- 1 Assessment tools/ care pathway for mental/emotional health
- 2 MAST screening tool

## 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](http://icare/Operations/mental_capacity_act/Pages/MCA.aspx)