

# School Nurse 121 Campaign



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As we remember the outbreak of the Great War (1914–1918) we should also remember that the period just before was the beginning of the UK government legislating for improved public health outcomes for children and young people. In 1906, the government allowed local authorities to provide free school meals for poor children.

In 1907 school medical inspections began, although it was not until 1912 that free medical treatment was available. In 1908 juvenile courts and borstals were set up. These reforms, including forbidding the sale of cigarettes and alcohol to children under 16 years of age, were given the name ‘Children’s Charter’ because it was believed these measures would guarantee a better life for young people. However, the provision of school meals was not made compulsory until 1914 and researchers found that during school holidays the growth of children slowed and body weight often declined (BBC, 2014).

Although children’s health has improved markedly over the century, it is interesting to realise that some problems persist. School nurses have been beavering away delivering health outcomes for over 100 years; but as there hasn’t been consistent collection of robust data over that time it is tempting for others to assume that we haven’t been effective.

Sadly, this feeling is permeating through to the very people who should be rewarded for the work they have been doing. You all have empirical evidence that you

are effective in your drop-ins, in your classrooms, and working with vulnerable families, and need make no apology. However, in some areas re-organisation because of out-sourcing (transferring to another employer) is leading to down-banding, which can only be detrimental to the workforce morale.

We have been effective in our campaigning and the Labour Party does realise that qualified school nurses and health promoting schools are the way forward. From now until the next election, very many prospective parliamentary candidates and local councillors will be asking for your vote – so do remember to ask them what they are going to do to increase the numbers of qualified school nurses in state supported schools.

Meanwhile, six is the current magic number. Around 1 in 6 people in the world are adolescents – that is 1.2 billion people aged 10 to 19 (WHO, 2014). Six is the maximum number of SCPHN school nurse students I’ve heard about at any one university this year; any advance on this?

The Marmot review (2010) had six main recommendations:

- Giving every child the best start in life
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing sustainable places and communities





FROM SEPTEMBER, SCHOOL GOVERNORS IN ENGLAND WILL HAVE TO ENSURE ALL CHILDREN, REGARDLESS OF LONG-TERM CONDITION OR DISABILITY, HAVE EQUAL ACCESS TO THE CURRICULUM



- Strengthening the role and impact of ill-health prevention.

The World Health Organization (WHO) lists six preventable adolescent behaviours and conditions that impact through adulthood:

- Mental and emotional health
- Behaviour that results in injury and violence
- Alcohol tobacco and substance misuse
- Dietary and hygienic practices which cause disease
- Sedentary lifestyle
- Sexual behaviour which causes unintended pregnancy and disease (WHO, 2014).

There is a children and young people's communications hub on the English chief nursing officer's '6Cs' website ([www.6cs.england.nhs.uk/pg/groups/78062](http://www.6cs.england.nhs.uk/pg/groups/78062)), where all children's nurses, including school nurses, are invited to exchange good practice and actively participate. It is an opportunity to modernise other nurses' views of school nursing.

Public Health England (PHE) has a framework of six activities for population health (Department of Health (DH), 2014):

- The wider determinants of health
- Health improvement
- Health protection
- Healthcare public health
- Health, wellbeing and independence
- Lifecourse.

PHE is soon to launch six impact areas for local commissioners to concentrate on:

- Dementia
- Tuberculosis
- Alcohol
- Obesity
- Tobacco
- Giving every child the best start in life.

In addition, there will be six priority areas for school nursing:

- Mobilising and supporting workforce
- Immunisations
- Supporting vulnerable children
- Healthy weight
- Supporting pupils into school
- School absence outcomes.

However, how are any of the above going to translate into actual improved health outcomes over and above those which we have been doing already? Who is the person to lead in delivering these aspirations? (Clue: it's you).

From September, under the Children and Families Act (2014) school governors in England have responsibility for making sure that all children, regardless of long-term condition or disability, will have equal access to the curriculum. There will be a single assessment process and an Education, Health and Care (EHC) plan to support children and young people from birth to 25 years. This will replace statements of special educational needs (Department for Education (DfE), 2014).

There will be a requirement for a health professional to become involved, but many school nurses are already realising that they cannot possibly fulfil the requirements as they are too few in number. We have our children and young people in compulsory education for 12 years; and yet personal, social and health education (PSHE) is not compulsory and is often done cursorily. Most importantly, there is no proper evaluation of its impact and, where it is done, there can be a hotch-potch of unchecked outside speakers, keen teachers and school nurses, *ad hoc* subjects that are not related to the rest of the curriculum, and 'flavour of the month' off-the-shelf teaching schemes.

No other subject is approached in this random way. School nurses are the ideal people to work with teachers to promote

better public health through schools, but are seldom trained or commissioned to do so.

### Actions

Here are your six actions this month:

- Find out whether or not you have a local children's commissioner and invite them to your locality meeting
- Find out who is the lead person for children's public health on your local Healthwatch and invite them to meet you. Prepare a local briefing of school nurse activity
- Ask your manager to pay for you to attend the CPHVA conference in November, and book your place (<http://cphvaconference.co.uk>)
- Write again to your local MP asking them to support the School Nurse 121 campaign for an increase in school nurses so that public health outcomes can be improved ([www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectoryourprofession/cphva/schoolnurses](http://www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectoryourprofession/cphva/schoolnurses))
- Get publicity in your trust's internal communication this month
- Offer yourself as an expert adviser to the health and wellbeing board.

Send any comments to [rosalind.godson@unitetheunion.org](mailto:rosalind.godson@unitetheunion.org) and do invite me to your meetings.

### References

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