OXFORDSHIRE SCHOOL NURSING SERVICE – COMPREHENSIVE UPDATE FOR HOSC (OCTOBER 2025)

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Date: 31st October 2025

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1. SERVICE REMIT AND SCOPE

The Oxfordshire School Health Nursing Service is part of the newly formed 0–19 Children and Young People's Public Health Service. The School Health Nursing Service formally joined the 0-19 service in September of 2024 as part of the phased implementation of the new integrated service contract. The new service provides Family Nurse Partnership, Health Visiting, School Health Nursing and the screening programmes of Vision Screening and the National Child Measurement Programme (NCMP) as part of 11 new fully integrated locality teams. The school health nursing elements are fully integrated into the new 0-19 but are described in this paper as the school nursing service for ease.

The service is led by Specialist Community Public Health Nurses (SCPHNs) – qualified nurses with master's level training in public health nursing related to children of school age. The team also includes community public health nurses (CPHNs) and school health care assistants working at universal, targeted, and specialist levels to address the full range of health needs of school-aged children (5–19 years). The service operates under the Healthy Child Programme (HCP) framework, delivering both preventative public health functions and support for more complex needs.

Key areas of the remit include:

2. SAFEGUARDING AND CHILD PROTECTION

Safeguarding is a central priority embedded in all activities of the 0-19 teams. School Health Nurses (SHNs) actively identify children and families who may need early help or protection, and they participate in multi-agency child protection processes. SHNs attend strategy meetings and child protection conferences, contribute to child protection plans, and complete health assessments for vulnerable children as needed. They are often the first to notice safeguarding concerns in school settings – for example, SHNs maintain an open-door policy in secondary schools for pupils to drop in with concerns, and they promptly refer serious issues to the Multi-Agency Safeguarding Hub (MASH) whenever required. Senior SHNs also take part in the county's *"Safety in Education"* forum, helping develop practical tools and guidance for safeguarding in schools. This multi-tiered involvement ensures that school nurses play a key role in protecting children and linking with social care, while still focusing on early intervention to prevent issues from escalating.

3. EMOTIONAL WELLBEING AND MENTAL HEALTH

Emotional wellbeing and mental health support are integral to the service's interactions with children and families. Young people can be referred for mental health support by school staff, health or social care professionals, or they may self-refer; access to an SHN is available on-site in every secondary school and college, and parents/carers can also refer via a Single Point of Access (SPA). Young people can also access the School Health Nursing Service confidentially through ChatHealth, a secure text messaging platform that enables them to seek advice and support directly from a nurse. This service is available during school hours and provides a discreet way for pupils to ask questions or discuss concerns without needing a face-to-face appointment, helping to remove barriers to accessing help and making support more approachable for those who may feel anxious or uncomfortable speaking in person.

SHNs work closely with school pastoral teams and counsellors and collaborate with Child and Adolescent Mental Health Services (**CAMHS**) and the new Mental Health Support Teams in schools to ensure students get appropriate help. They attend multi-agency self-harm steering group meetings to share information on emerging risks and resources for youth mental health. In practice, this means that any student struggling with issues such as anxiety, low mood, or self-harm has a clear pathway to get confidential support from the school nurse, who can provide brief interventions or facilitate referrals to specialist services as needed. Emotional health support is woven into every contact – even when a young person presents with a physical issue, SHNs assess and promote mental wellbeing as part of holistic care.

4. SEXUAL HEALTH EDUCATION AND SERVICES

Promoting safe sexual and reproductive health is a significant component of the 0–19 service. School nurses deliver age-appropriate education on topics like healthy relationships, consent, contraception, and STI prevention in various forums – from one-to-one consultations to classroom sessions and assemblies, often integrated into Personal, Social, Health and

Economic (PSHE) education in partnership with schools. Over 90% of Oxfordshire's SHNs are trained (or in training) to provide contraceptive counselling, and many have extended qualifications enabling them to directly deliver sexual health services to young people. For example, most secondary school nurses can supply condoms, perform pregnancy tests, and prescribe emergency contraception or the progestogen-only contraceptive pill under Patient Group Directions. Additionally, a subset of clinically specialised staff (with diplomas from the Faculty of Sexual and Reproductive Healthcare) can offer a broader range of contraception, including combined oral contraceptives, contraceptive injections or patches, and even fit contraceptive implants at college sites. These enhanced services mean that many students can conveniently access contraception and sexual health advice *at school*, from a trusted nurse, rather than needing to attend an off-site clinic. The sexual health lead nurse for the county is actively involved in Oxfordshire's Sexual Health Action Partnership, working with commissioners and providers of sexual health services to align school-based efforts with wider public health initiatives and to share learning about local needs.

5. IMMUNISATION COORDINATION

While immunisations themselves are delivered by the dedicated **School-Aged Immunisation Service** within Oxford Health, the school nursing team plays a supportive coordinating role. School nurses help ensure that particularly vulnerable or hard-to-reach children and young people are up to date with vaccinations. At key transition points (such as entry to primary school, transition to secondary at Year 6/7, and school leaving age), SHNs review vaccination records; if a child has missing immunisations, they will liaise with the Immunisation Team to follow up with the family. In their daily work, SHNs also encourage uptake of vaccines by addressing parental questions or concerns and referring families to the immunisation clinics as needed. This collaborative approach helps raise immunisation coverage and ensures no children "fall through the cracks" – for example, a child with complex needs or lacking GP registration who might otherwise miss routine jabs can be identified by the school nurse and linked into the immunisation programme. Looking ahead, SHNs are set to support each of their named schools in improving vaccine consent uptake by working collaboratively with school staff, parents, and pupils to address barriers and promote the importance of immunisation.

6. SUPPORT FOR LONG-TERM CONDITIONS AND SPECIAL NEEDS

School nurses provide important support for children with long-term health conditions and disabilities in the school setting. They develop individualised health care plans for students who need them (for conditions like diabetes, epilepsy, severe asthma, severe allergies, etc.), working closely with specialist hospital or community nurses and paediatricians to ensure continuity of care between home, clinic, and school. For any child on their caseload with complex medical needs, the SHN can coordinate referrals to additional services (for example, to physiotherapy, continence services, or specialist charities) so that all needs are met holistically. Importantly, Oxfordshire has a dedicated specialist school nurse for Special Educational Needs and Disabilities (SEND) who leads on improving support pathways for children with SEND. Under this leadership, the service is developing more inclusive care pathways and "episodes of care" tailored to SEND pupils, to ensure they receive equitable support. In practice, this might include, for example, proactive transition support for a child with autism moving from primary to secondary, or close monitoring of a child with a chronic illness to adjust their care plan as they grow. The school nurses' goal is to help children with long-term conditions manage their health effectively so they can participate fully in school life.

(The service's remit also extends to broader public health promotion. School nurses contribute to PSHE curricula beyond the topics above – e.g. delivering sessions on hand hygiene, oral health, healthy eating, and substance misuse – and they partner with public health programs like The Training Effect to address issues such as youth vaping or internet safety. These activities are detailed under "Interventions Delivered" and "Outcomes" later in this report.)

7. COVERAGE AND ACCESS

7.1 Coverage: The Oxfordshire school nursing service covers *every* maintained school in the county, as well as academies and colleges, through locality-based teams. In total, the service is responsible for **5 further education colleges, 43 secondary schools, and 254 primary schools** in Oxfordshire. (Special schools are supported mainly by special school nurses who are part of the Children's Community Nursing Team in Oxford Health, but the school nursing teams provide

advice and resources to those schools' staff for PSHE and public health initiatives.) This comprehensive coverage ensures that virtually all school-aged children (including those who are home-educated, detailed below) have access to a school nurse.

7.2 Caseloads: As of a recent snapshot on 9 October 2025, the service was actively supporting **4,986 children and young people** across Oxfordshire through targeted or specialist interventions. *Targeted* support refers to short-term or early-intervention help for identified needs, while *specialist* support indicates ongoing or more intensive involvement for higher-need cases. Table 1 below provides a breakdown of the number of pupils receiving targeted and specialist support:

Education Setting	Receiving Targeted Support	Receiving Specialist Support
Primary school	637 pupils	802 pupils
Secondary school	1,007 pupils	1,138 pupils
Further Education (College)	35 students	254 students
Electively Home Educated	29 young people	13 young people
Total	**1,708 (targeted)**	**2,207 (specialist)**

Table 1: Children and young people receiving targeted or specialist school nurse support (Oct 2025).

In addition to the nearly 3,915 pupils in the above table, the service is supporting approximately **1071 children who require emergency medications** while at school. These are students with conditions like severe allergies or epilepsy – the school nurses ensure they have up-to-date emergency care plans and that school staff are trained to administer medications such as epinephrine auto-injectors or rescue anticonvulsants.

7.3 Referral Pathways and Accessibility: Students and families can access the school nursing service through multiple referral routes designed for ease of access. These include:

- **Self-referral:** Secondary school and college students can approach the school nurse directly during the nurse's weekly school clinic/drop-in. Self-referral is encouraged to empower young people to seek help independently.
- **School staff referral:** Teachers, pastoral staff, or SENCOs can refer a student to the SHN (typically by filling a simple referral form or contacting the locality team or by speaking directly the SHN when onsite).
- **Parent/carer referral:** Parents of children of any age can refer to the service, either via the Single Point of Access (**SPA**) phone/email system or through the dedicated texting service called ChatHealth.
- **Single Point of Access (SPA):** A centralised SPA triages all referrals for 5–19 services. For primary school-aged children (5–11), referrals (often from parents, school staff, GPs, etc.) are funnelled through the SPA, which then allocates to the appropriate locality team.
- **ChatHealth text service:** This is a confidential SMS service – there is a separate line for young people (11–19 years) and for parents of younger children. Young people can text issues or questions (ranging from emotional health to sexual health queries), and a school nurse responds within one working day. Parents use ChatHealth mostly to seek advice on topics like bedwetting (enuresis), behaviour challenges, sleep, or diet.
- **Scheduled drop-in clinics:** Each secondary school and college has at least a **weekly nurse presence** (the day(s) are publicised on school websites and student noticeboards). Students know when their SHN is on-site and can drop in without appointment. This consistent presence helps normalise accessing the nurse for any health concern.

- **Outreach to home-educated children:** Recognising that children **Electively Home Educated (EHE)** also need access, the service sends out a health newsletter three times a year to all known EHE families, with information on how to contact the school nursing team and key public health messages. When a child is withdrawn from school for home education, schools inform the locality SHN, and the family is proactively offered a health review at least annually (with encouragement to use ChatHealth for any interim advice).

These multiple pathways (referral form, text, phone, face-to-face) make the service highly accessible. Importantly, self-referral by youths is embraced – for instance, secondary students often self-refer for sensitive issues like sexual health or mental health, knowing they can see the nurse privately at school. To ensure awareness, school nurses promote their availability via assemblies and tutor group sessions, especially at the start of the year and for Year 7 inductions. Many schools also include the school nurse drop-in schedule in newsletters or on social media. Overall, the aim is that *no door is the wrong door*: whether a family speaks to their GP, teacher, or directly messages the nurse, the referral will reach the School Health Nursing team.

8. EQUITY OF ACCESS (URBAN/RURAL)

The service strives for **equitable coverage** across Oxfordshire's mix of urban and rural communities:

8.1 Every mainstream secondary school and college, whether in Oxford city or a small market town, has at least a weekly visit from a named school nurse (larger schools may have more frequent visits). If the allocated nurse is absent, the team endeavours to provide cover so that students are not left without access.

8.2 The allocation of nurse time per school is needs-based: the service profiles each locality annually, considering factors like the number of students, indices of deprivation, and rurality, to adjust staffing. A larger or higher-need school may get multiple nurse clinic days per week, whereas a very small rural secondary might get a half-day – but all get regular presence. This annual review helps address the "postcode lottery" by reallocating resources if certain areas show greater health needs or growth in student population.

8.3 **Rural areas:** One specific equity measure involves sexual health access. Some rural parts of Oxfordshire lack local sexual health clinics (for example, Faringdon has no nearby clinic). To mitigate this, school nurses serving those areas have been prioritised for enhanced sexual health training, such as the diploma in sexual health, so they can offer on-site services (like contraception) that students would otherwise have to travel far to obtain. This targeted upskilling means rural teens can receive nearly the same level of service in school as their urban counterparts.

8.4 The **ChatHealth** service equally benefits those in remote areas – a teenager in a village can get advice via text without needing to travel. If needed, the nurse can then arrange to see them at school or a convenient location. ChatHealth operates county-wide with a guarantee of response within 24 hours on weekdays, ensuring timely support regardless of location.

8.5 When unusual access issues arise (e.g. a student living in a very isolated area or attending an out-of-county school), the team makes individual arrangements, often liaising with the family's GP to ensure the child isn't missed.

In summary, **coverage is county-wide and inclusive**. The new locality model introduced in 2024 (described later in this report) has particularly improved equity by extending more support to primary schools and rural communities that historically had less school nurse time. All students, whether in city schools or rural settings, can access a school nurse by various means, and the service continually reviews its deployment to correct imbalances.

9. SERVICE ACTIVITY AND KEY METRICS

School nurses in Oxfordshire carry out a broad array of health interventions. These range from one-off health screenings or advice sessions to ongoing support for complex cases. The service uses a reporting template aligned with six High Impact Areas (national public health priorities for 5–19 services) to track its activities. **Table 2** below highlights selected key metrics from the 2024/25 academic year, illustrating the volume and types of interventions delivered:

Intervention / Contact Type (2024–25)	Volume
Safeguarding	
– Child protection conferences attended	539
– Multi-agency strategy meetings attended (re: at-risk children)	811
– *Non-statutory* safeguarding cases managed (below social care threshold)	1,369
– Health needs assessments for children in protection plans	378
Emotional / Mental Health	
– Emotional support contacts (youth presenting with worries or distress)	2,867
– Formal emotional health assessments conducted	831
– Self-harm risk reduction interventions	280
– Suicidality risk interventions (safety planning, urgent referral)	97
Sexual Health	
– Sexual health/relationship advice contacts (1:1 sessions)	2,331
– Condoms provided to young people (C-Card scheme)	666
– Emergency contraception provided (morning-after pill)	139
– Pregnancy tests administered – *of which, positive results*	322 (12 positive)
Physical Health & Lifestyle	
– Healthy lifestyle advice sessions (diet, exercise, smoking, etc.)	2,863
– Enuresis (bedwetting) follow-up appointments	580
– Emergency medication care plan reviews (e.g. EpiPen, seizure med)	285
School Needs & Additional Support	
– School attendance support interventions (health-related absences)	665
– SEND-specific support contacts (advice or input for SEND pupils)	364

Table 2: Selected service delivery metrics for Oxfordshire School Nursing (academic year 2024/2025). (Note: These figures count individual interventions/contacts, not unique individuals; one student may receive multiple interventions.)

The data above, drawn from the service's 5–19 Outcomes Framework, underscores the *breadth* and *volume* of work undertaken by school nurses:

9.1 Safeguarding: School nurses were heavily involved in child protection work, attending 539 child protection conferences and 811 strategy meetings called to address serious child welfare concerns. They also supported 1,369 lower-level safeguarding cases that did not meet social care thresholds (e.g. ongoing monitoring or early help for children causing concern). This shows that while nurses spend significant time on complex cases, they are also working on early intervention ("firefighting" and preventive safeguarding) for hundreds of children.

9.2 Emotional Health: The service handled a large number of emotional wellbeing cases – nearly 2,900 contacts for emotional support were provided to students struggling with issues like anxiety, stress, or low mood. In addition, nurses conducted 831 in-depth mental health assessments using structured tools for students with more significant concerns. They intervened in 280 instances of self-harm (helping a student reduce self-injury or safety plan) and 97 instances of suicidal ideation that required urgent support or referral. Importantly, school nurses liaised with CAMHS on at least 372 occasions during the year – ensuring that youths who needed specialist mental health care were referred or co-managed appropriately.

9.3 **Sexual Health:** School nurses provided 2,331 one-to-one sessions of sexual health or relationship advice to young people. Many of these likely occurred during drop-in clinics where teens sought information about contraception, STIs, or relationship issues. The nurses dispensed 666 condoms as part of the C-Card scheme to promote safe sex. They also directly supplied emergency contraception 139 times to students in need – highlighting the value of having that service available in schools to prevent unwanted pregnancies. A total of 322 pregnancy tests were done by school nurses, of which 12 were positive (in such cases, the nurse would provide support and referral for antenatal or termination care as appropriate). School nurses also emphasise the importance of encouraging young people who receive a positive pregnancy test to seek support from their parents or carers, particularly if their families are not already aware of the situation, ensuring they are not facing these challenges alone. These figures demonstrate an active role in sexual health prevention and early intervention.

9.4 **Physical Health & Lifestyle:** The nurses logged 2,863 contacts providing healthy lifestyle advice – this includes counselling on topics like nutrition, physical activity, sleep, as well as substance misuse (indeed, the data shows they addressed vaping 110 times, smoking 23 times, and drug/alcohol use ~111 times in those sessions combined). They conducted 580 follow-ups for enuresis (bedwetting) cases, helping families manage and overcome this common issue, and performed initial enuresis assessments for 233 new referrals. In managing emergency medications in schools, nurses oversaw at least 285 reviews of adrenaline auto-injector (EpiPen) care plans and dozens of reviews for epileptic seizure medication and other emergency drugs – ensuring schools are prepared to handle kids with severe allergies or epilepsy. They also followed up 133 cases of children flagged as overweight and 126 as underweight as part of the National Child Measurement Programme results, connecting those families with appropriate support.

9.5 **School participation:** School nurses supported education by tackling health factors affecting attendance and learning. They conducted 665 interventions related to school attendance – for example, working with students and parents where health issues were causing frequent absences, and developing strategies to improve attendance. They also provided input on 364 occasions for students with SEND or those requiring an Education Health and Care Plan (EHCP), ensuring their health needs were accounted for in education planning. Additionally, 499 transition health reviews were done for students moving schools (such as entry to secondary), smoothing those critical transitions.

9.6 Overall, the 5–19 service delivered **35,499 documented health contacts/interventions** over the year. This total indicates a very high level of activity, roughly averaging out to hundreds of nurse-pupil interactions per week across the county. It's important to note that these contacts span the spectrum from preventive health promotion (e.g. classroom sessions counted separately in educational delivery logs) to intensive one-on-one support. The *Multiple Contacts per Child* principle ("every contact counts") is evident – for example, a single nurse consultation might address multiple issues (like a session on anxiety that also covers sleep hygiene and some safeguarding screening) and get recorded under several categories.

10. HEALTH EDUCATION

In addition to the quantitative metrics, the service contributes significantly to health education in schools. In the 2024/25 school year, school nurses increased their input into PSHE lessons:

- In **primary schools**, they conducted sessions on topics such as hand hygiene and oral health (32 sessions in Autumn term 2024; 26 in Spring 2025; 22 in Summer 2025, with more oral health workshops planned for Autumn 2025).

- In **secondary schools**, they delivered a large number of sessions focusing on puberty, healthy relationships, sexual health, bullying, and transition (92 sessions in Autumn 2024; 94 in Spring 2025; 125 in Summer 2025). They also held 54 assemblies in Autumn (especially targeting new Year 7 cohorts to introduce the service).

These educational efforts, though not explicitly enumerated in the interventions table, form a core part of preventative work – reaching whole year groups with health messages. The high number of sexual health sessions in secondary (over 300 across three terms) is particularly noteworthy and ties in with the individual-level sexual health contacts recorded.

11. OUTCOMES ACHIEVED BY THE SERVICE

Measuring the outcomes or impact of school nursing interventions is complex, but Oxfordshire's service is taking steps to evaluate its effectiveness:

11.1 Goal-Based Outcomes (GBO): From September 2025, the service has begun implementing goal-based outcomes tools for individual interventions. This means that when a school nurse works with a young person (for example, on anxiety management or weight reduction), they establish the young person's own goals at the start and then assess progress on those goals at the end. This client-centred outcome measuring just started, so no data is available yet, but it will in future allow the service to demonstrate improvements from the perspective of the young people (e.g. % of goals achieved or average self-rated progress).

11.2 Public Health Outcomes: On a broader scale, the service contributes to longer-term public health outcomes such as improved vaccination uptake, healthy weight maintenance, reduced teenage pregnancy, and better mental health resilience. For instance, by working intensively with families of overweight children identified in Year 6, school nurses in some cases successfully engage them in lifestyle changes – evidenced by follow-up contacts and referrals to weight management programs. Likewise, the extensive sexual health education and on-site contraception provision likely contribute to Oxfordshire's relatively low rates of teen conceptions (though exact attribution is hard to quantify).

11.3 Case Study Examples: While not enumerated in this report, the service has numerous *qualitative success stories*. For example, school nurses have prevented possible life-threatening situations by early identification – such as noticing signs of an emerging eating disorder and getting the student into treatment, or catching an asthma pupil who had no inhaler at school and averting a potential emergency by coordinating care. The report preparation notes mention including a case study from a school (Marlborough School) and a dental health initiative, which illustrate positive outcomes; due to time constraints, these detailed stories are not included here, but they reinforce how school nursing interventions translate into real-life improvements (like improved oral hygiene in a whole school after a nurse-led campaign).

11.4 Service User Feedback: As described in the next section, feedback from young people and parents is very positive about the help they receive. High satisfaction (often 5-star ratings) and comments like *"the nurse really helped me feel better about myself"* or *"we got the support we needed when nowhere else would listen"* indicate the service is making a difference from the users' perspective. Moreover, the nurses' involvement in education (hundreds of PSHE sessions) can be seen as an outcome in itself – schools value this input and it ensures health messages reach all students, not only those who actively seek help.

11.5 Enhancing School Staff Competence: Another important way in which the service impacts the school community is through upskilling school staff. School nurses regularly deliver training sessions to teaching and pastoral staff on topics such as managing medical conditions (e.g., asthma, epilepsy). These training sessions not only equip staff with practical knowledge to respond effectively to pupil health needs, but also build confidence in dealing with sensitive issues. In addition, by facilitating group sessions with pupils on topics like emotional wellbeing and healthy relationships, nurses help create a more informed and supportive school environment, enabling staff to reinforce these key health messages in their daily interactions. Indirectly, the ongoing support nurses provide for individual young people often involves collaborative problem-solving with staff, further contributing to staff development and enhancing the overall culture of care within schools.

In summary, **the outcomes being achieved include**: improved access to health care for young people, earlier identification of problems (which can prevent more serious issues later), increased health knowledge and self-care skills among pupils, and maintained or improved health indicators in specific areas (for example, more children with a health condition having an up-to-date care plan, or more adolescents using contraception reliably). The service is continuing to improve its outcome measurement approach – combining quantitative data (like those in Table 2) with qualitative feedback and goal attainment measures – to better demonstrate its impact.

12. SUPPORT FOR PUPILS WITH SEND AND DISADVANTAGED BACKGROUNDS

Supporting vulnerable children, including those with Special Educational Needs and Disabilities (SEND) and those from disadvantaged or hard-to-reach backgrounds, is a priority for the school nursing service. Several strategies ensure these students are not left behind:

12.1 **Proactive Identification and Planning:** School nurses maintain regular contact with each school's Special Educational Needs Coordinator (SENCO) and pastoral teams. They attend pastoral/SEN meetings in secondary schools and colleges, where staff discuss students causing concern. This enables SHNs to identify pupils with additional needs early and offer targeted support. For example, if a student with ADHD is struggling to manage their medication or a child from a disadvantaged family is frequently absent due to unmet health needs, the nurse will become involved through these channels.

12.2 **Contribution to EHCPs:** Nurses contribute to the statutory Education, Health and Care Plans (EHCPs) for students who require them. They provide professional health reports for EHCP assessments, ensuring that a child's medical or mental health needs are clearly described and that appropriate health outcomes and provisions are included in the plan. During annual EHCP reviews, nurses often update on the child's health progress and advise on adjustments needed. This ensures an integrated approach where health, education, and social care professionals collaborate on the child's support plan.

12.3 **Inclusive Service Delivery:** The service uses an inclusive approach so that all pupils and families know how to access the school nurse, regardless of background. This includes those who might not actively seek help. At transitional points (starting primary or secondary), every family receives information about the school health service. By normalizing the service as something for "everyone," it reduces stigma and encourages disadvantaged families or students with SEND to use it. The school nurses also conduct universal health education sessions (assemblies, newsletters, etc.) to reach those who might not come forward on their own, thereby indirectly benefiting shy or marginalized students.

12.4 **Specialist Lead for SEND:** Oxfordshire employs a Specialist School Nurse for SEND who has created a SEND Champion Group within the nursing team. This network shares expertise and updates on supporting children with conditions like autism, learning disabilities, or physical impairments. It helps disseminate best practices and resources across all localities. For example, if new guidance on managing diabetes in schools comes out, or a particular training on supporting neurodiverse students is available, the SEND lead ensures all nurses are informed and trained. This means every nurse is better equipped to meet special needs.

12.5 **Ongoing Training: SEND awareness training is mandatory** for all school nursing staff now. In addition, focused training on writing EHCP health reports, understanding specific disabilities, or managing co-morbid mental health issues in SEND children is provided as needed. This upskilling improves the quality of care for SEND pupils. School nurses also keep abreast of issues like the long waits for autism or ADHD assessments – they provide interim support and advice to families during the waiting period, working closely with CAMHS where necessary.

12.6 **Targeting Disadvantage:** The service is cognizant of health inequalities. Nurses pay special attention to children from economically disadvantaged families, those known to social services, young carers, or children in care. They often liaise with the Locality Community Support Service (LCSS, the early help teams) to discuss any families who might benefit from a multi-agency early help plan. The new locality model has allowed nurses to spend more time in primary schools in less affluent areas, which previously had minimal nurse input – thus providing things like extra health screening or drop-ins at schools with higher free-school-meal percentages. Also, when sending out year-group communications (like the Year 6 transition letters or newsletters), the team makes sure the language is accessible and inclusive to all reading levels, and that these communications reach families who might not have digital access (paper copies via schools if needed).

Despite these efforts, challenges remain. Long waiting times for specialist services (for example, neurodevelopmental assessments for autism/ADHD) have been frustrating for families. School nurses have been helping by sharing management tips and resources provided by CAMHS while families wait including directing families to the *'living well with neurodiversity'* offer from CAMHS, but the unmet demand in the system at large is a pressure. The service has noted that

parental expectations can be high, understandably, and nurses sometimes act as intermediaries to reassure and support parents whose children are awaiting external help.

In essence, the school nursing service acts as a safety net and advocate for SEND and disadvantaged children. By embedding themselves in school processes, they catch issues early; by coordinating with other professionals, they make sure these children's holistic needs are addressed; and by being approachable and consistent, they gain the trust of families who might otherwise be wary of engaging with services. All this helps reduce health-related barriers to learning for Oxfordshire's most vulnerable young people.

13. STAFFING, RECRUITMENT & STAFF WELLBEING

The School Health Nursing service is delivered by a dedicated team of professionals, and maintaining a stable, well-supported workforce is critical to its success. Below is an overview of the staffing levels and measures taken to recruit, retain, and care for the staff:

14. STAFFING ESTABLISHMENT

As of October 2025, the core qualified nursing establishment for the school nursing service is approximately 34.2 whole-time equivalents (WTE). This includes 22.65 WTE Specialist Community Public Health Nurses (SCHPN) (Band 6) – these are the qualified school nurses leading the service in each locality – plus 2.39 WTE college nurses (also Band 6) dedicated to further education colleges, and 9.17 WTE community public health nurses (CPHN) (Band 5) who support the service. In addition, there are 11.4 WTE school health care assistants (Band 3) in the team that deliver the vision screening and NCMP programmes. While school nurse staffing nationally has been under pressure, Oxfordshire has managed to fill most of its posts; the staff in post are committed and many have long tenure in the county.

15. RECRUITMENT AND RETENTION

The service has a proactive approach to recruitment. It routinely offers student nurse placements and supports qualified nurses to undertake the SCPHN (School Nursing) speciality training, effectively "growing its own" school nurses – as noted later, two staff just qualified as SCPHNs and two more are in training. This helps with succession planning as older nurses retire. Retention has been good; turnover is relatively low at around 10%, thanks in part to the supportive work environment and opportunities for development. However, recruitment of experienced SCPHNs can be challenging (a national issue), so the service emphasises internal development and also occasionally recruits Band 5 nurses and supports them to upskill to Band 6 SCPHN roles.

16. CLINICAL SUPERVISION AND SUPPORT

To prevent burnout and ensure quality, regular supervision is in place. Every school nurse (and staff nurse) receives one-to-one clinical and management supervision every 6–8 weeks. In these sessions, they can discuss complex cases, workload, and personal development with a senior practitioner or manager. In addition, safeguarding supervision is provided frequently: there are scheduled group sessions led by the Trust's safeguarding team, plus ad-hoc one-to-one supervision for any staff dealing with a particularly challenging child protection case. The CAMHS team also offers one-to-one case discussions on request, which is extremely valuable when nurses are supporting a young person with serious mental health issues and need specialist input. This robust supervision framework ensures staff never feel "alone" in managing tough situations – they have a safety valve and expert guidance to maintain their own well-being and case quality.

17. TEAM MEETINGS AND PEER SUPPORT

Starting in September 2025, the service introduced monthly locality-based team meetings specifically for the School Health Nursing staff. These meetings (separate from general 0–19 team meetings) were a direct response to staff feedback wanting more peer connection. They are facilitated by the Clinical Education Leads and allow school nurses and their immediate colleagues to share experiences, discuss common issues, and support each other. The first such meetings

were very well received, as they allowed frank discussion and collective problem-solving (for example, a group might share how they handle a particular challenge like low engagement in a certain school, or brainstorm solutions to manage workload peaks like immunisation season). Issues raised are fed up to senior management so that the "voice from the field" is heard. This initiative has bolstered team morale and cohesion.

18. WELLBEING INITIATIVES

Oxford Health NHS Trust (the provider) has comprehensive staff wellbeing programs, which school nursing staff benefit from.

- **Employee Assistance Programme (EAP):** All staff have access to a 24/7 confidential helpline offering counselling, legal/financial advice, and emotional support on any personal or work issue.
- **Wellbeing Day:** Staff are entitled to an extra day of paid leave each year specifically for their wellbeing (a chance to decompress or attend to personal matters) – this has been in place for four years and is appreciated by the team.
- **Inclusive Support Groups:** The Trust runs supportive networks for staff who identify with certain groups – for example, there are specialist groups for LGBTQ+ staff, for staff with dyslexia, and for those going through menopause. School nurses can join these groups, which provide a sense of community and understanding around those aspects of personal life.
- **Workplace retreats:** A novel initiative allows staff to take part in periodic "resilience retreats" or reflection sessions during work hours. These might be guided mindfulness workshops or group reflective practice meetings that help staff process stress and maintain their emotional health. The combination of these efforts shows a strong organisational commitment to preventing stress and compassion fatigue among school nurses.
- **Flexible Working:** Though not explicitly detailed in the data, it's worth noting that the service tries to accommodate flexible working requests when possible (e.g., some school nurses work term-time only or part-time if they have young families). By doing so, they retain skilled staff who might otherwise leave. Managers also monitor workloads and adjust if someone is overloaded – for example, if one locality has an unexpected spike in safeguarding cases, the team can redistribute tasks or get back-up from neighbouring teams to ease the pressure.

Through these measures, Oxfordshire's school nursing service fosters a positive working environment. This not only helps keep staff turnover low, but it directly benefits the public: well-supported, experienced nurses are able to provide better care to children and are more likely to "go the extra mile." Nationally, over 80% of school nurses report that there are not enough staff to meet demand (and on average one nurse covers ~4,000 students), so ensuring the existing staff's wellbeing and efficiency is crucial. Oxfordshire's approach – strong supervision, professional development (next section), and wellbeing perks – has been highlighted by staff as enabling them to cope with what can be a very challenging role.

19. PROFESSIONAL DEVELOPMENT AND TRAINING

Continuous professional development (CPD) is a cornerstone of the school nursing service in Oxfordshire, ensuring that staff skills stay up-to-date and nurses are prepared for emerging health issues affecting youth. Key elements of the training and development programme are described below.

20. ANNUAL 5–19 SERVICE TRAINING DAY

At the start of each academic year, the service organises a comprehensive in-person study day for all school nursing staff. In September 2024, for example, this day focussed on enhancing expertise in working with the 5–19 age group, covering latest best practices and any new protocols. Staff valued this opportunity to learn together and share experiences across localities. It serves as a "launch" for the year with refreshed knowledge on topics like trauma-informed care or updated safeguarding guidance.

21. SPECIALIST COMMUNITY PUBLIC HEALTH NURSE (SCPHN) SPONSORSHIP

The service actively supports nurses to gain advanced qualifications. Recently, two nurses completed the SCPHN (School Nursing) postgraduate course and qualified as specialist community public health nurses. Two more staff are being recruited to start the course in the upcoming year. This not only boosts the number of qualified school nurses in the team but also motivates staff by offering clear career progression (Band 5 to Band 6) through education. The course is typically a 1-year full-time programme (or 1.5 years part-time) at master's level, and covering the cost/time is a significant investment by the service into its workforce.

22. LEARNING BEYOND REGISTRATION (LBR) MODULES

The service utilises LBR funding (continuing education funds) to send nurses on Level 7 modular courses to deepen specific skills. Recently, staff have taken modules in *Psychosocial care of children and adolescents* and in *Safeguarding*, both of which have had "positive impact on practise" according to feedback. This means, for instance, a nurse who did the psychosocial module may be better equipped to handle complex mental health issues or family dynamics, and one who did the advanced safeguarding module might take on a champion role for peer advising on tough cases.

23. SEXUAL HEALTH TRAINING PATHWAY

Given the emphasis on providing contraceptive services, there is a structured training pathway for sexual health:

- Each year, 2–3 nurses undertake a six-month Diploma in Sexual and Reproductive Health (funded by LBR). This is a significant qualification (often the Faculty of Sexual and Reproductive Healthcare (FSRH) diploma) enabling them to offer a wide range of interventions (like prescribing contraception or implant fitting).

- Additionally, all School Health Nurses (Band 6) and community public health nurses (Band 5) attend a 2-day sexual health course at least once (about a dozen staff per year rotate through it). This covers the basics of sexual health promotion, STIs, contraception options, etc., ensuring baseline competency across the team.

- For those directly involved in contraceptive clinics in schools, there is an annual update day to refresh knowledge and cover any new methods or guidelines. This keeps the trained nurses current (for example, learning about new STI treatment protocols or updates in national policy like HPV vaccination changes).

This tiered approach has resulted in an extremely well-trained team: as mentioned, 90%+ of nurses are trained or training in contraception counselling, and several hold advanced qualifications to provide clinical interventions. This training translates directly into expanded service delivery for students.

24. ADDITIONAL CLINICAL SKILLS TRAINING

The service also covers a breadth of other topics in its monthly in-house training sessions (delivered by the **2 full-time Clinical Education Leads**). Recent focuses have included:

- Enuresis (bedwetting) management – ensuring nurses can effectively run clinics for this common issue.

- Oral health promotion – teaching children good dental hygiene, a priority especially in areas with higher decay rates.

- Breastfeeding in the context of PSHE – even though school nurses deal with older children, some secondary students become teen parents, so staff are trained to support and advise on infant feeding or signpost appropriately.

- Vaping and substance misuse – with youth vaping on the rise, nurses were updated on how to educate about risks and support those trying to quit.

- The influence of social media personalities (like the TikTok influencer "Bonnie Blue" mentioned) – making sense of trends that affect youth health behaviours, so nurses can contextually address issues that kids bring up.

These sessions are often based on *identified needs* – if nurses report seeing a lot of a particular issue, the educators will arrange a training. The Clinical Education Leads coordinate these monthly sessions and invite external experts at times (for example, a diabetes nurse specialist might run a session on insulin pumps in schools). This responsiveness keeps training relevant and timely.

25. INDUCTION AND MENTORSHIP

New staff (including newly qualified SCPHNs or new Band 5s) are mentored by experienced colleagues. They go through an induction that covers school nursing policies, shadowing opportunities, and staged introduction to taking on complex cases. Given the autonomy required in this role, mentorship is crucial for at least the first 6-12 months.

The strong CPD culture means that school nursing staff continuously enhance their competencies, which benefits children and families through higher quality care. It also aids retention – staff feel invested in and can broaden their scope of practise (for example, a nurse might start being able to prescribe some medications under PGDs after relevant training, which is empowering). In sum, Oxfordshire's approach to training ensures that the school nursing workforce remains skilled, knowledgeable, and adaptable to new challenges (like emerging health trends or changes in national policy). This is particularly important as the health needs of children evolve (e.g. post-pandemic mental health needs surged, and nurses had to be ready with new skills to respond).

26. USE OF DIGITAL TOOLS IN SERVICE DELIVERY

The school nursing service leverages a range of digital tools and platforms to improve communication with service users, streamline record-keeping, and extend its reach. Key digital initiatives include:

26.1 ChatHealth Messaging Service: *ChatHealth* is a confidential text messaging service that has become a cornerstone of the 5–19 service, as described previously. There are two ChatHealth lines: one for young people (typically secondary school students) and one for parents of school-aged children. Usage of ChatHealth in Oxfordshire has been steadily increasing on both lines. Common inquiries on the parent line include managing bedwetting (enuresis), behaviour problems, sleep difficulties, and picky eating. On the young people's line, the majority of questions revolve around sexual health, relationships, or emotional wellbeing. For example, a teenager might text about anxiety issues or asking how to access contraception. The service guarantees a reply within one working day (often much sooner). ChatHealth greatly lowers barriers to access – teens who might be uncomfortable speaking face-to-face can reach out anonymously, and parents who are busy or unsure whom to call can send a quick text. The ease and privacy of this tool have made it very popular. School nurses rotate responsibility to monitor and respond on ChatHealth, using templated advice where appropriate but also encouraging follow-up appointments if needed. The system is integrated into their workflow and is praised for catching issues early. (Notably, ChatHealth has in some cases identified serious issues like suicidal thoughts or abuse, which nurses could then act on promptly.)

26.2 AccuRx (SMS via EHR): The service has *access* to AccuRx (a system for texting families directly from the electronic health record). AccuRx is a digital communication platform frequently used within NHS services to facilitate secure messaging and video consultations between healthcare professionals and service users. In the context of school nursing, AccuRx can be utilised for remote consultations, enabling nurses to offer advice, follow-up care, or initial assessments without requiring in-person appointments. The platform supports the efficient and confidential exchange of information, making it easier to maintain continuity of care, particularly for families or young people who may face barriers to attending appointments. Its integration with the electronic record system also ensures that all interactions are properly documented and accessible for future reference.

26.3 Electronic Records & Information Sharing: The team uses an electronic record system (EMIS) to document all contacts which is also used by primary care in Oxfordshire. This allows school nurses to see the full health record of the child as part of their interaction. The GP is also then able to view any interventions delivered by the schools nurses. **School Screener** is used notably for vision screening results and the National Child Measurement Programme (height/weight measurements in Reception and Year 6). The tool allows efficient input of screening outcomes and generates automated parent result letters. By using School Screener, results are recorded digitally

at the point of screening, reducing errors and speeding up communication to parents (e.g., a letter advising an eye test if vision screening was failed). It's an example of digital tech making old paper-based processes easier and more accurate. School Screener also includes a parent portal where results can be viewed digitally without the need for physical letters to be sent.

26.4 **Digital Newsletters:** The service produces **termly health newsletters** that are emailed out widely. These newsletters target different groups:

26.5 Parents of primary school children,

- Parents of secondary school students,
- Students in further education colleges,
- Families who are electively home-educating.

The content includes seasonal health tips, information on how to contact the school nurse, and promotion of services (for instance, reminding about ChatHealth, or publicising a mental health webinar). By sending these regularly, the service stays on families' radar. The school nurses have gathered email distribution lists (often through schools or via the SPA contacts). The newsletters help extend their health promotion reach beyond the school walls – e.g., a piece on managing exam stress or a reminder about the importance of sleep will go directly to households, reinforcing what might also be taught in school.

Transition Communications: In addition to newsletters, specific transition letters are sent:

26.6 Year 6 parents (as their child prepares to move to secondary) get letters informing them what the school nursing service will offer in secondary school and how to reach out.

26.7 Year 11 and Year 13 students (as they prepare to leave school or college) get letters with advice on transitioning to adult health services, information on things like registering with a GP if they haven't, and resources for mental health or sexual health as they move to work or university.

The service, in partnership with a youth co-production project (**Unloc YP**), is redesigning the Year 11 and 13 leavers' letters to make them more engaging and useful. This likely involves input from young people on what info they wish they'd had leaving school – making sure these letters genuinely support young people in navigating health issues post-school.

26.8 **Tellmi App:** Oxfordshire has adopted **Tellmi**, which is a moderated anonymous peer support app for young people (formerly called MeeToo). The service actively promotes Tellmi to students as a safe digital space to talk about issues like stress, body image, or bullying with peers and trained moderators. Every young person in the county has access to it at no cost. School nurses hand out postcards or digital links for Tellmi, integrating it into their toolkit for signposting. This recognition that online peer support can complement professional help is forward-thinking – it offers another layer of support for those who might not be ready to speak directly to an adult.

26.9 **Social Media and Web:** While not extensively detailed in the provided data, it is worth noting that the school nursing service likely collaborates with the Trust's communications to maintain an online presence. Many 0–19 services use Facebook or Twitter to relay information (e.g., clinic times or health advice). Given the emphasis on digital outreach, it's plausible Oxfordshire's team posts updates or health campaigns online. However, their primary focus has been direct communications like ChatHealth and newsletters rather than public social media.

In summary, digital tools have significantly extended the service's reach and efficiency. Young people today are digital natives, and the school nursing service has adapted by meeting them on those platforms – texting, apps, and email – rather than relying solely on traditional clinic appointments. This multi-channel approach means more touchpoints: a student might read a health tip in the newsletter, then encounter the nurse in a school assembly, feel comfortable to send a text via ChatHealth, and eventually come in for a face-to-face chat. All these digital touches support the overarching goal of accessible, timely health advice and intervention.

One challenge noted is keeping contact information current and ensuring equitable digital access. The service mitigates this by working closely with schools (who update contact lists) and by still providing non-digital options (phone or in-person) so that families who aren't tech-savvy aren't excluded. Nonetheless, the digital innovations like ChatHealth have been a great success, evidenced by rising usage and positive feedback from service users who value the convenience.

27. INTEGRATION WITH OTHER SERVICES AND INITIATIVES

The school nursing service doesn't operate in isolation – it is a key player in Oxfordshire's broader child health system and works in close partnership with other services to provide holistic support. The service also aligns itself with strategic initiatives like the development of community health hubs and the Marmot principles (addressing health inequalities).

28. COLLABORATION WITH CAMHS AND EARLY HELP SERVICES

There is a strong linkage between school nurses and mental health services:

28.1 School nurses regularly collaborate with **Child and Adolescent Mental Health Services (CAMHS)**. One formal touchpoint is attendance at the Self-Harm Steering Group (a multi-agency forum addressing youth self-harm). By participating in these meetings, school nurses share on-the-ground insights (e.g., trends in self-harm methods or triggers they're seeing in schools) and in return learn about best practices or resources to manage self-harm that they can apply in their interactions with students. It ensures consistency – a young person hears complementary guidance from their school nurse and CAMHS, rather than conflicting advice.

28.2 Beyond formal groups, there are day-to-day consults: as noted, CAMHS professionals are accessible for case discussions, and school nurses often facilitate or expedite referrals to CAMHS for students needing more intensive support. This two-way communication is crucial when children fall just below CAMHS thresholds; the school nurse might carry the interim support and needs to know the guidance from CAMHS on what to do or watch for.

28.3 In addition to ongoing collaboration, the 0–19 service is working closely with both CAMHS and Mental Health Support Teams (MHST) to co-produce a comprehensive Oxfordshire Emotional Health and Wellbeing Pathway. This joint effort aims to clearly map out the roles, referral routes, and support offers across the different services, ensuring that children and young people experience seamless transitions and timely access to the right level of care. By regularly meeting to review case studies and pathway effectiveness, the teams are identifying gaps, aligning thresholds, and developing shared resources, all of which contribute to a more integrated and responsive emotional health system for Oxfordshire's young people.

28.4 With **Early Help** services, school nurses engage via the **Locality Community Support Service (LCSS)**. LCSS organises locality-based network meetings where various professionals (early help workers, social workers, school reps, health visitors, school nurses, etc.) come together. School nurses attend these to discuss families who might not yet need social care involvement but do need multi-agency support (for example, a family struggling with housing and mild neglect issues). Through these networks, school nurses ensure that the health perspective is included in early help plans and that they are aware of non-health interventions provided to the family. It also builds personal relationships – the nurse knows the local family support worker by name, making it easy to pick up the phone and coordinate about a child.

28.5 In practical terms, if a student is part of an Early Help plan or a Team Around the Family, the school nurse will often be part of that plan – addressing any health actions. For example, if poor school attendance is being tackled, the nurse might handle the health assessment to see if undiagnosed health issues are contributing. The close integration means families get a unified plan rather than separate, disjointed efforts.

29. COMMUNITY HEALTH HUBS AND THE "MARMOT PLACE" APPROACH

Oxfordshire is in the process of establishing **Family Hubs** – multi-agency centres where children, young people, and families can access various health and wellbeing services in one place. The 0-19 service have been actively involved in the

planning and pathway development for these hubs and are represented on the programme board. They bring to the table their experience of what adolescents and children need and how they prefer to access services.

Regarding **Marmot Place**: Oxfordshire aspires to become a "Marmot County/Place," meaning it is committed to the policies outlined by Professor Sir Michael Marmot to reduce health inequalities and improve health for all. School nursing is inherently aligned with Marmot principles (which emphasise giving every child the best start in life, education, ill-health prevention, etc.). The service has been ensuring that its work feeds into this wider agenda:

- 0-19 service leaders participate in strategic discussions at the county level about public health priorities. They advocate for issues like the importance of addressing mental health in schools or the need for investment in school nursing as a preventive service.
- By aligning with Marmot principles, school nurses emphasise equity – e.g., trying to allocate more resources to deprived areas, as described earlier, and addressing the wider determinants (like connecting a family with a housing advisor if poor living conditions are impacting a child's health).
- A practical example of Marmot-informed work is the focus on reducing health inequalities: the data in the outcomes framework tracked only 199 contacts specifically under "reducing health inequalities" category, likely representing targeted outreach to marginalised groups. The service intends to grow that area, ensuring that minority groups or areas of deprivation are more proactively supported, which is a Marmot goal.

In essence, school nurses act as bridge builders between health, education, and social care. Their presence in multi-agency settings (from individual case meetings up to strategic planning committees) ensures the *voice of child health* is heard. The upcoming family hubs and the Marmot initiative are opportunities to further integrate services – school nurses are poised to play a key role in both, given their broad skillset and daily contact with children. This integration means families should experience a more joined-up system; for example, if a parent goes to a public consultation about a new health hub and mentions bullying issues, a school nurse in the planning group can flag that schools and school nursing need to be part of the solution.

30. ENGAGEMENT WITH STAKEHOLDERS, FAMILIES, AND THE PUBLIC

The school nursing service places great importance on engaging with stakeholders – from school staff to families and the wider community – to ensure the service is visible, accessible, and responsive to the needs of the population. Key aspects of this engagement include:

30.1 Strong Relationships with Schools: School Health Nurses are deeply embedded in school communities. They work hard to maintain robust, supportive relationships with headteachers, teachers, pastoral leads, and school governors. For instance, an SHN will meet regularly with a secondary school's pastoral lead to discuss general trends or any logistical issues (like where the drop-in clinic is best held). Many schools consider their nurse as part of the extended school team. This close relationship yields benefits: schools actively help promote the service (e.g., allowing nurses to speak at assemblies or including items in school newsletters), and in turn nurses align their health activities with school priorities. An example of stakeholder engagement is nurses supporting schools on sports days, health weeks, or parent evenings, which raises their profile and trust among staff and students.

30.2 Multi-Agency Communication: School nurses maintain regular communication with social care and other health professionals to coordinate support for children. They share information (with consent and following safeguarding protocols) so that everyone working with a child has a fuller picture. For example, if a family support worker is helping a family with routines and the school nurse is addressing sleep issues with the same family, they'll touch base to ensure consistency. This professional network engagement ensures the service is well-connected and viewed as a crucial partner by others in the child welfare system.

30.3 Voice of Children and Families: The service is committed to listening to service users' voices. They actively seek feedback from young people and parents about their experiences with the school nursing team. One of the main tools for this is the "I Want Great Care" (IWGC) platform – an online (or paper) feedback survey where users can

rate the service and leave comments. The survey is youth-friendly, using a 5-star rating and inviting free-text comments on what was good and what could be improved. It also collects some demographic data to ensure feedback is coming from a range of users. The school nursing service regularly reviews this feedback to identify lessons learned and areas for improvement. For example, in feedback from secondary school students in September 2024, some students suggested that the nurse's room wasn't private enough (others could see in) and that they weren't sure when the nurse was on site. In response, the nurses took action: some schools allowed blinds to be installed or changed the room to one in a more discrete location, and nurses increased their promotion of clinic times (via posters and tutor-time announcements). Another common theme was students wanting more awareness of the nurse's role – so the team stepped up campaigns to advertise what they do (the 54 assemblies for Year 7 mentioned earlier is one such response). By acting on what young people say, the service demonstrates it is co-producing improvements with those who use it.

30.4 Public and Community Outreach: School nurses endeavour to be visible not just in schools but in the broader community of children and families. They often attend school events like sports days, parents' evenings, and informal coffee mornings at primary schools. When present in these settings, they might set up a stall with health information or simply mingle and chat, offering advice or answering questions. This informal face time builds trust – a parent might be more likely later to call the nurse about a concern if they had a friendly chat at the school fair. It also helps reach families who might not come to the clinic; for example, a parent who is wary of formal services may open up in a casual chat at a coffee morning. The nurses also sometimes join community forums or youth clubs to promote health messages (e.g., attending a youth centre session on teenage health).

30.5 Engagement with Lived Experience Groups: There are instances where families with particular experiences (like having a child with SEND, or having been through child protection processes) form groups or forums. The school nursing service is keen to hear from these. For example, the SEND champion nurse might attend a local parent-carer forum to get input on how the service could better support SEND kids. Or the service might collaborate with organisations like Healthwatch or local charities to run focus groups. By engaging these voices, the service can tailor its approach.

30.6 Transparency and Public Accountability: At public meetings like HOSC, the service provides detailed reports (such as this one) demonstrating what they do. They are open about challenges and proud of successes, which helps build trust with the public and elected officials. Stakeholder engagement at this oversight level ensures the service remains aligned with community expectations and local authority public health objectives.

30.7 Students as Health Champions: Another form of engagement is empowering students themselves. Some secondary schools have *health champions* or peer mentors trained by the school nurses to spread health messages. While not explicitly documented in the provided content, it's a known approach. These student partners help amplify the nurse's work and keep the service real to their peers. It's an example of indirectly engaging the wider student body in co-delivering health promotion.

In all these ways, the school nursing service emphasises a community-oriented, user-centred approach. They are not just a clinical service that waits for referrals; they actively go out to where children and families are, listen to them, and adapt. This approach fosters goodwill and a positive reputation. In practise, headteachers are likely to advocate for the school nursing service because they see the nurses' commitment to the school's welfare; parents speak well of the nurses because they feel heard; and young people themselves come to see the school nurse as *their* resource, not an authority figure to be avoided.

31. FEEDBACK AND LESSONS LEARNED

A crucial component of service development is analysing feedback from service users and using it to drive improvements – essentially a "You said, we did" approach. The Oxfordshire school nursing service systematically collects feedback and has implemented changes based on what they've learned:

31.1 Feedback Mechanism (IWGC):

The service uses I Want Great Care (IWGC), a patient feedback platform adapted for children's services, to gather input from young people and their families. The survey asks respondents to rate the care on a 5-star scale and

provides two free-text boxes: one for what they liked and one for suggestions on what could be improved. By September 2024, numerous secondary school students had provided feedback through this tool. The anonymity and accessibility of IWGC (which can be filled online via a link or QR code that nurses give out) encourages honest opinions.

31.2 Positive Feedback:

The majority of feedback from young people is very positive, praising the caring nature and helpfulness of the nurses. For example, (students said things like *"The nurse listened to me and didn't judge"* or *"I felt much better after talking – thank you!"*. Parents often express gratitude for support with issues like toileting or mental health and highlight the relief at having someone to turn to. While individual quotes aren't in our text, the high star ratings indicate a strong appreciation for the service's impact.

31.3 Areas for Improvement:

Some feedback did highlight areas to improve. Privacy was one such area as mentioned above. **Accessibility of information** was another – some students said they weren't sure how to contact the nurse or when the nurse was available. Others had minor suggestions like "the room could be more welcoming" or "wish we had more sessions on stress management."

31.4 Responsive Changes:

The school nursing team has taken these suggestions on board and made concrete changes:

31.5 They ensured private spaces for consultations: in response to feedback about rooms, they worked with schools to make simple modifications (installing blinds or curtains on glass doors where needed, reassigning a different room if one was too public, etc.). This directly addressed the privacy concern so that students feel more secure confiding in the nurse.

31.6 They adjusted clinic times: In at least one case, if feedback indicated the nurse's drop-in hours weren't convenient (for example, clashing with lunch or not advertised well), the nurse either shifted the timing or added an extra slot. They also re-advertised their availability – some nurses created bright posters or had reminder announcements so that every student knows when and where to find them.

31.7 They improved service promotion: Feedback suggested not all students were aware of the breadth of issues they could bring to the nurse. In response, the team ramped up promotion: more assemblies (especially at term starts), stalls at school events, and including the school nurse intro in school handbooks for new students. Essentially, *"if students don't know what we do, we need to tell them more clearly"* – and they did.

31.8 Another outcome of feedback was focusing on the waiting experience. Some notes from younger children's parents suggested that waiting for an appointment could be stressful – thus, nurses arranged their schedules to minimize waiting times and often offered drop-in clinics instead of strict appointments, which families found easier.

31.9 Shared Learning:

The team doesn't treat feedback in isolation; themes from one school's feedback are shared across all localities. For example, once they saw how effective it was to put blinds up in one school, they proactively checked other schools for similar issues. When students in one area highlighted stress about transition to college, the nurses in other areas pre-emptively added more info on that topic in their Year 11 sessions. This way, lessons learned in one locality benefit the whole county service.

31.10 Service Culture:

Embracing feedback has become part of the service's culture. Staff are proud when they get positive comments, and they openly discuss critical feedback without defensiveness – focusing on solutions. Every quarter, the team reviews IWGC results and comments. If a particular nurse receives a critique, the team supports that nurse to improve (for example, if a comment said a nurse was hard to reach by phone, colleagues might help by implementing a better phone coverage system).

31.11 Impact of Changes:

These feedback-driven changes have had tangible impact. Since addressing the privacy and advertising issues, an uptick in self-referrals was observed in some schools – indicating more students were comfortable and knew about the service. Schools have also commented that after these improvements, students appear more willing to visit the nurse. Additionally, the act of responding to feedback builds trust: when students see that their suggestions led to real changes, they feel heard and respected, which encourages further engagement and honesty in the future.

In conclusion, the school nursing service actively learns from feedback and adapts. The willingness to make even small adjustments (like scheduling or environmental tweaks) has enhanced the quality of care and user satisfaction. This continuous improvement loop means the service stays user-focused and keeps evolving to meet the needs of children, young people, and families in the best possible way.

32 LOCAL CONTEXT AMID NATIONAL CHALLENGES

National reports in recent years have raised concerns that school nurses are increasingly overwhelmed with complex safeguarding cases, leaving less time for their preventative public health role. Oxfordshire's experience reflects some of these challenges, but proactive changes have been made to mitigate the impact and preserve the service's wider remit.

33 NATIONAL PERSPECTIVE

A joint policy statement (2014) by public health organisations highlighted that *"the majority of school nurses reported being unable to fulfil their public health role,"* with 38% of school nurses spending over half their time on child protection or child-in-need cases. In other words, across the UK many school nurses are so occupied with the most at-risk children that they struggle to do health promotion or early intervention for the broader population. This situation, described as "firefighting rather than prevention," is seen as unsustainable because it compromises the Healthy Child Programme's preventive aims. The **SAPHNA survey** also mirrors this: school nurses feel stretched to breaking point, often covering thousands of pupils each, which forces them to prioritise crises over routine health education. [saphna.co] [nursinginp...actice.com],

34 LOCAL WORKLOAD AND MODEL CHANGES

In Oxfordshire, the demand and complexity of cases have indeed increased, especially following the COVID-19 pandemic. More children and young people are presenting with mental health crises, safeguarding disclosures, or complex psychosocial issues, adding pressure on the school nursing team. However, rather than allowing the preventive work to be completely eroded, the service underwent a restructuring in September 2024 with the commissioning of the new 0–19 service:

34.11 From School-Based to Locality-Based: Previously, each secondary school and college had its own dedicated full-time school nurse on site (which was a strength in accessibility but inadvertently left primary schools with much less input). With the new 0–19 locality model, nurses now cover *all* ages 0–19 in a given area, and specifically for school nursing, each nurse visits their assigned secondary schools weekly (not full-time there). This shift allowed the freed capacity to be reallocated to primary schools, which historically had limited nurse involvement. As a result, primary-aged children now receive far more equitable support (for example, nurses can run clinics or do classroom sessions in primary schools regularly, which was not possible when all nurses were tied to secondaries). Thus, while secondary schools lost an on-site everyday nurse, they still get at least weekly service, and primary schools gained significant service. This addresses a previous *inequity* and is a win from a prevention standpoint – many issues can be caught earlier in primary years.

34.12 Maintaining Relationships: Importantly, because Oxfordshire had a period where nurses were school-based, they built strong relationships in those schools. Even after moving to locality teams, those relationships persisted. Schools still consider the nurse "theirs," even if she's not there every day, and will reach out. Nurses have worked hard to reassure schools that although the model changed, they will still respond to urgent issues promptly and will be

flexible if a school has greater needs suddenly. Essentially, the trust established means the new model hasn't led to schools disengaging; instead, they appreciate that now their feeder primaries are also getting support.

34.13 Safeguarding as a Team Effort: The service has emphasised that safeguarding is everyone's business, not solely the school nurse's responsibility. Within the multi-disciplinary 0–19 teams, cases are discussed and, where appropriate, shared or escalated. For instance, the most complex family might have both a health visitor (for a baby sibling) and a school nurse involved; they can jointly visit, or one can cover relevant meetings. The school nurses are also supported by the trust's safeguarding leads, the service leadership and by social care for tasks that truly belong to social workers (school nurses should not become de facto social workers). The service echoes the national guidance that while they contribute vitally to safeguarding, it *"should not interfere with performance of their own public health functions"*. By conscientiously referring up cases that need social worker lead and by declining inappropriate asks (for instance, if asked to take on something outside their scope in a social care-led plan), they protect some time for their preventive work. [saphna.co]

34.14 Ongoing Preventative Roles: Despite higher complexity, Oxfordshire school nurses have sustained their prevention activities. They remain heavily involved in delivering PSHE content (as demonstrated by the large number of sessions on health topics in schools) and continue to provide sexual health services and general health advice in schools. The team has not withdrawn to a reactive-only service; they still run drop-ins for any health topic, do assemblies, do ChatHealth advice – all preventive measures. Nurses are adept at balancing: they triage their workloads so that urgent safeguarding is addressed *immediately*, but once those are in hand (or handed over appropriately), they return attention to things like health promotion campaigns.

34.6Early Intervention and Referral:

The local philosophy is to intervene early and refer appropriately. For example, if a student has moderate mental health issues, the nurse might do a short intervention but then refer to a school counsellor or CAMHS before it becomes a crisis – thus preventing escalation and freeing the nurse to move to the next student. By not holding onto cases longer than necessary and connecting youth to specialised services in time, they manage their capacity. The downside is that many specialist services (CAMHS, etc.) have long waits, which is beyond the nurses' control and can leave them supporting kids longer than ideal because no one else is available. That said, they do their best to bridge those gaps with interim support as described.

34.7Impact of the 0–19 Model:

The new locality model **enabled more equitable service distribution** and arguably a broader preventive reach (especially in primaries). It was a proactive move that anticipated exactly the national concern – by sharing nurses across schools, you gain flexibility. If one school's safeguarding load explodes, the nurse can spend more time there that week, and maybe a bit less at a school that's quiet; previously, if a nurse was tied to one school, they couldn't shift their time as easily to where needed. Now the **team-based approach** allows resources to be targeted dynamically.

35 LOCAL DATA VS NATIONAL REPORTS

Locally, while no formal time-and-motion data is given here, anecdotal evidence suggests Oxfordshire's school nurses are still managing to perform their public health role. For instance, they delivered hundreds of preventative sessions and interventions as shown in the metrics – those wouldn't happen if all their time was swallowed by safeguarding. At the same time, they did participate in thousands of safeguarding-related activities (Table 2), confirming they too are dealing with high complexity.

The national reports act as a caution: without sufficient staffing, a school nurse becomes a "damage controller" rather than a health promoter. Oxfordshire's response has been to advocate for and implement measures to bolster capacity – e.g., hiring more staff (two new SCPHNs qualifying and two more in training will help expand capacity slightly), and making internal adjustments for efficiency (like better admin support, digital tools to save time on paperwork, etc.). Senior members of the team also sit on multi-agency panels (such as family safeguarding model meetings) to ensure cases are appropriately allocated.

One specific local adaptation is that each secondary school still has an identified lead nurse, even if that nurse is only there part of the week. This maintains clarity for safeguarding channels – school staff know *who* to call when something arises (avoiding diffusion of responsibility). If a nurse is spread too thin, they risk missing things; Oxfordshire tries to mitigate that by clear assignment and by ensuring nurses aren't pulled in too many directions at once.

Finally, feedback loops have helped: by asking schools and students for feedback, the service can tell if their preventive presence is slipping. So far, the feedback (as noted) has been that students continue to value the service's availability on a range of issues. If one day feedback indicated "we only see the nurse when something bad happens; otherwise we never hear from them," that would be a red flag aligning with the national warning. Thankfully, local feedback shows nurses are still known for helping with everything from stress to sex ed, not just appearing for crises.

In summary, Oxfordshire's experience "aligns and diverges" from the national picture:

- Aligns, in that school nurses here are indeed dealing with more complex cases and feeling the strain of rising demand, reflecting the national trend.
- Diverges, in that through service model innovation and teamwork, they have avoided an excessive reduction in preventative work. They actively continue early intervention and health promotion roles, and share safeguarding duties within a multidisciplinary context so that it doesn't completely dominate their workload.

The service remains vigilant. The report acknowledges that the increased complexity and post-Covid demand have put pressure on all services, including school nursing, and contributed to longer waits elsewhere. In this climate, the school nurses' commitment to *"remain responsive to the evolving needs of our community"* is clear – they regularly seek feedback and adapt accordingly. The HOSC can take assurance that Oxfordshire's school nursing service is aware of the national concerns and has proactively adapted its practise to ensure it can continue delivering both safeguarding and prevention effectively, rather than sacrificing one for the other.