Our School Nurse

Young people’s views on the role of the school nurse

Supported by the Department of Health
CONTENTS

Foreword 3
  • Dame Christine Beasley, DBE, Chief Nursing Officer for England
  • Liam Preston, Chair of the British Youth Council

Executive summary and recommendations 5

Introduction 8
  • Method

Literature review 10
  1. School nurses need to be visible and known amongst pupils 12
  2. Early help is key to support young people 17
  3. School nurses need to offer choice to pupils to be accessible and confidential 19
  4. Young people need to have a voice to evaluate their school nursing service experience 24

Recommendations and conclusions 26

Appendices 29
  • Appendix I. The demographics of participants in BYC’s online consultation.
  • Appendix II. Young people’s knowledge of what their school nurse does, their experiences of school nursing, and what services they think school nurses should provide.
In February this year, Anne Milton (Minister for Public Health) agreed to a programme of development for school nursing. As Chief Nursing Officer, I have led this programme, and my team at the Department of Health have worked in partnership with school nurses and professional organisations to look at a way forward for school nursing services.

The purpose of the review is to help develop a new service vision and model for how school nursing is delivered to, and for, school-aged children and young people. From the outset, we were very clear that we wanted to ensure we listened to and captured the views of young people to help shape future developments. We were delighted the British Youth Council agreed to work with the Department on this important issue.

I was overwhelmed by the response to the British Youth Council survey and the feedback from the regional events. I read your comments, views and experiences avidly. Clearly, we do need to make improvements, but we can also build on the good experiences you have had when accessing school nursing / health services.

We hope the service vision and model will deliver services that meet your, and future young people’s, needs: a service that is visible, accessible and confidential. We also recognise the need to ensure there is early help and advice available to young people at the times when they need it.

The findings from the online survey and events will prove incredibly useful to the Department and the profession, and will help to shape the vision and model for the school nursing service. We want to ensure we have a system that truly meets the health and well-being needs of young people and ensures you have a voice that can help us to continually find ways of maintaining a relevant and effective service.

I am heartened by the fact that so many young people indicated they would like to work with the Department and profession to progress the work and champion school health services.

I would like to thank everyone who took part in this work, particularly the British Youth Council and all of you who so generously gave your time and shared your experiences. I am grateful to you all and hope you will continue to be champions for the school nursing service and our ambitions, which we will be developing in the forthcoming months.
Liam Preston, Chair, British Youth Council

The British Youth Council (BYC) is a charity run for young people by young people to give them a voice. One of the crucial issues that we want a say on is our health. We want to be empowered to help keep ourselves healthy, and also inform those decision-makers working to improve our health. We know that health services for young people work best when they are shaped by young people themselves. BYC therefore welcomed the opportunity to feed young people’s views and experiences of school nurses directly to the Department of Health and the Chief Nursing Officer, who have shown a commitment to ensuring that school aged young people have a voice on what they want their school nurse to do.

Our research found that the majority of young people who use their school nurse have a positive experience and find their school nurse friendly, approachable, and caring. However, far too few young people are accessing this important service for advice, care, and treatment. Most young people are only seeing their school nurse to get their jabs. Young people told us that they need to know who their school nurse is, and how they can help young people, as soon as they enter their secondary school. They want their school nurse to be a familiar face.

Young people also want a choice over where they see their school nurse, whether the school nurse they see is male or female, and whether they want a friend to come along to an appointment with them. All these factors make young people feel more comfortable about seeing the school nurse and getting help and advice early on about health issues, rather than letting them get worse and ending up having to visit their GP or another health service. Young people also want to feel that they are getting a confidential service when seeing their school nurse. Being able to text or email to get an appointment, rather than asking your English teacher or reception staff, would make a big difference to young people.

The young people BYC spoke to, through our online survey and focus groups at BYC Conventions, had many innovative ideas about how to get more young people visiting their school nursing team. During our consultation, 300 young people have offered to volunteer their time with the Department of Health to become ‘school nurse champions’. We need to be able to suggest our ideas and give our feedback on health services in and out of school. Giving a voice to young people in this way will enable school nursing teams to use their skills and experience to make a maximum impact on improving youth health.
Executive Summary and Recommendations

The British Youth Council (BYC) was invited by the Department of Health to feed the views of secondary school-aged young people into its School Nurse programme of development. To consult young people’s views BYC undertook an online survey, which gained responses from 1599 young people aged 11 to 18 from across England in July 2011, and ran focus groups at BYC Convention events with 202 young people in August 2011.

4 key themes emerged from the consultation process with young people;

1) School nurses need to be visible and well known amongst school-aged children and young people.
   - Nearly half of young people, 49%, are unsure about who their school nurse is.
   - 69% of young people advised that they did not have information about how they could access their school nurse for help.
   - Nearly three quarters of young people (73%) haven’t visited their school nurse for any help other than immunisations (jabs).
   - Young people felt that it would be helpful for school nurses to advise young people and introduce their services through assemblies, presentations and introductory sessions.
   - Young people are interested in health issues and 300 young people told BYC that they would like to work with the Department of Health as ‘school nurse champions’.

2) School nurses need to offer early help to support young people.
   - Young people felt that school nurses should focus on giving advice both from an early age and before health issues reached ‘crisis point’.
   - The top five services that young people think all school nurses should provide include: advice on drugs, advice on contraception, advice on Sexually Transmitted Infections (STIs), advice on stopping smoking, and how to access other health services such as counselling.

3) School nursing services need to offer choice to young people in order to be accessible and confidential.
   - Over eight out of ten young people would feel more comfortable visiting their school nurse if they could choose to visit with a friend or had a choice about which school nurse they could access.
85% of young women and 70% of young men said they would feel more comfortable about visiting the school nurse if they could choose whether they see a male or female nurse.

39% of young people said it wasn’t clear to them that they could receive a confidential service when visiting their school nurse.

Young people want to be able to choose to directly contact their school nurse through text, phone call or email, rather than having to tell a member of the school staff or teacher.

4) **Young people want to be able to offer their views about the service they receive.**

   - The majority of young people who have visited their school nurse for care, advice or treatment reported that they had a good experience. 84% of survey respondents said their school nurse was approachable and friendly.

   - Nine out of ten young people, 91%, said they are either unable to give feedback on their school health / nursing service or don’t know how to do so.
As a result of this consultation, the British Youth Council recommends that:

01 When entering secondary school, all young people should receive an induction about the role of the school nurse, the service on offer, and information on how to access the service.

02 The Department of Health should involve young people to develop materials to support this induction process; this could be through the development of material to use locally in schools such as presentations, workshops or similar. These materials could be piloted across a selection of schools in England.

03 Young people should be supported to become ‘school nurse champions’ and work with school staff and their school nurse to promote the school nurse amongst their peers.

04 All school nursing teams should assess how they can offer early help and advice on key issues for school-aged children and young people, both from an early age and before health issues reach ‘crisis point’.

05 All school nursing teams should assess how they can offer, wherever possible, young people a choice over where they access their school nurse, whether the school nurse they see is male or female, and whether they want a friend to accompany them.

06 School nursing teams and school staff should make sure that all young people know how they can access the school nurse without referring their enquiry to a teacher or school staff member such as a receptionist.

07 All school nursing teams should consider what technology they can use to assist young people to access their service more readily. For example they could offer a text or email service to allow young people to contact them confidentially. At a minimum all young people should have a telephone number that they can call to tell the school nurse about their problem.

08 All young people should be able to, and know of how to, feedback on their experience of the school nursing service and whether they feel school nurses are visible, accessible and confidential. School councils or other pupil voice initiatives should work with school staff, youth workers, and community groups to create a youth-led evaluation process.
The British Youth Council (BYC) is the national youth council of the UK, a charity run by young people for young people. BYC connects with its membership to empower young people to have a say and be heard. BYC help young people participate in decisions that affect them, have a voice and campaign on issues they believe in, inspire them to have a positive impact, and gain recognition for their positive contribution to communities, society and the world. We support young people to have their say through our youth-led networks such as the network of 600 local youth councils across the UK, the UK Youth Parliament, and the Young Mayors Network. BYC gives young people a platform for their collective and individual views sought by consultation.

In May 2011, BYC was invited by the Department of Health to feed the views of secondary school aged young people into its school nurse programme of development. This programme aims to develop a model for school nursing that maximises the contribution that school nursing teams make to the health of school age children and young people. The programme aims to find out the key dimensions of the role of school nurses in improving health, and how their skills and resources can be used in the most effective way. School nursing teams consist of specialist public health nurses, qualified staff nurses and health care assistants who are currently based in Primary Care Trusts; they often work in partnership with several primary and secondary schools to provide a service to children and young people.

**Method**

As the basis of its work with the Department of Health on school nursing, BYC undertook an online consultation with secondary school aged young people to find out their experiences of the current school nursing system, and views of what the priorities for school nursing should be. Thanks go to the members of the Department for Health's School Nursing Programme Development Task and Engagement Group who gave feedback on the development of the survey questions from the perspective of health professionals and health policy academics. A total of 1599 young people aged 11 to 18 from across England took part in the online survey, which ran from 7th July to 31st July 2011. The mode age of participants was 15 years old.

This online consultation was partnered with focus groups at BYC Conventions, which are training events for youth representatives. 202 young people from across England took part in sessions at Conventions in London,
Manchester and Cardiff during August 2011. These sessions asked young people how they felt school nurses should help them; asking them in groups to decide on the top five things that school nurses should do to help young people keep healthy. They also asked young people to work in groups to settle on their top three ideas on what would help more young people visit their school nurse for advice, care or treatment, and devise a slogan to promote school nurses to young people. Thanks go to Wendy Nicholson, from the Professional Leadership team in the Department of Health, and Kath Evans and Christine McDermott, from the NHS Institute for Innovation & Improvement, for attending these focus groups to explain the Department of Health’s school nursing programme of development, and give their expert advice on the current role of school nurses to the young people.

Quotes given in this report from young people are from online survey respondents and focus group participants, and are given in their own words. Photographs in this report are from the BYC Conventions where focus groups took place. Case studies of good practice in school nursing are included in this report; for more information please contact Wendy Nicholson, Professional Officer – Nursing, in the Professional Leadership team at the Department of Health.
The literature revealed that there has been little written regarding the engagement of young people in service development and design for school nursing, and that there was great potential for the Department of Health to actively seek the voice of young people with regard to the school nursing service and its future vision.

Most young people have quite specific views about health issues and how health services may affect their lives, but they are rarely specifically asked to advise or input into developing new or differing ways of delivering health services. De Bell (2007) describes very clearly the tensions for children and young people of growing up in Britain in the 21st Century. Not only does she describe the changes experienced by a child between the ages of 5-19, she also describes the influences of change that young people face when moving into adulthood, which can impact on the health of individuals. Young people are therefore best placed to shape services to meet their needs. However, young people’s engagement tends to be a one off and the results of their influence are not always feedback or utilised.

Adults are more readily asked their views and included in planning or trust boards to shape health services. Corresponding opportunities for influence do not seem to have been offered to young people. Linnely (2002) states that if a health service is aimed specifically at young people, such as school nursing, then the involvement of young patients should be a priority.

The Department of Health Quality criteria for young people friendly health services (revised 2011) aimed to promote the voice of young people and encourage health services to consistently involve young people. However, locally the implementation of these criteria still seem patchy and inconsistent. The guidance has been updated this year and endorsed by the World Health Organisation.

Involving patients in all aspects of health is a government priority. ‘Liberating the NHS’ (Department of Health 2010) talks about;

‘Building partnerships for service changes and priorities.’

Young people need to be part of this exciting and influential agenda. They can make a valuable contribution if actively engaged.

Furthermore, the Marmot Review (2010) emphasised the need to;

‘Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people.’
With this emphasis on partnership working, it is clear that there is a need to ensure that young people are highlighted as a key partner. Young people need to be actively involved in the development of the school nursing service, rather than seen solely as recipients of the service. The Department of Health can lead by example in its consultation with young people for the programme of development for school nursing to encourage local areas to follow suit in capturing the important views of young people so they can shape services to meet their needs.

References

Department of Health, 2010. Liberating the NHS. London: DH.


Department of Health, 2011. ‘You’re Welcome’: quality criteria for young people friendly health services. London DH.


BYC’s consultation found that nearly half of young people, 49%, are unsure about who their school nurse is. Young people are confused about which staff in their school are registered school nurses and which are first aiders; often young people didn’t know that school nurse were qualified nurses.

“I'm not sure if we do have a school nurse. I know that there are people at our reception who are trained in first aid and they will help us physically if we need help and I know that we have a specific teacher for “Student Support” who takes care of our problems (e.g. family issues, depression, low self-confidence etc).”

Young woman, 14, from Stafford.

“No, firstly I do not know if the nurse is [gave name of school staff] who is a receptionist but knows first aid... or a lady who comes in like once a week? No idea! But if it is [staff named], it is not that convenient because she is always doing something, and unless you have proof that you have been sick or have a temperature, she will just send you back to your lesson.”

Young woman, 15, from Egham.

The majority of young people told BYC that they would not know where to find information at their schools about how their school nurse can help them and how to access their school nurse. 69% in total said they either did not know where this information was available (34%) or said there wasn’t information available (35%). Only three out of ten young people, 31%, said there was information readily available. Young people told BYC that this information was currently shared at their schools through notice boards, posters and talks at assemblies.

BYC’s consultation found that young people’s experience of school nurses tends to be limited to immunisations / vaccinations (jabs). Nearly three quarters of young people (73%) haven’t visited their school nurse for any other help rather than a jab. Young people told BYC that they knew their school nurse gives immunisations and helps injured pupils but they did not know that their school nurse’s role includes giving advice on health issues and helping their schools become healthier.

The majority of young people did not know that the school nurse offers advice on key health issues for teenagers such as alcohol, relationships, healthy eating and weight management, bullying, family issues, anxiety, and eating disorders. Only a small proportion of young people told BYC that they had received advice from their school nurse; 4% had talked to their school
nurse about family issues, 4% about advice on contraception and 3% for advice on depression.

8% of young people had visited their school nurse after getting injured at school and 6% of young people had visited their school nurse for an appointment or drop-in session. Most young people taking part didn’t know that school nurses could give support and advice through signposting to counselling or other health services, sexual health provision, or provide help for pupils with long-term health needs such as diabetes, asthma or disabilities. Only 5% said that their school nurse has given information on how to have a healthy lifestyle through assemblies or events at school. 9% said their school nurse had delivered Sex and Relationship Education or Personal, Social and Health Education lessons. Appendix II outlines survey participant’s knowledge of what their school nurse does and their take up of these services.

Young people told BYC that the best way to tell them about the school nursing service is face-to-face through assemblies, presentations and introductory sessions. Young people felt that it was important to establish the school nursing team as familiar faces in the school. This would also help reassure pupils that school nurses would be able to help with their health problem and that they would receive a helpful, friendly and confidential service. Making it ‘more normal’ to see and visit the school nurse would also help tackle stigma within the school environment of seeing the school nurse. Promoting the school nurse service would help make it a more inclusive one for young people.
Young people in the focus groups at BYC Conventions told BYC that it was really important that school nurses show young people that they have the caring and understanding characteristics that young people need from a health professional:

• “Be in sync with the youth – understanding, patient, relative, know what to do”.
• “Be understanding, give advice, and be able to co-operate with troubled teens, be caring – be willing to lend a shoulder to cry on, have an open mind”.
• “Be approachable, not stay in office – some nurses stay in office and don’t come out, just wait for problems to arise, and it would be easier for young people to talk to them if they know their faces and personalities better”.
• “Be introduced to children at an appropriate age and know where they are/when they can see them – remind young people of the school nurse and the support they can provide”.
• “Must be young person friendly as should have training in working with young people and be able to relate to and be an example to young people”.

**Shopshire Community Health NHS Trust: Introducing school nurses as a confidential way to get help**

In Shopshire, the Community School Nurses use school assemblies at a variety of opportunities to introduce their service. These can take place at weekly or term school assemblies and transition assemblies such as the start of Year 7.

In school assemblies the team introduce themselves as a confidential service employed by Shropshire Community Health NHS Trust to support the health needs of children and young people between the age of 5 to 19 and their related community. They make it clear to young people that they offer a confidential service and offer a flexible approach to visits, which can take place within school, family home and community settings.

Children and young people are given a brief explanation of the different services they offer, such as support for young people with chronic conditions such as asthma, their involvement in the HPV vaccination programme and their delivery of Relationship and Sex Education within lessons. They also explain how they can signpost or co-ordinate help from another more appropriate service, such as Child and Adolescent Mental Health Services, if required.
BYC found that the consultation respondents were interested in working with school nurses to help develop and improve their service. 300 young people told BYC that they would be interested in the opportunity to work with the Department of Health to champion school nurses within their school and explain to other young people how the service can help and support them in different ways. 20% of survey participants had considered nursing as a career and 11% had considered school nursing as a career. Young people felt the best thing about being a school nurse would be making a difference to the health of young people.
Youthforia - North West Youth forum – “Someone you know and can trust”

Youthforia is a project co-ordinated by The North West Regional Youth Work Unit, supported by the British Youth Council and local authorities across the North West. It brings together young people who are Members of the UK Youth Parliament, and members of local youth councils and forums within the region to give young people a voice on a North West level. The young people are aged 13 - 19 and come from a diverse variety of backgrounds. 20 of the 23 top tier local authorities across the North West participate in this project in a variety of different forms.

As part of the Department of Health’s School Nursing Programme of Development (Engagement Task and Finish Group) a future focused consultation exercise was conducted at Youthforia, based around what young people would like from a school nursing service or, more broadly a health service within schools.

When asked what a good/ bad school nurse service would be like, all groups focused on the interpersonal skills of the school nurse as the most important factor, as opposed to, for example, a range of services being available. A variety of attributes were listed as required for a good school nurse service, with the inverse of these being listed as things which would create a bad service:

- approachable
- non judgmental
- trustworthy, clear about confidentiality
- caring
- understanding
- honest
- open minded
- sympathetic
- willing to listen
- friendly
- uses age appropriate languages

Reference: Moxton, D., July 2011, Someone you know and can trust”: Consultation with Young People on the future of School Nurses. North West Regional Youth Work Unit.
2. EARLY HELP IS KEY TO SUPPORT YOUNG PEOPLE

Young people taking part in BYC’s consultation felt that a key role for school nurses was providing help and advice to young people at an early stage with their health problems. This would prevent more young people from reaching crisis point. The top five services that young people in the online survey thought all school nurses in all schools should do were all advice services:

<table>
<thead>
<tr>
<th>Percentage (%) of young people who believe that all school nurses in all schools should provide this service</th>
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<tr>
<td>Advice on drugs</td>
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<tr>
<td>Advice on contraception</td>
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<tr>
<td>Advice on Sexually Transmitted Infections (STIs)</td>
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<tr>
<td>Advice on stopping smoking</td>
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<tr>
<td>Advice on how to access other health services e.g. counselling</td>
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The focus groups at BYC Conventions also considered what should be the priorities for the work of school nurses and were asked explain why they felt their chosen areas were priorities. Young people in these sessions again focused on the need for school nurse to give advice to students on areas that are often seen as key health problems for young people such as:

- “Information – sexual health lessons from nurses and not teachers”.
- “Alcohol and drugs misuse – lower amount of young people ending up in hospital”.
- “Obesity – [through] healthy eating programme, BMI check, sports day”.

One of the top issues highlighted by these groups was mental health:

- “Psychological problems – depression, stress, don’t do drugs, can’t confide in teachers or parents, neglected normally”.
- “Mental health awareness – control anger, decrease self harm and suicide attempts, increase self esteem”.
- “To provide support in times of need e.g. bullying, depression, suicide attempts, family problems”.
Young people felt that school nurses should “be equipped with knowledge to answer any health related question a young person may ask.” School nurses “should be able to build relationships with young people prior to [the young people’s appointments and give] possibly some help / guidance around personal issues / problems”. The need for school nurses to provide early help for pupils was also highlighted by BYC member Stonewall. In 2007, Stonewall conducted research with over 1000 lesbian, gay and bisexual young people about their experiences in Britain’s schools and found that the majority told them they felt isolated in dealing with issues such as homophobic bullying; 60% said they had no one at home or at school they could talk to about it. Stonewall told BYC that school nurses could be vital in providing these young people with the information and guidance they need.

When young people in the focus groups at BYC Conventions came up with their own slogans to promote school nurses, most of these focused on the ability of schools nurses to help with a problem before it got worse:

- ‘See your nurse before it gets worse.’
- ‘Visit Nurse for a better day’.
- ‘School nurse or feel worse’.
- ‘School nurses here to help’.
- ‘Health Matters, see the School Nurse’.
- ‘See the school nurse before it gets worse’.

Central London Community Healthcare NHS Trust: A full time school nurse with a focus on early help

Central London Community Healthcare NHS Trust has piloted a full time school nurse post, in one high need, culturally diverse secondary school in central London in order to reach young people at an early, preventative stage. The aim is for the school nurse to be alongside the young people on their journey through puberty, towards adulthood, helping to lower barriers to education and support in all sorts of ways and improve their health and wellbeing. Being full time in the school enables the school nurse to be highly visible to students and more available, for drop in, organised groups and individual work.

The bedrock of the school nurse’s work is a weekly inter-agency referral meeting which brings together professionals that work with young people in the area, such as Child and Adolescent Mental Health professionals, social workers, youth club leaders and specialist drug and alcohol workers. Together they look to identify support for students at an early stage. Each Head of Year brings between 5 and 10 students’ cases to be discussed at the meeting. Students know about the referrals meeting and can self-refer, by talking to their Head of Year or tutor. Parents can also request support for their children. This approach allows professionals to discuss and brainstorm ideas and intervention so that the school nurse can take action to ensure pupils get the care, advice and treatment that is right for the pupil. As all referrals are made through this meeting, there are no duplications and this also streamlines the referral process.
BYC's consultation found that in order to increase the use of the school nursing service by young people, the service needs to become responsive to young people's needs. Young people need a choice over when and where they see their school nurse. The majority of young people are currently unsure about whether they could have any choice in how they accessed the school nurse. Only one in ten respondents, 10%, were aware of being able to choose where they met the school nurse, what school nurse they are seen by and whether the school nurse they see is male or female. Most young people also said they were unable to choose to see their school nurse outside of usual school hours, or outside of the school building. 70% of young people told BYC that they could only access their school nurse within the school day; within this group half 35% could access the school nurse throughout the school day and the other 35% had set hours during the day they could visit their school nurse. 4% could see their school nurse outside of school hours during the week and only 1% could see their school nurse at weekends or during the summer holidays. BYC asked young people whether they could think of any other places where it might be useful to see their school nurse and 20% of responses mentioned youth centres as a good place for school nurses to have a base. 6% also said young people might see a school nurses if they were stationed within a shopping centre, in a private space. Young people also discussed the potential of having a school nurse available in local GP surgeries or health centres to ensure there was a nurse available outside of school hours who was focused on young people's health.
Choice clearly has the potential to make a lot more young people feel comfortable about visiting their school nurse. More than eight out of ten young people would feel more comfortable if they could choose to visit the school nursing service with a friend (86%) and choose what school nurse they were seen by (85%). 85% of young women say they would feel more comfortable visiting their school nurse if they could choose whether they see a female or male nurse. Seven out of ten young men, 70%, said the same.

Young people also told BYC that choice in accessing the school nurse would help reinforce the confidentiality of the service. Confidentiality has long been recognised as a key area in making health services more young people friendly. It is important to secondary school pupils that they are able to trust their school nurse enough to talk about confidential problems – whether this is about their sexual health, their weight or their mental health. However, 39% of young people told BYC it wasn’t made clear at their school that you can talk to your school nurse ‘in confidence’. 61% said that they felt it was made clear at their school that their school nurse will not talk about what they have said to other people or to your school unless they or others are in danger.
The Department of Health’s ‘You’re Welcome quality criteria’.

The ‘You’re Welcome’ quality criteria published in 2007 (and revised in 2011) gives guidance on how to make health services more young people friendly. This good practice guidance has been welcomed by the World Health Organisation, commissioners, professional bodies and organisations representing young people such as BYC. Evidence is increasing that these criteria have the potential to greatly improve patient experience, leading to better health outcomes for young people and increasing socially responsible life-long use of the NHS.

Theme 3 of the criteria is ‘Confidentiality and consent’ which addresses confidentiality, consent and safeguarding and how these are implemented by staff and understood by service users. The criteria recommends that:

• there is a written policy on confidentiality and consent to treatment,
• members of staff routinely receive inter-disciplinary training on confidentiality and consent issues for young people,
• confidentiality and consent policies are made explicit to young people and supported by appropriate publicity materials,
• and all staff routinely explain the confidentiality policy to young people.
Young people highlighted the need for school nurses to think of confidentiality in a broader way. When BYC asked young people about how they can make an appointment with their school nurses, their responses highlighted how the way they currently do this can make them feel like the confidentiality of their appointment is compromised. 50% make an appointment by visiting the school nurse room but 27% tell staff at reception and 23% tell a teacher. Only 10% can email to book an appointment, 6% can phone and 4% can send a text message.

How young people make an appointment with their school nurse

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<th>Method</th>
<th>Percentage</th>
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<tr>
<td>Visit the school nurse room</td>
<td>50%</td>
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<tr>
<td>Tell staff at reception</td>
<td>27%</td>
</tr>
<tr>
<td>Tell a teacher</td>
<td>23%</td>
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<tr>
<td>Email</td>
<td>10%</td>
</tr>
<tr>
<td>Phone</td>
<td>6%</td>
</tr>
<tr>
<td>Text message</td>
<td>4%</td>
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Young people felt that when they had to tell staff or teachers that they wanted to see the school nurse this could lead to specific questioning of why, and even if they needed an appointment. Some young people told BYC about very negative experiences:

“It’s horrible. Feels as though everyone is really nosey and they want to know what’s the matter. Sometimes would rather not say what the appointment is about. Like when I got pregnant I wanted to see my nurse but my teacher would refuse to write me a note unless I told her why I wanted to see the nurse. It was so uncomfortable and felt very vulnerable and embarrassed.”
Young woman, 18 from Rugby.

“The teacher will often make an excuse up like “you should have gone at break” or “it’s hometime in two hours.”
Young man, 14, from South Shields.

“Some receptionist staff ignore you and seem annoyed for asking.”
Young woman, 18, from Liverpool.
Young people liked the idea of direct contact with their school nurse through texting or emailing as it would remove the barrier of having to tell someone else and put the young person more in control of their health. Respondents told us:

“I think that having [a booking system] via calling would be a good way as it can remain confidential because other students wouldn’t see you going there and staff wouldn’t have to send a message from you to the nurse.”
Young woman, 17, from Peterborough.

“Not really as you then have to tell a member of staff that you need to see a nurse, when you don’t want them to know there is a problem. Being able to email the nurse would be much more helpful as no one else within the school would need to know there was a problem.”
Young woman, 17, from Bedford.

“I would like the idea of texting or email because just telling a teacher is not very private.”
Young man, 14, from Cambridge.

Young people also told BYC that they need a confidential space to see their school nurse in. They are often worried about seen by other students or teachers and therefore others knowing that they have some kind of health problem. Young people told us that the location for school nursing provision in their schools are often located in busy parts of the school and even in space used for other functions such as staff rooms or music rooms.

“She is located in a small office/meeting room. The room itself is fine but queuing up outside can be embarrassing as it is in a busy corridor which leads to a canteen.”
Young woman, 16, from York.

“Yes it is in a nice small room, which is comfortable and has seating areas. Although, I don’t go to her because the room says school nurse on it and is in the corridor so everyone can watch you go in.”
Young woman, 16, from Windsor.

“Not really, because people walk past regularly and can see in the window, then quiz you afterwards about why you went.”
Young woman, 15, from Lincolnshire.
4. YOUNG PEOPLE NEED TO HAVE A VOICE TO EVALUATE THEIR SCHOOL NURSING SERVICE EXPERIENCE

The British Youth Council’s consultation found that young people feel better for seeing their school nurse but can’t feedback these positive experiences, and their ideas to improve the service, to their schools. When BYC asked all young people who have had advice, care or treatment from a school nurse (23% of the total respondents) to reflect on their experience, the feedback was very positive. 84% agreed that ‘the school nurse was approachable and friendly’ and 74% believed that ‘the school nurse made me feel comfortable’. 81% felt that they were treated with respect and sensitivity. 87% told BYC that the school nurse talked to them in a way that they could understand. The majority of respondents said that they were given enough time with the nurse, 63% disagreed that their visit was rushed, and the same proportion of young people agreed that their visit sorted their problem out.

The area where young people might need more support is dealing with the embarrassment of visiting the school nurse. 26% said they felt embarrassed going to see the school nurse, whilst 44% disagreed. 28% neither agree or disagree.

Leeds Community Healthcare NHS Trust: Texting – a way for professionals to communicate with young people

When young people told the school nursing team in Leeds that texting would be a way of being able to communicate their personal issues as an alternative to ‘drop-ins’ they undertook a successful pilot to allow young people to contact their school nurse by text.

The pilot allowed young people to communicate with their school nurses in a way that suited them, and it also suited the workload of the school nursing team. The number of texts from young people was manageable, and most were dealt with easily. School nurses found that it was a flexible way of working that could fit around other work, as opposed to the traditional drop-in session. There were some cases from young people which were more complex and required considerable input, and face to face contact with the young person, and in one case contact with parents too (with the consent of the young person). It was felt that these cases would not have come to the school nurses’ attention if it had not been for the texting service. The school nursing team felt it was a good way for pupils to connect with the service after they had met the school nurse once, for example during an assembly.

Throughout the pilot there was continuous steady use of the text service, thank you messages after the advice was given, and repeat text messages from same young people. A formal evaluation process with pupils also demonstrated that young people valued the service.
Knowsley NHS Trust: Using young people’s feedback to develop sexual health services

The school health team in Knowsley operate school based drop-in sessions within their Centres for Learning. To find out about uptake of the school health drop-in service and the needs of young people, they ran a consultation event in one of the Centres for Learning. This consultation was run according to the Knowsley Participation Standards of six principles:

- decision making
- having a say and being listened to
- working together
- change
- response
- training

After the findings were fed back to the students, the school health team worked to ensure that the services provided by the school nurse were extended to include a full range of sexual health services as they recommended. The team have also worked with local young people to develop the content and layout for a leaflet about the service.

The health team are committed to continuing to seek the views of young people via focus group and questionnaires, in addition to routine satisfaction surveys, and intend to replicate this consultation activity in other Centres for Learning in the near future to meet the needs of the school community.

Despite the majority of young people having a positive experience seeing their school nurse, 61% said that they weren’t able to give this kind of feedback to their school or the school nurse. Only 9% were able to give feedback through methods such as evaluation questionnaires after appointments or suggestion boxes. Three out of ten young people, 30%, were unsure if they could or could not give feedback.
RECOMMENDATIONS AND CONCLUSIONS

Be visible, accessible and confidential

The following recommendations and conclusions emerge from the results of the British Youth Council’s consultation, and are meant to be considered alongside the other components of this report. BYC hope they will provide the Department for Health, the NHS, Commissioners, school nursing teams and schools with a framework for moving forward and strengthening the voice of children and young people in their work. No single organisation can bring these recommendations to realisation; rather, strategic co-operation will be needed to ensure young people are having a voice and getting the service they need, and this is a fundamental message of this report. BYC recommend that:

01 When entering secondary school, all young people should receive an induction about the role of the school nurse, the service on offer, and information on how to access the service.
   • All young people need to know the name of the qualified school nurse, and school nursing team members, for their school
   • All young people need to know about the range of services a school nurses can offer particularly advice with health problems.

02 The Department of Health should involve young people to develop materials to support this induction process; this could be through the development of material to use locally in schools such as presentations, workshops or similar.
   • These materials could be piloted across a selection of schools in England. Young people want school nurses to be visible within the school to reduce the stigma for pupils of visiting the school nurse. Seeing the nurse in person will also help reassure young people that they will receive a helpful, friendly, and confidential service.

03 Young people should be supported to become ‘school nurse champions’ and work with school staff and their school nurse to promote the school nurse amongst their peers.
   • The Department for Health should support school nursing teams to work with representatives from school councils or other pupil voice initiatives, or recruit school nurse champions, to promote how school nurses can help young people.

04 All school nursing teams should assess how they can offer early help and advice on key issues for school-aged children and young people, both from an early age and before health issues reach ‘crisis point’.
   • Young people think that children should know from an early age that school nurses can give them advice about health issues.
• Young people want to see school nurses giving advice on issues such as drugs, sexual health, and mental health so young people know where to get help and advice before they need care and treatment.

All school nursing teams should assess how they can offer, wherever possible, young people a choice over where they access their school nurse, whether the school nurse they see is male or female, and whether they want a friend to accompany them.

• Giving young people choice over how they access their school nurse helps them feel more comfortable about accessing the service.

• School nursing teams should work with school councils and other youth leaders to assess whether there are other places in the community where they could reach more young people such as youth centres.

School nursing teams and school staff should make sure that all young people know how they can access the school nurse without referring their enquiry to a teacher or school staff member such as a receptionist.

• School nursing teams need to assess whether young people know how they can contact them directly, and whether young people have to speak to a teacher or school staff member before they can make an appointment.

All school nursing teams should consider what technology they can use to assist young people to access their service more readily. For example they could offer a text or email service to allow young people to contact them confidentially. At a minimum all young people should have a telephone number that they can call to tell the school nurse about their problem.

• School nursing teams should assess their service using the confidentiality and consent principles of the Department of Health’s You’re Welcome quality criteria.

• School nursing teams should work with teachers and other school staff, and provide any relevant training needed, to ensure they help their service remain confidential.

All young people should be able to, and know of how to, feedback on their experience of the school nursing service and whether they feel school nurses are visible, accessible and confidential. School councils or other pupil voice initiatives should work with school staff, youth workers, and community groups to create a youth-led evaluation process.

• The work of school nurses, including positive feedback and recommendations from pupils taken on board, should be shared with the whole school, parents and carers.
Want your work to make a real difference to people?
Like to be able to follow your interests?
Enjoy learning new skills?
Need work to fit around your life?
Prepared to take a lead?
Excited by the potential to earn over £95,000 at the top?

If you answered ‘yes’ to any, then it’s time to find out more.

Learning more about this unique career may surprise you. Nursing has changed a lot - and it's still changing.

TAKE A FRESH LOOK...

www.nhscareers.nhs.uk/nursing
The demographics of participants in BYC’s online consultation

1599 young people aged 11 to 18 across England took part in the survey.

66% of respondents told BYC that they are female. 32% are male and 2% prefer not to say.

24% were part of a BYC member organisation. 10% were a member of the UK Youth Parliament.

79% of survey respondents told BYC that they identify as White British, 3% prefer not to say and 18% are from a Black and Minority Ethnic background.

82% of respondents identify as heterosexual/straight. 4% are bisexual, 2% are gay men, 1% are gay woman/lesbian. 8% prefer not to say and 2% identified with another sexual orientation.

7% of participants told BYC that they have a disability. 89% did not and 4% prefer not to say. Of those that identified as disabled, 28% have a learning difficulty/disability, 17% a long term or life-limiting illness, 5% a sensory disability, 5% multiple disabilities, 22% mental health issues, 14% have a physical disability and 37% prefer not to say.

With regards to religious identity, 47% said they have no religion. 35% identified as Christian, 2% Buddhist, 2% Hindu, 1% Jewish, 4% Muslim, 1% Sikh, 3% as another religion, and 6% prefer not to say.
Young people from across England took part in the online consultation. 46% of young people told us what area they live in.
Thanks go to the young people from the following British Youth Council member organisations for participating in the online survey:

Alford & Spilsby Youth Council
Amesbury Youth Council
Berkshire Association of Clubs for Young People
Bexley Youth Council
Billerica Youth Town Council
Brighton and Hove Youth Council
Bristol Youth Select Committee and UKYP
Bromley Youth Council
Church of England Youth Council
Colchester Youth Council
Commonwealth Youth Exchange Council
Cornwall Youth Forum
Council for Young People (North East Lincolnshire)
Doncaster Youth Council
Dudley Youth Council
East Hampshire Youth Council
East Riding Youth Assembly
East Sussex Participation Team
Epping Forest Youth Council
Gateshead Youth Council
GirlGuiding UK

Guildford Youth Council
Hackney Youth Parliament
Hampshire County Youth Council
Haringey Youth Council
Harlow Community Projects Team
Harpenden Youth Town Council
Hertfordshire Young Carers Project
Hillingdon Youth Council
Huntingdon Youth Town Council
Kent Youth County Council
Kirklees Youth Council
Knowsley Youth Parliament
Lewisham Young Mayor Project
LGBT National Youth Council
Liberal Youth
Lincolnshire Youth Cabinet
London Borough of Wandsworth
Luton Borough Council
Medway Youth Parliament
Milton Keynes Youth Service
National Council for Voluntary Youth Services
National Federation of Young Farmers Clubs
National Union of Students
Newham Youth Council
Next Step Youth Council
Northumberland Youth Service
North Yorkshire Youth Council
Oldham Youth Council
Reading Youth Cabinet
Redbridge Youth Council
Reigate and Banstead Youth Council
Saint Ives Youth Town Council
Sandwell Shadow Youth Cabinet
Sevenoaks Youth Council
Sheffield Youth Council
Solihull Youth Council
South Gloucestershire Youth Board
St John Ambulance
Stockton District Advice and Information Service
Stroud District Youth Council
Tendring Youth Assembly
The Scout Association
Trafford Youth Cabinet
v, the volunteering charity
Voice Is Power - Birmingham Children and Young People's Parliament
Warwickshire Association of Youth Clubs
Welwyn Hatfield Youth Council
Wiltshire Assembly of Youth
Woking Youth Council
Wolverhampton City Youth Council
Woodcraft Folk
Worthing Youth Council
YMCA
Young Leaders
Youth 10
Youth Action Kouncil (Staffordshire)
YouthForia
Youth Music
Youth of Winchester - Winchester District Youth Council
### APPENDIX II

Young people’s knowledge of what their school nurse does, their experiences of school nursing, and what services they think school nurses should provide

<table>
<thead>
<tr>
<th>Different services that school nurses may offer</th>
<th>‘I know my school nurse does this’</th>
<th>‘I don’t know if my school nurse does this’</th>
<th>‘I’ve visited my school nurse for this service’</th>
<th>‘This service should be provided by all school nurses in all schools’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice on Alcohol</td>
<td>37%</td>
<td>53%</td>
<td>1%</td>
<td>52%</td>
</tr>
<tr>
<td>Advice on drugs</td>
<td>39%</td>
<td>49%</td>
<td>1%</td>
<td>53%</td>
</tr>
<tr>
<td>Advice on stopping smoking</td>
<td>40%</td>
<td>49%</td>
<td>2%</td>
<td>51%</td>
</tr>
<tr>
<td>Advice on relationships</td>
<td>32%</td>
<td>58%</td>
<td>2%</td>
<td>40%</td>
</tr>
<tr>
<td>Advice on contraception</td>
<td>45%</td>
<td>44%</td>
<td>4%</td>
<td>52%</td>
</tr>
<tr>
<td>Advice on pregnancy</td>
<td>42%</td>
<td>47%</td>
<td>2%</td>
<td>51%</td>
</tr>
<tr>
<td>Advice on sexual health and sexually transmitted infections (STIs)</td>
<td>44%</td>
<td>45%</td>
<td>2%</td>
<td>52%</td>
</tr>
<tr>
<td>Advice on healthy eating and weight management</td>
<td>38%</td>
<td>52%</td>
<td>2%</td>
<td>48%</td>
</tr>
<tr>
<td>Advice on bullying</td>
<td>32%</td>
<td>57%</td>
<td>3%</td>
<td>42%</td>
</tr>
<tr>
<td>Advice on family issues</td>
<td>31%</td>
<td>59%</td>
<td>4%</td>
<td>42%</td>
</tr>
<tr>
<td>Advice on anxiety</td>
<td>28%</td>
<td>61%</td>
<td>3%</td>
<td>45%</td>
</tr>
<tr>
<td>Advice on depression</td>
<td>35%</td>
<td>54%</td>
<td>3%</td>
<td>49%</td>
</tr>
<tr>
<td>Advice on eating disorders</td>
<td>36%</td>
<td>53%</td>
<td>1%</td>
<td>50%</td>
</tr>
<tr>
<td>How to access other health services e.g. counselling</td>
<td>40%</td>
<td>48%</td>
<td>3%</td>
<td>51%</td>
</tr>
<tr>
<td>Appointments with individual pupils</td>
<td>53%</td>
<td>39%</td>
<td>6%</td>
<td>45%</td>
</tr>
<tr>
<td>Drop-in sessions</td>
<td>52%</td>
<td>39%</td>
<td>6%</td>
<td>43%</td>
</tr>
<tr>
<td>Help for pupils who get injured at school</td>
<td>48%</td>
<td>44%</td>
<td>8%</td>
<td>39%</td>
</tr>
<tr>
<td>Provides medication</td>
<td>24%</td>
<td>67%</td>
<td>4%</td>
<td>35%</td>
</tr>
<tr>
<td>Counselling or signposts to counselling/other services to help with mental health</td>
<td>29%</td>
<td>62%</td>
<td>3%</td>
<td>44%</td>
</tr>
<tr>
<td>Sexual health provision e.g. contraception, Chlamydia testing, pregnancy testing</td>
<td>35%</td>
<td>55%</td>
<td>3%</td>
<td>46%</td>
</tr>
<tr>
<td>Help for pupils with long-term health needs e.g. diabetes or asthma or disabilities</td>
<td>39%</td>
<td>53%</td>
<td>3%</td>
<td>46%</td>
</tr>
<tr>
<td>Vaccinations or jabs</td>
<td>55%</td>
<td>34%</td>
<td>18%</td>
<td>38%</td>
</tr>
<tr>
<td>Activities to promote healthy lifestyles e.g. assemblies or events</td>
<td>27%</td>
<td>64%</td>
<td>5%</td>
<td>38%</td>
</tr>
<tr>
<td>Regular screening or ‘health interviews’ to check your height, weight, vision and hearing</td>
<td>15%</td>
<td>73%</td>
<td>2%</td>
<td>40%</td>
</tr>
<tr>
<td>Sex education/ PSHE lessons</td>
<td>39%</td>
<td>50%</td>
<td>9%</td>
<td>40%</td>
</tr>
<tr>
<td>Works with staff, young people and governors to develop health priorities for your school e.g. to work together on what food should be available at school or how much PE young people should do</td>
<td>20%</td>
<td>71%</td>
<td>1%</td>
<td>36%</td>
</tr>
<tr>
<td>Goes to parents’ evenings at school</td>
<td>8%</td>
<td>83%</td>
<td>1%</td>
<td>29%</td>
</tr>
</tbody>
</table>
What we do

The British Youth Council (BYC), the national youth council of the UK, is a charity run by young people for young people. We empower young people across the UK to have their say and ensure their voices are heard.

We inspire and empower young people aged 25 and under to have a positive impact through campaigning, engaging with democracy at a local, national and international level, and as volunteers, decision-makers and leaders.

Our membership encompasses over 130 youth organisations large and small around the UK. We reach out to over 600 local youth councils and our networks reach into local communities and around the world.

What we can offer

**Membership:** Our community of active and engaged members includes youth councils and larger organisations*
www.byc.org.uk/members

**Resources and support:** Available for BYC members and our network of youth councils, in person (020 7785 6460 / lyc@byc.org.uk) and online
www.byc.org.uk/resources

**Training and programmes:** Skills training and empowerment opportunities for young people
www.byc.org.uk/training

**Consultancy:** Tapping into the thoughts and opinions of young people across the UK
www.byc.org.uk/consultancy

**Voice and campaigning:** Representing the views of young people to local, national and international decision-makers
www.byc.org.uk/tellus

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* BYC members are offered discounts on BYC training and consultancy, alongside the chance to attend and vote at the BYC Annual Council Meeting.