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Hello and a warm welcome to my hard-working, committed and passionate school nursing colleagues.

It’s 11.30am on a Friday morning as I write this and I’ve already had six phone calls and 27 emails from energetic school nurses around a plethora of issues. The latest ones include ‘to wear or not to wear a uniform’, ‘what’s happening re: the childhood flu roll out’, ‘can’t wait to attend the young carers conference next week’, through to the newly launched executive summary to the Health Working Group report on child sexual exploitation and what that means for the workforce (https://www.gov.uk/government/publications/health-working-group-report-on-child-sexual-exploitation). Once again this demonstrates the diverse and innovative reaches of our small but vibrant profession.

In this edition of our journal we hear from Public Health England (PHE) about their work and the involvement of school nurses within that as we eagerly await the Adolescent Health and Wellbeing framework which you and we have helped to shape (p9). Wendy Nicholson, the Department of Health’s professional lead school nursing, recognises the vital and ever important role we have to play in health protection and how, as a profession, we never cease striving for even more vulnerable groups of children and young people, such as military families (p14). We also await the imminent launch of the National School Nursing Specification which we have worked ardously in producing alongside Wendy and other key partners.

We are delighted to introduce Lauren Goddard and her regular contribution to our journal (p16). Some of you will recall her personal, insightful and touching presentation at our conference last autumn regarding her experiences as a young carer and how she, alongside others, are utilising these experiences in helping to train school nurses to be Young Carer Champions. Here we get a thoughtful insight into how the journey of experiences she has recently undergone have had a positive effect on her daily life.

Dental health (p30) and childhood continence (p22) are also presented and consider the impact of poor outcomes on children, young people and their families and how school nurses can promote, help and support better practices and improvements. We also hear news from the Queen’s Nursing Institute regarding their exciting school nursing projects (p20) and the ongoing SCPHN student journey of Paul and all that it brings (p27).

As we enjoy spring and, for now at least, some sunshine, I hope the journal provides you with new and insightful reading. I look forward to seeing many of you in our ongoing news from the Queen’s Nursing Institute regarding their exciting school nursing projects and the ongoing SCPHN student journey of Paul and all that it brings.

As we enjoy spring and, for now at least, some sunshine, I hope the journal provides you with new and insightful reading. I look forward to seeing many of you in our ongoing shared work and at the numerous events you have invited me to!

sharon@saphna-professionals.org
Twitter: @SaphnaSharon

PS You can purchase extra copies of the journal for £15 each (£90 p.a) by calling 01273 434943.

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Lead public health school nurse
North Tyneside, Northumbria Healthcare NHS Trust

Jane Walton
Immunisation and screening co-ordinator
Public Health England

All of these people come from a variety of nursing backgrounds and currently work across a broad spectrum of public health nursing roles and are committed to the success of the association.

Further information

Please contact Sharon White, Babs Young or any other board member if you require any further information about the association or wish to become active in SAPHNA activities.

Email SAPHNA at: info@saphna-professionals.org
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The *Journal of Family Health Care* delivers news, analysis and in-depth articles for all health professionals who have a responsibility for caring for the family. Published every other month, it investigates the latest developments, particularly research relating to the care of mothers and young children, and gives opinion on how these developments are regarded by professional peers.

It is a source of relevant, topical family health information and provides a forum for health visitors, midwives, school nurseries and others who work with children and families to support, educate and debate.

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Education Secretary Michael Gove has promised action to tackle female genital mutilation, following the successful campaign by 17-year-old Fahma Mohamed.

The schoolgirl from Bristol successfully petitioned the minister, who agreed to meet with her, after she gained more than 235,000 signatures on a Change.org appeal. Now Michael Gove MP has agreed that all school nurses should receive training on FGM, with the hope of protecting the estimated 24,000 girls in the UK who are at risk of the abuse.

However, the union Unite has warned there are not enough school nurses to fulfil this role, due to a severe shortage of them nationwide.

The latest workforce statistics (October 2013) show only 1,169 full-time qualified school nurses in England. However, there are more than 4,000 secondary schools in the UK, and it is estimated that 3,000 more are needed, and eventually this number should be doubled.

The World Health Organization (WHO) estimates that between 100 and 140 million girls and women worldwide have been subjected to this painful, unnecessary procedure. As well as the risk of infection, and damage to organs, there are long-term physical and psychological consequences, including infertility, chronic vaginal and pelvic infections and depression.

School nurse Jessica Streeting said: “Until the government puts money behind the school health service, we have little opportunity to support and navigate the path to well-being in the school community.”

Following recent intense campaigning, some of which was lead by two young Asian girls themselves (aged 14), the issue of FGM and the lasting impact it has on young girls and women in their later lives, has recently been given much higher profile and placed high on the political agenda.

Midwives, health visitors and school nurses are well placed to raise awareness, identify and safeguard those suffering from female genital mutilation. This complex and culturally sensitive issue requires skilled and experienced practitioners to embrace and play a lead role.

FGM is a key opportunity for teachers, with school nurse support, to educate and support children. The Department for Education has expressed that it wants to work with health and teaching unions on this. The DfE’s Neil Remsbery attended the Department of Health School Nurse Partnership Implementation group in March to begin discussions regarding taking this forward with school nurse involvement alongside the wider children’s workforce.

Anyone interested in informing the pathway should contact Sharon@saphna-professionals.org

Sandwell nurses receive accolade

School nurses within Sandwell and West Birmingham received three nominations due to their excellent service in the NHS Trust’s staff awards.

School health nursing support workers were nominated in the category of patient safety relating to their continued delivery of the Hands up for Max Health promotion sessions along with continued delivery of healthy eating.

School health support workers were also nominated within the category of patient engagement, recognising their commitment to supporting children within the school environment.

Heidi Ferrier-Hixon, lead nurse for Sandwell Universal Plus SHN team, also received a nomination within the category of patient engagement recognising the development and implementation of Sandwell’s School Nurse Ambassador programme which is looking to be rolled out across all secondary provisions in the authority in September 2014.

The successes came against the backdrop of continued change in Sandwell and the introduction of the school nurse development plan in 2012. This is leading to on-going development of pathways and policies to support a standardised and sustainable school nursing service across the country.

Other challenges faced by school nurses in Sandwell include the transition from a PCT to an acute trust.

All nominations were celebrated at a trust-wide event held at Aston Villa Football ground. Staff were treated to a three-course meal and enjoyed comedic entertainment followed by the announcement of winners. Although missing out on the top accolade in the nominated categories, the school nurses were all highly commended.
‘Good food culture’ to be encouraged in schools

From September 2014, all infant pupils can take advantage of a free school lunch. In order to help schools prepare for the challenge of delivering this efficiently, schools minister David Laws has launched a support service, which includes a national helpline, and an online support toolkit, The School Food Plan.

This aims to inspire teachers and health professionals to deliver nutritious food, while educating children about its importance, so more of them will choose school meals instead of packed lunches. As well links to expert organisations and inspirational ideas and resources to help schools implement a healthy school food culture, there is also a checklist of what schools need to do to improve uptake of school meals. This includes banning packed lunches, making the dining hall a welcoming place, abolishing ‘prison-style’ trays, and keeping queues down – all these changes can help encourage more children to try them.

There is also an explanation on why children need to be introduced to a good food culture as soon as possible and why free school meals should be rolled out to all primary school children, starting with the most deprived areas. For the full range of actions underway and for detailed support for schools, download the plan at www.schoolfoodplan.com/toolkit.

MPs support a smoking ban in cars when children are present

MPs voted overwhelmingly in support of calls for a ban on smoking in cars in England and Wales when children are passengers.

In total, they voted in favour of a Labour-supported amendment to the Children and Families Bill by a majority of 269 (376 to 107). Health Secretary Jeremy Hunt now has the power to bring in a ban in England, while Welsh Government ministers will decide what happens in Wales.

The motion was supported by more than 700 experts, who wrote to MPs urging them to action change.

Labour’s shadow health minister Luciana Berger said: “This is a great victory for child health which will benefit hundreds of thousands of young people across our country. It is a matter of child protection, not adult choice.”

“The will of Parliament has been clearly expressed today and this must be respected. Ministers now have a duty to bring forward regulations so that we can make this measure a reality and put protections for children in place as soon as possible.”

Penny Woods, chief executive of the British Lung Foundation, said: “Having campaigned on this issue for many years, we’re absolutely delighted that MPs have backed the ban on smoking in cars carrying children. This could prove a great leap forward for the health of our nation’s children.”

Smoke in cars can stay in the air for up to two and a half hours, even if a window is open. Exposure has been strongly linked to chest infections, asthma, ear problems and cot death in children, while researchers believe more than 300,000 children in the UK visit a GP each year because of the effects of second-hand smoke, with 9,500 going to hospital.

Bans on smoking in cars when children are present already exist in some US states, including California, as well as in parts of Canada and Australia.

Under 18s conception rate lowest for 45 years

The conception rate for under-18s fell to its lowest since 1969, a new bulletin from the Office for National Statistics revealed.

In total, the estimated number of conceptions to women aged under-18 years of age fell to 27,834 in 2012, compared with 31,061 in 2011. This is equivalent to a 10% drop in teenage pregnancies. It also works out at 2.7 conceptions per thousand women aged 15–17 – the lowest since 1969.

A similar trend was seen in women aged under-16 years of age. There, the estimated number of conceptions to women fell to 5,432 in 2012, compared with 5,991 in 2011 – or a drop of 9.3%.

In total, in 2012, the estimated number of conceptions in England and Wales fell by 2.7% to 884,748 from 909,109 in 2011. The number of conceptions rose between 2001 and 2010 despite a slight fall in 2008. Since 2010 the number of conceptions has fallen from a peak of 909,245.

CMO says ‘sugar tax’ may be necessary

The Chief Medical Officer for England, Dame Sally Davis, has said a sugar tax may be necessary in the fight against obesity.

Speaking to the Health Select Committee, she said that a sugar tax may be the only way to get food and drink manufacturers to change their products and remove high levels of sugar from them.

Speaking to the health select committee, she said: “We have a generation of children who, because they’re overweight and their lack of activity, may well not live as long as my generation. “They will be the first generation that live less, and that is of great concern.”

She also said that there was a danger in the normalisation of being overweight, and urged ministers to find a new way to address this issue. She said: “We have to find a new way – not of ostracising people who are obese and making them feel bad about themselves – but somehow of helping them to understand this is pathological and will cause them harm.”

Food and drink manufacturers have said they were working on ways to reduce the amount of sugar in their products.
YOU SAID, WE DID

Change is in the air

In our regular feature Sharon White, professional officer for SAPHNA, shows how feedback from school nurses is helping to transform the profession

1 YOU SAID...
What is happening with the revision of the statutory guidance ‘Supporting pupils at school with medical conditions’?

WE LISTENED
SAPHNA has been involved in this for more than two years and has continuously lobbied the Department for Education for it to be reviewed. The current draft is out for consultation so ensure you have your say.


WE DID
There are numerous potential implications for school nursing services in the revised guidance. We need to work with the Department for Education and others to ensure the guidance takes account of the additional health needs of children and young people while also acknowledging the pressures placed on the profession.

2 YOU SAID...
SAPHNA is going from strength to strength. Are there any opportunities to be on the executive committee?

WE LISTENED
We put out a call for new members to compliment and strengthen our existing board, and to respond to the increasing demand for our involvement and services.

3 YOU SAID...
We need improved training, resources and support regarding child sexual exploitation.

WE LISTENED
We have been part of a Department of Health (DH) funded project alongside the British Association for Sexual Health and HIV (BASHH) and others developing a screening tool and more.

The DH school nurse development programme is also currently developing a child sexual exploitation pathway. Betsy Allen (who is on the SAPHNA exec and works as a professional lead in Devon) is now seconded to the DH and is leading on this.

WE DID
The tool and resources will be launched soon. Opportunity to contribute to the DH pathway will be made available via our website, www.jfhc.co.uk/saphna/

If there is an issue facing school nursing that you would like featured in our You Said, We Did column, please contact Sharon White at Sharon@saphna-professionals.org
Making progress on children and young people’s health

Writing for Public Health England, Dr Ann Hoskins and Eustace de Sousa look at how health professionals can give children and young people the best start in life.

Public Health England (PHE) has an important leadership role on the prevention and promotion of health and well-being for children and young people. We know from research that a good start in the early years through to adolescence is important for children and young people’s health and well-being and those adverse experiences in childhood affect outcomes in later life. Many of the studies on adverse childhood experiences are from the USA, but last year research in Blackburn and Darwen showed a similar pattern in the UK. So the importance of ‘getting it right’ for children matters, not only for their present and future health and well-being, but also for the future prosperity of the country.

In the children, young people and family team during this first year of PHE we have taken a life course approach. Our work programme has included pregnancy, early years, school age and adolescents with cross-cutting themes of health inequalities and ensuring that children and young people’s views inform our work. We work closely with the Child and Maternal Health Intelligence Network and have established a vibrant network of PHE staff with an interest in this area – both in the specialist national teams as well as with PHE centres. I wanted to highlight some of this year’s activities, and look forward to sharing the outcome of all of our work in 2013/14 in April/May.

An update of the evidence base for the Healthy Child Programme (0–5) years was commissioned, and will be reported on by the Social Research Unit at Dartington, in collaboration with Warwick and Coventry University, by mid-April. This will help inform local authorities as they take on the commissioning of this programme in 2015. We are working closely with the Early Intervention Foundation, which has 20 pilot sites on early intervention for children and young people across England. This collaboration gives us the opportunity to test out the best approaches to implementing evidence-based practice in a cost-effective way.
Tackling childhood obesity

Childhood obesity has been a key priority and the six regional events we held across England highlighted some great practice across the country, and have helped inform our forward work plan for 2014/15. One issue that came up frequently, both from researchers presenting their work and public health staff with experience of sharing children’s results with parents as part of the National Child Measurement Programme (NCMP) was that parents often find it difficult to spot if their children are overweight. This was also noted in the Health Survey for England 2012. We have talked about this previously on the blog and intend to explore it more with PHE’s social marketing team in 2014 so that we are able to provide more help to parents.

The National Child Measurement Programme data from the 2012/13 school year, published in December 2013, showed some signs of a stabilisation of the rise in obesity and overweight in year 6 and a slight reduction in reception year. But we can’t be complacent; the levels remain high, and differences in affluent and deprived communities are extremely wide, with the most deprived areas having double the prevalence of child obesity than the least deprived, and the gap is still increasing.

The NCMP data by local authority can be viewed in the fingertips and are used for the Public Health Outcomes Framework indicator on excess weight in children. There is so much more to do! We need a system-wide approach to promoting healthy weight for all children, and with the Local Government Association we are piloting the inclusion of childhood obesity as a specialist topic in the local authority health and well-being peer challenge. Bath and North East Somerset Council will be the first local authority to test this approach, with Peterborough and Blackpool to follow in March. A number of local authorities have expressed an interest in participating later in 2014.

In December we hosted an ‘evidence into practice’ seminar with researchers to help us identify key messages for schools and further education colleges based on evidence linking pupil health and well-being...
We are using this to publish a briefing for head teachers and to inform our wider work with the education sector.

We are working with experts in the field of adolescent health and well-being to develop a framework for local authorities which will help them locally use the evidence base more effectively. We intend to publish this in the spring.

Reducing accidental death and injury

This year we have also been concerned about addressing unintentional injuries and deaths of children and young people. Working with leading national injury prevention agencies, we intend to publish new analysis and information in early April 2014 for local areas to gain a greater understanding of the issue and what they can do locally.

Listening to the views of children and young people is an essential component of how we develop our priorities [on] health and well-being

The table above shows our approach for work in 2013/14 and beyond.

PHE has a vital role in highlighting the importance of prevention, starting with pregnant women, children and young people. I hope that you will join us in developing our work programme.

Of course, we are totally reliant on the workforce to deliver our work and drive forward the public health agenda, however, we recognise that it is a hugely challenging time for health professionals, including school nurses.

Twitter @PHEChildren
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Ann.Hoskins@phe.gov.uk

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Challenges for professionals

In his presentation at the 0–19 life course approach to health and well-being for children, young people and families event, hosted by Public Health England and the Department of Health, Eustace de Sousa, Deputy Director, Children, Young People and Families, Public Health England opened by focusing on these very challenges.

He said the major challenge facing health professionals was time: “If you’re working in health and social care and well-being, it is impossible to keep up-to-date with the latest knowledge and information, and I’m quite concerned about that.”

He then went on to say that lack of time then impacted on how professionals access this information and how this then feeds back into developing work practices.

He said: “Then the next challenge is how we access that information. Do we access it in a way that is efficient? And also, there’s a lot of rubbish out there, so where do we go to find information that is trustworthy?”

“And the third challenge is how can I make an impact on the way that I work, and improve outcomes for children and young people and make me more efficient and more effective?”

Using tools effectively

The second part of de Sousa’s presentation then looked at tools which can aid health professionals, and he encouraged all frontline workers to add these to bookmarks and become familiar with them.

The first of these was the Child and Maternal Health Intelligence Network (http://www.chimat.org.uk/), while he also stressed the importance and use of the Health Visitor Dashboard, which is in its first iteration, with “new developments to come”.

He also looked at the Child Health Profiles, which “give a rounded view of child health and well-being.” He said these were used quite extensively by local authorities “especially if they want to compare themselves with their neighbours.”

And he also highlighted PRE:view. This was, he said, “not being used extensively and we’d like to improve that.”

PRE:view allows health professionals to look at a particular area or topic within the local authority and, if all things were constant, make forecasts for future developments. This allows decision makers to focus resources on targeted areas where they will be needed most.

Shaping the industry

Another recent event was also well-attended by school nurse members from SAPHNA, eager to shape the industry. The event, hosted by PHE and the Association for Young People’s Health (AYPH), looked at how to shape the forthcoming adolescent health and well-being framework. Critically, this also involved commissioners, other frontline health workers, the youth and voluntary sector, GPs, paediatricians and local authority leads.

The participants input their views on content of the framework as well as levers to assist with implementation. Sharon White, professional officer from the School and Public Health Nurses Association spoke about the need to see adolescents as an asset and said school nurses could be ambassadors for the framework. David Wright from the Confederation of Heads of Young People’s Services explained how a framework would assist members and the elements they would like to see included.

White said: “Public health is at the heart of school nursing practice. We welcome the work and aspiration of Public Health England regarding children and young people and look forward to continued partnership working to improve their public health outcomes.’

PHE welcomes school nurses contributions to their work, so please do let them have your thoughts and comments (see p11 for contact details).
The Anger Box brings together a wide field of research into the experience of sensory turmoil and pain, together with powerful first-hand accounts of sensory dysfunction experienced by children and adults with autism spectrum disorders – and suggestions drawn from the author’s observation and practise.

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Getting the right messages across on health protection

Wendy Nicholson, professional officer, school and community nursing, at the Department of Health provides an update on policy and practice

Public health and public health nursing is often overlooked and rarely receives the attention it so rightly deserves. However, the role of nurses within health protection has recently received much attention. Monday February 24th was the start of a dedicated week of action focusing on health protection. All nurses, midwives and care staff have an important contribution to make and Viv Bennett, Director of Nursing at the Department of Health, flagged this within her first blog of the week, which can be read at http://vivbennett.dh.gov.uk/protecting-health-intro/.

Clearly, health protection is core business for all nurses. However, health visitors and school nurses are specialist public health nurses, and as such they use their specialist skills and expertise to not only support children, young people and families but also in providing leadership and supporting other practitioners and key partners in health protection. The week of action provided an opportunity to reflect on the invaluable contribution school nursing teams make and to think about the diverse nature of their health protection work.

School nurses have a fundamental role in health protection and supporting children, young people and parents to make informed decisions to support their well-being. Starting intelligent conversations with parents during the early years and actively encouraging the engagement with children and young people throughout the school-aged years will ensure parents and their children make good decisions to improve their life chances.

Infection control

Families and home life are not the only influencers on children's lives. Schools provide opportunities for children and young people to engage in learning, socialise, and generally spend time with their peers. As a result, the chance of coming into contact with infections is unavoidable. School absences are often attributed to respiratory and gastrointestinal infections. Poor respiratory and hand hygiene will contribute to the spread of infections and this will potentially have an effect on parents, siblings and staff within schools.

The consequences and impact of spread of infection has far reaching implications beyond school absences, including spread of infection to siblings or grandparents, as well as for parents in term time due to time lost from work – which understandably may prompt parents to request antibiotics as a quick fix solution.

Antibiotics are widely prescribed, particularly during childhood, and there is general public misunderstanding on how to use antibiotics properly. Antimicrobial resistance (AMR) is an increasing problem and is related to antibiotic use. If antibiotic use could be reduced, the tide of increasing resistance could be stemmed. The vital and pivotal role of both health visitors and school nurses to AMR is outlined in the blog http://vivbennett.dh.gov.uk/protecting-health-amr-cyp/ and useful free resources which school nurses can signpost schools to can be found at http://www.e-bug.eu/

Building resilience

Health protection is not only about physical health – it also includes emotional health and well-being. My blog http://vivbennett.dh.gov.uk/protect-health-building-resilience-cyp/ discusses the importance of building resilience and its relationship to health protection. We often talk about resilience and building resilience – but in reality what does that mean? The dictionary
definition describes it as – ‘bounce back or the ability of a substance or object to spring back into shape; elasticity. However, to be able to ‘bounce back’ there needs to be a tangible or strong place to bounce back to – not all children, young people and families have this anchor.

Building resilience equips children and young people with the ability to steer through life’s challenges and find ways to bounce back and to thrive. Resilience makes a big difference in people’s lives and building resilience can help children and young people to cope with adversity and have improved health outcomes. Remarkably, children and young people are more successful than others at resisting and overcoming stressful episodes. However, there will be times in their lives when they need support to ensure they are protected and they are able to make good choices to support their health and well-being.

School nurses are incredibly well placed to provide that support through the development of resilience-promoting, and without a doubt this can make a real difference to the lives of children and young people both now and as they progress towards adulthood. We will be launching a health and well-being pathway in the very near future – so watch this space!

**Mobilising the profession**

Networking and coming together regularly can be difficult for school nurses, however despite being a disparate workforce we have been finding creative ways of galvanising school nurses – this has included the use social of media and national webinars.

We held a vibrant and pacey webinar during the week of action succinctly titled: *Health protection – children and young people*. The word cloud below summaries the breadth of issues covered and the important contribution school nurses make to protecting children and young people. As part of the discussions we touched on taking forward actions and making a difference as part of NHS Change Day [http://changeday.nhs.uk/](http://changeday.nhs.uk/). The readiness and positivity of both school nurses and health visitors to pledge is perhaps a small measure of their passion and indeed intrinsic desire to make a difference.

The week of action provoked much activity and debate, providing a fantastic platform to raise the profile of health protection and an opportunity for public health nurses to reflect, celebrate and consider where they are and where they can make a difference – together and collectively. The use of different media to engage means we can reach out to mobilise the profession to support your involvement so you can influence the national agenda.

**The value of social media**

Many school nurses are now very active on Twitter using the #SNSOME and sharing their passion for improving health outcomes for school-aged children. It is through Twitter that I met the remarkable mental health nurse @paul_RMHN. He shared his interest in children and young people’s mental health and he since harnessed that passion, which has taken him on a new journey as a school nurse (SCPHN) student. We have tweeted and DM (direct messaged) many times, our dialogue has been varied but often returns to Paul’s true passion – supporting the health and well-being of children within military families.

We used our recent school nurse network webinar to explore the issues and gain deeper insight. Those who joined the webinar were very fortunate to have a splendid SCPHN student with a passion for supporting children of military families leading and guiding the discussion – thank you Paul.

This triggered a plethora of questions and thoughts – you could almost hear the cogs not only turning but practically spinning! We picked up the discussion at the National School Nurse Programme Implementation Group a week or so later. As a direct result we are now in discussion with the Department of Health lead for the armed forces and considering how we can link to make a difference on the ground for children of military families.

We are very fortunate in the Department of Health to have an amazing leader and ambassador for public health nursing in Viv Bennett, director of nursing and principal adviser to the government of public health nursing. Her summary of the week of action can be found at [http://vivbennett.dh.gov.uk/protecting-health-final/](http://vivbennett.dh.gov.uk/protecting-health-final/) and is a must read for all public health nurses!

The week of action provided a focus and perhaps could be described as casting the pebble to generate ripples with far reaching effects. So, will you join us to make a difference by pledging for NHS Change Day and ensuring public health nursing is not only seen but heard?

Details of forthcoming webinars can be obtained from Fiona.hill@dh.gsi.gov.uk
Dreaming to achieve

Being a young carer can be challenging for even the most resolute of children. In the first of a regular column Lauren Goddard tells her story of being a young carer and how the Basingstoke Young Carers organisation helped her find her feet.

Lauren’s story
From a young age I saw my mum deal with many different health issues, both physical and mental. This resulted in extra responsibilities for me, which most of the time I couldn’t cope with and ran away from. I argued with my mum, which resulted in tears a few times. I didn’t make it easy on her or myself for a while, and I couldn’t understand why I had to deal with all of it. I just wanted to be a normal kid.

Don’t get me wrong, I love my mum to bits and I was really close to her, but that really made it worse as I couldn’t stand seeing her so bad. It took time to be more aware of what was going on around me, and eventually I realised it was more serious than I’d first thought.

Family difficulties
I was a very active child but then I became ill. At first doctors thought it was a throat infection but two weeks later I got diagnosed with chronic fatigue syndrome (CFS). The stress that it caused got too much for me and my mum, which resulted in us drifting apart. It was always one thing after another and nothing seemed to be getting better. Then my mum spent a lot of time in hospital and because of this I then had to move in with my dad. It didn’t take long until I was getting told I needed to go back to school. It was also during this period that I first found out I was classed as a young carer.

At the start of Year 9, after trying everything possible to get me back into school, a meeting was held with me, my parents and a teacher.

My introduction to Young Carers
We discussed a new group called Basingstoke Young Carers (BYC). At first I was unsure of what they meant by a ‘young carer’ but after they explained what it was about I thought it would be a good idea.
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For more than 20 years the *Journal of Family Health Care* has been providing the latest research and up-to-date information on a huge range of topics concerning the health and well-being of infants and young children. These exciting new books bring together a selection of articles from the Journal’s recent archives for the first time to provide comprehensive, informative and convenient reference tools for community health professionals, including health visitors and their teams, midwives, school nurses, practice nurses, dietitians, practice teachers, tutors and students, as well as community paediatric nurses.

The CD-roms that accompany the books supply a number of factsheets that cover many of the issues discussed, which can be printed out and left with parents, schools or anyone else affected by the issues covered, enabling community health professionals to easily provide reassurance and advice.

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**Volume 2** explores the ever growing problem of allergies, including asthma, and the causes and management of allergic conditions. Carefully selected from the archives of the *Journal of Family Health Care*, this book provides some of the best articles to have been published by the journal in recent years, written by some of the leading experts in the field.

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similar feelings and emotions. This made me feel more confident and I decided then that I wanted to continue going.

Throughout my time there I had some brilliant experiences. We had some amazing weekend trips away and I was fortunate enough to make a publicity video about young carer’s, which explained what they do, who they are and what BYC can offer to young people.

At the end of 2012 I left BYC. I’d grown to realise that certain situations couldn’t be helped. But it also made me want to do something worthwhile and meaningful with my life. I want to find ways in which to help others who struggle with certain situations in their lives and aspire to do more with mine.

Children’s Society
I got an email from Ed at BYC about this job at the Children’s Society. The Children’s Society support young people and try to influence government about problems facing children. I thought it was the perfect job, and if it wasn’t for that email from Ed I wouldn’t have known about it. It gave me a chance that I’d never thought I’d have and an opportunity to learn about things professionally. And it boosted my confidence too – especially with travelling. Being at the Children’s Society made me realise that I am good at things and that I’m not a failure at everything.

School Nurse Young Carer’s Champion training
I was approached to do this by Wendy Nicholson at the Department of Health. The aim of this project was to look at ways in which we could influence school nurses. But when you become a Champion you get to develop your skills. For young people, school nurses are really important – especially for carers, and having a Young Champion means you can have a hands on role in working with the school nurses and other children – in this case young carers – and look at what you can get put in place. So, for example, school nurses might be able to get a better picture of young carers through the Champions.

SAPHNA conference
Last October I spoke at the SAPHNA annual conference to talk about school nurses and the support they can give to young carers, and how they, as professionals can recognise a young carer. I’ve done talks like this a few times – once in London at the Department of Health – but Birmingham was the main one, because there were lots more people there. Doing it really boosted my confidence as I didn’t think I’d be able to do it. I was really grateful for the Children’s Society for letting me do it, and also Sharon White (from SAPHNA) and Wendy Nicholson as they really helped.

Youth worker
I went along for an interview recently to become a youth worker as my experiences have boosted my confidence. I was thrilled when I was told I would be working for 10 days every month. It is my dream job and in my next column I will bring you news on how it’s all going.

MY FIVE MAIN HIGHLIGHTS OVER THE LAST YEAR:
• Finishing my course at college – First time ever I haven’t given up on something
• Helping young carers along with school nurses
• Becoming an intern at the Children’s Society – Participations and communications
• Speaking at the conference in Birmingham – Finding my confidence (me) again
• Becoming a youth worker – Dream it, believe it, achieve it.

A FEW OF MY FAVOURITE THINGS:
• Jessie J – she is my favourite singer and I’d love to meet her one day
• My niece and nephew
• Hanging out with friends at the Young Carers Festival
• Sunday roast
• Bournemouth beach
• Lion (and other big cats)
Youth Self-harm and Suicide Awareness

By Jude Sellen

A reflective practice training pack

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Research shows that while staff find training courses that provide facts and figures about self-harm and suicide useful, such training does little to build their confidence when working with young people. In addition to exploring key facts and research, Youth Self-harm and Suicide Awareness seeks to recognise the importance of acknowledging attitudes and encourage workers to understand how their attitudinal stance impacts their work with young people who self-harm or feel suicidal.

The core training comprises two full-day modules: module one introduces self-harm in young people and module two expands on this learning by examining more closely working with young people who self-harm. Both modules are underpinned by a framework of reflective practice and a basic application of theories from Transactional Analysis.

The training manual also includes three optional youth suicide awareness workshops, which can be run together as a full day’s training. The purpose of the workshops is to increase participants’ knowledge and understanding about youth suicide and to look at developing local youth suicide prevention guidelines and support within local areas and organisations.

Contents include
- About the author and acknowledgements
- Introduction
- Module 1: An introduction to self-harm and young people
- Module 2: Working with young people who self-harm
- Three workshops on suicide awareness
- Resources

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This time of year sees the new Fund for Innovation and Leadership projects become a reality. The application and selection process has been and gone and the reality of delivering the project begins. Each of the 10 chosen projects runs for 12 months, starting in January, and benefits from up to £5,000 in funding. During the course of the year the QNI holds three two-day workshops for all the project leaders, and also carries out site visits to meet with project leaders and see how the work is progressing. It is a fairly energy intensive programme, and would not be possible without the financial backing of the Burdett Trust for Nursing.

Innovation and leadership
The Fund for Innovation and Leadership has two fundamental aims. The first of these, innovation, is the aim to test new ideas in patient care on a small scale. If successful, the QNI can share the results more widely, through our website, conferences and publications, so that they can be replicated on a wider scale. The second objective, leadership, is one of the professional qualities that we hope the project leaders develop during the course of the year. For some project leaders, this is the first time that they will have had the responsibility for designing and managing their own innovative project.

School nurse involvement
For the last few years we have been fortunate to have always had at least one school nurse or public health project. We have two such projects in the 2014 programme.

The first project is led by two school nurse team leaders in Huddersfield, West Yorkshire. Julie Bulmer and Angela Ladocha aim to develop a pathway that enhances the skills and knowledge of school nurses, enabling them to support parents and school staff to manage children with behavioural issues in key stage 1 (children aged between four and seven).

The school health team recognised that due to lack of expertise within the team, there was currently a gap in the service they provided around behaviour management. This, coupled with a growing number of referrals from parents, schools and other health professionals identified that there was a real need for intervention and led to this proposal.

Improving outcomes
Challenging behaviour can have a significant negative impact on the child’s health, well-being and educational attainment, and in the most extreme cases pupils are suspended or excluded from school. In order to improve the outcomes for these young children a behaviour assessment tool and a training
A package will be developed to support the delivery of this new approach. It is hoped that this intervention will improve the behaviour, emotional health and educational attainment of the child. As an added outcome, it is also hoped to improve parenting skills and the relationship between the parent and child.

**The impact of delayed weaning**

The second project will take place in Southampton, and is led by health visitor Ros Ratcliffe. Ros aims to address the issue of delayed weaning. One of the most common problems with infant and toddler nutrition in this geographical area is the poor diet caused by their excessive intake of milk. In particular this affects some Asian and African communities where late weaning is a cultural trend.

Excessive milk intake has several effects on infants’ and toddlers’ health, including obesity, anaemia and dental caries. It also has various long-term effects and may increase the chances of developing diabetes and cardiovascular disease later in life. There can also be a delay in the development of speech due to the lack of adequate chewing in the infant/toddler’s life.

Ros and her team plan the delivery of educational sessions held in a café environment for those parents who are struggling with the child’s diet and feeding regime. Meals will be cooked during the sessions and the parents will then be encouraged to eat with their children. It is thereby hoped to promote the introduction of healthy solid food diet to the weaning infants and reduce their parents’ reliance on formula milk.

**Meeting multiple challenges**

Delivering the projects over a 12-month period often takes place against a backdrop of many and varied challenges.

Sometimes projects have become overtaken by external factors which become overnight priorities for service planners and employers, for example delivering a vaccine programme whether it be MMR, Flu, or Hib. In those situations, project leaders can find that they are under significant time constraints, and project timetables can slip.

However despite all the challenges I am confident that this year’s projects will be successful; with the institutional support that the QNI can give, we can help nurses plan and predict how to deal with unexpected problems, through contingency planning. Occasionally this means reminding employers to honour their commitments to the nurses concerned, as they undertake to support the nurse project leaders as a condition of the application.

**Further information**

You can read summaries of previously funded projects on our website at [http://www.qni.org.uk/innovation_centre](http://www.qni.org.uk/innovation_centre) and see some of the patient resources that the nurses have developed.

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The right to go

Childhood continence problems can affect children mentally as well as physically. Jenny Perez from ERIC explains why this is the case and also describes the empowering ways school nurses can provide effective support.

The plans for an extended school nursing service reinforce the unique role that nurses play in promoting public health initiatives and supporting early intervention for medical conditions in schools. When it comes to childhood continence problems, school nurses play a key role in delivering first-line treatment and support. If children do not respond to treatment, they should be referred on to specialist continence services for secondary care, where these services exist.

About 900,000 out of 8.5 million children and young people in the UK aged 5–19 years have a medical condition affecting their bladder or bowel (NICE, 2010). Although it may appear on the outside that these children do not have any medical difficulties, those with a diagnosis of an overactive bladder, dysfunctional voiding, nocturnal enuresis (bedwetting) or chronic constipation can experience extreme mental anguish and physical discomfort during the school day.

Breaking down the social stigma
The sad reality is that these medical conditions are rarely acknowledged by society for the serious impact they have on children and young people’s lives. This leads to a culture of shame and isolation among those children and they may become socially withdrawn (Lottmann & Alova, 2007).

Indeed, bladder and bowel conditions are often some of the most debilitating problems for young people because of their combined impact on physical, emotional and psychological health and well-being. The social stigma associated with wetting or soiling problems is unlike any other issue faced by young people and evokes terms like dirtiness, smelliness, laziness and worthlessness.

Furthermore, misconceptions are made by many people that continence problems are caused by ‘psychological problems’. On the contrary, the vast majority of children experience physical problems which can lead to the development of psychological issues. Most of these are functional difficulties such as idiopathic constipation or overactive bladders, some are due to developmental delays and a special percentage have underlying complex anomalies. Poorly treated symptoms inevitably lead to psychological problems, from quiet shame to outbursts of extreme behaviour.
Managing these problems can be extremely stressful for the family, straining relationships and leading to feelings of helplessness. In addition, the practicalities of caring for children with continence problems can be exhausting and significantly reduces the carer’s quality of life (Butler et al., 2005). This poor understanding and frustration sometimes leads parents to punish their child, verbally or physically (Meydan et al., 2012).

Poor provision of paediatric continence services
A survey of 72 primary care trusts (PCTs) in 2011 revealed that three-quarters did not deliver a dedicated paediatric service and half did not class their paediatric continence services as joined up. Five PCTs failed to offer any service covering daytime wetting, bedwetting, constipation/soiling and toilet training, and four PCTs only offered a service covering one of these issues.

Data and anecdotal feedback that has been collected since 2011 highlights that service provision remains inadequate and that many children are not receiving the support they need to resolve problems promptly and effectively.

A lack of integrated services means that wetting and soiling problems are frequently treated in different clinics across primary and secondary care – yet it is more effective to treat these problems together as they are often connected.

Childhood continence problems are not only distressing for children and families, but they also place a huge financial burden on health services. There are around 15,000 hospital admissions for chronic constipation and urinary tract (UTIs) in children every year, 80% of which could be avoided through improved primary care.

ERIC, the national charity that supports children with continence problems, has recently recruited a Paediatric Continence Specialist Nurse to lead a three-year pilot project funded by the Department of Health (DH). The project aims to improve local care pathways around Bristol and ensure school nurses, health visitors and other groups of professionals have the training necessary to support children with continence problems. The goal is to help deliver improved outcomes for children with continence problems and reduce the burden on secondary care.

A comprehensive paediatric continence service can essentially fund itself through cutting inappropriate referrals to secondary care and reducing pad provision, while ensuring that children and their families receive the time, continuity of care and levels of understanding needed.

ERIC is a member of the Paediatric Continence Forum (PCF), which aims to influence policy development and service delivery at a national and local level. The PCF has recently developed a practical toolkit to help commissioners implement the 2010 National Institute for Health and Care Excellence (NICE) guidance on commissioning a paediatric continence service (NICE, 2010). Information about accessing the toolkit is available via the Professionals’ section of ERIC’s website.

Common childhood continence problems
Paediatric continence problems are the result of a wide spectrum of bowel and bladder conditions and can range from children born with life-threatening congenital bowel and bladder abnormalities to the teenager who feels alone, socially isolated and ashamed of themselves because of chronic constipation or bedwetting.

It is estimated that persistent bedwetting affects about one in seven seven year olds, one in 11 nine year olds and one in 15 11 year olds, with proportional decreases between these age bands (Butler, 1998). Day-time wetting affects about one in 50 seven year olds and one in 100 11 to 18 year olds (Hjalmas, 1992). Soiling affects about one in 75 six to 10 year olds and one in 100 11 to 18 year olds (Doleys et al, 1981).

Nocturnal enuresis (bedwetting)
Nocturnal enuresis, or bedwetting, is involuntary wetting during sleep in a person with no physical disease at an age when they could be expected to be dry, or generally considered to be a developmental age of five years or over. Children and young people who experience bedwetting may also have daytime urinary tract symptoms, such as daytime wetting or frequent or urgent urination.

Bedwetting occurs in up to five children in a class of 30 reception children and by year 3, two children will regularly wet the bed. Bedwetting is not deliberate and it can run in the family.
**Daytime wetting**

Daytime wetting can often be a sign of a urinary tract infection (UTI) that must be excluded by a doctor before other causes are considered. Constipation also contributes to UTIs by impairing the emptying of the bladder. Another cause of daytime wetting is bladder overactivity, where the bladder muscle contracts as it fills with urine. This makes the child feel like they frequently and urgently need the toilet and if the feeling is ignored urine may leak out. Daytime wetting can also be caused by constipation as when the bowel is over full it presses on the bladder so urine can leak into underwear.

**Constipation and soiling**

The National Institute for Health and Care Excellence (NICE, 2010) states that the signs and symptoms of ‘idiopathic’ constipation include: infrequent bowel activity, foul smelling wind and stools, excessive flatulence, irregular stool texture, passing occasional enormous stools or frequent small pellets, withholding or straining to stop the passage of stools, soiling or overflow, diarrhoea, abdominal pain, distension or discomfort, poor appetite, lack of energy, an unhappy, angry or irritable mood and general malaise.

The most common reason for a child soiling is as a result of constipation, leading to an overflow of poo. Importantly, it may be the first symptom that the child presents having suffered with constipation undetected for many months. More rarely it can be due to an underlying congenital abnormality affecting the bowel – this is then usually labelled as faecal incontinence. In both cases the soiling happens outside the child’s voluntary control and in many cases the child may be unaware that the soiling accident has occurred. Chronic constipation is the cause of soiling in 95% of affected children.

**Complex bladder and bowel problems**

A small number of children may require intimate care procedures to be carried out, including at school, such as catheterisation of the bladder or changing a stoma bag. Resources from the charity PromoCon set out guidance for children who require such intimate care in schools.

**Psychological stress and continence problems**

It is well known that anxiety can lead to frequent urination, and with younger children whose physical control is not completely established, anxiety can lead to wetting accidents. Secondary onset wetting however, i.e. wetting that occurs after a long period of sustained dryness, should always be investigated, whether it occurs during daytime or at night. The most common cause is constipation, although the bowel symptoms may be missed as the wetting is the focus of attention. The child’s urine should always be tested for a UTI even if they appear totally well, as asymptomatic bacteriuria can lead to wetting.

Once constipation and UTI have been ruled out, the possibility of psychological stress should then be considered as a cause of the wetting; indeed, wetting can sometimes be indicative of abuse.

Similarly, secondary onset faecal soiling in the absence of constipation is likely to be behavioural. Such behaviour may be the result of stress, anxiety or abuse.
The role of the school nurse
ERIC conducted a survey of 1,127 parents and 105 children with continence problems in summer 2013. This highlighted that 72% of children felt their problem often or always stops them taking part in school activities. One in five parents said they currently feel unable to speak to school staff about their child’s difficulty. Many parents raised concerns about poor knowledge on continence issues and a lack of clear school procedures. And a fifth said that poor school toilet facilities contributed to their child's continence problem.

Under the new Children and Families Bill, it will become a legal requirement for schools to provide appropriate support for children with medical conditions. This addition to the Bill was lobbied for by the Schools Alliance, a coalition of charities representing children with a wide range of long-term medical conditions, including bladder and bowel conditions.

Under the supporting guidance (currently at draft stage), school nurses will be asked to play a key role in ensuring schools meet their responsibilities; for example, by helping them to identify training needs. They will also play a key role in helping to ensure children with medical conditions have an individual healthcare plan in place.

Wetting and soiling problems are usually linked to an underlying medical condition, and may take many months or years to resolve. It is therefore vital that children are treated with understanding and encouragement, and that a supportive attitude is taken towards any ‘accidents’, as they happen outside the child’s control.

Although many childhood continence problems are not completely preventable, the impact on a child’s health and quality of life can be significantly reduced through early intervention. This will help to avoid emergency hospital admissions, invasive surgical procedures, repeated referrals and damage to self-esteem.

School nurses can play an important role in supporting other school staff to understand childhood continence problems. For children whose continence problem first presents at school, it is important presumptions are not made regarding the cause of the child’s problems and that the issues are discussed with the parents.

Right to Go
School nurses can access ERIC’s Right to Go campaign toolkit and share it with head teachers, teaching staff and other school staff to help them to understand their roles and responsibilities; for example, developing a school-wide continence policy and creating Individual Healthcare Plans. Previous research by ERIC and the Association of Teachers and Lecturers (ATL) suggests only four in 10 schools have a continence policy.

It is clear that many school nurses spend a significant amount of their time supporting children with continence problems. A survey of 80 school nurses conducted by ERIC during summer 2013 highlighted that one in seven spends between 25% and 50% of their time supporting children with continence difficulties. 80% of those surveyed deliver nocturnal enuresis clinics, 35% provide support for constipation and soiling, and 26% provide support on daytime wetting issues.

Whether school nurses are currently commissioned to treat one or all of these continence problems, they are in a unique position to recognise the connections between wetting and soiling issues. It is therefore vital that they develop the knowledge and skills necessary to support children and parents, and know where to signpost them to for further support.

Evidence-based interventions
ERIC’s website provides information for professionals and details on training courses. The charity will also hold a paediatric continence conference in November. School nurses are also encouraged to make themselves aware of the National Institute for Health and Care Excellence (NICE) guidance for commissioning a paediatric continence service, as well as specific guidelines covering bedwetting, constipation and urinary tract infection (ERIC, 2010).

These are key resources for both health professionals and parents to refer to, as they outline
evidence-based treatment and care. Best practice treatment can involve a variety of interventions ranging from simple drinking and toileting programmes, to drug treatments or wetting alarms which require more complex and comprehensive treatment plans. It is important that treatment is tailored to the needs and circumstances of the child and their family and involves discussion with parents and relevant professionals.

Putting a continence policy and effective procedures in place

The aim of a school continence policy is to ensure that wetting and soiling incidents are minimised, but when they do occur they are dealt with in an appropriate manner, supporting the needs of the child and their parents.

For example, asking parents to come into school to deal with a child who has wet or soiled themselves is likely to be a direct contravention of the Equality Act (2010) and leaving a child in dirty clothes for any length of time pending the arrival of a parent is a form of abuse (Toileting Issues for Schools and Nurseries: Leicester, Leicestershire and Rutland Specialist Community Child Health Services).

For those children who have ongoing continence problems, it is important that their needs are identified and relevant Individual Healthcare Plans are drawn up so that those needs are met.

A comprehensive plan is a key element in the successful management of a bladder or bowel condition. If these problems are not managed properly, they impact not only on the well-being and education of the child, but also on the whole class. The care plan needs to include commitment from the parents/carer, school and where possible, the child. This is to ensure the best possible outcome for the child. A range of professionals may need to be involved in developing a plan, depending on the severity of the problem and the needs of the child. This may include the school nurse, children’s continence team, occupational therapist, physiotherapist, speech and language therapist or SENCO.

Case study

The integrated paediatric continence service in Liverpool Community Health NHS Trust has a lead paediatric continence adviser who works across primary care and links with secondary care health care professionals to provide a comprehensive paediatric continence promotion service that includes assessment, treatment, awareness raising and training for all staff including school nurses and health visitors. This has transformed the service from a fragmented continence-supply (‘free-nappy’) service to a fully integrated paediatric continence promotion service in accordance with NICE guidance.

Outcome: school nurses and health visitors are more confident in dealing with children and young people with continence problems. They are proactive in starting first-line treatments, and refer the child or young person to the paediatric continence service when appropriate and in a timely fashion.

Since the service started, the number of children and young people in receipt of free nappies has dropped from 700 to less than 300 per year, and the need for referral to secondary care for children and young people with idioopathic constipation has been virtually eliminated – saving more than £250,000 a year.

Further information

ERIC offers support to health professionals as well as children and families. For further information on their Right to Go campaign visit: http://www.eric.org.uk/Campaigns/TheRightToGo

The ERIC Helpline is available from Monday and Wednesday (9.30-4.30pm) on 0845 370 8008

PromoCon offers support for children with complex and special needs http://www.disabledliving.co.uk/PromoCon

References


Leicestershire and Rutland Specialist Community Child Health Services (undated) Toileting Issues for Schools and Nurseries. Leicester: Leicestershire and Rutland Specialist Community Child Health Services.
Diary of a student nurse

Putting theory into practice has proved fruitful for Paul Watson, as he makes an inspiring discovery regarding young people’s perceptions of mental health

Hello and welcome back to my journey through the wonderful world of the SCPHN programme.

I am approaching the midpoint of my course and gosh, it has been an emotional journey. Since my last article I have completed the dreaded alternate practice days and they have opened my eyes to other disciplines and how hard they work for children and young people. I have also had my eyes, ears and head bamboozled by the new role of the commissioning service. However, this has all been an integral part of my journey to becoming a SCPHN school nurse and has enabled me to better understand (or go some way to understanding!) the political mine field in which the role of the school nurse seems to have taken a massive step towards. Thus being a key contributing factor of the SCPHN school nurse and how we drive and develop the service.

This term has given me a bit more time to develop my skills as a school nurse. I have been afforded the responsibility of taking on a small caseload and been introduced to an array of organisational and leadership skills required to facilitate and execute a large scale double immunisation session regarding the dip, tet and polio and Men C immunisations.

Reflecting on the process of my HNA in my locality and the evidence base which it has produced, has enabled me to identify some of the needs of my community. The findings from the HNA highlight the severity of poverty of which I have seen nothing like it. Presenting the emotional or mental health issues that this amount of poverty produces and the legacy it leaves behind.

My CPT said to me one day, “Is it because you are a mental health nurse you can draw yourself to the mental health problems in the area, as there has been a massive increase in mental health issues being reported by children and young people recently” On reflection I’d suggest it is both.

The reason I say that is firstly I am comfortable with mental health issues as it is a subject I know something about personally as well as professionally, so I am drawn to what I understand. Secondly, there seems to be a real shift in children and young people, especially within my location coming forward and talking about mental health. I went into two year 10 classes to do a PSHE talk. I was then asked by a couple of pupils to do a talk on mental health. I readily agreed, asking them to answer two questions and feed it back to me. They were:

1) What is mental health?
2) What do you want to know about it?

About me
Hello, my name is Paul Watson and in July 2013 I qualified as a mental health nurse at Northumbria University. After five weeks off, and after spending three of those weeks in the USA de-stressing and recharging my batteries on the beach, I commenced my post-graduate diploma/master of science course in Specialist Community Public Health Nursing at Teesside University.

Over the coming academic year I hope to share my experiences with those who are already in practice, those who want to become SCPHN school nurses and those who are undergoing the course at the moment.

Wine and cake at the ready!

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After a week I received my answers back on scrappy bits of paper and the main themes that emerged were that young people know a little with regards to the ‘labels’ of mental health illnesses, such as schizophrenia and depression. What was especially pleasing with regards to the second question is the fact the young people wanted to know how to recognise the onset of a mental health problem and more importantly how they could potentially prevent some mental health issues like depression, self-harming and aggressive behaviours.

This approach by these young people would possibly go some way to believing that the stigma around mental health is slowly being broken down and that mental health and emotional health and well-being are now being talked about fairly openly.

With this rich information provided by the young people, I have been in contact with Mindfull (see Further Information box) to utilise their service within my secondary school. Mindfull is a charity that recruits young people to become emotional health and well-being peer mentors. Due to the growing acceptance of mental health issues with my secondary school I have asked for volunteers to implement this service within the school. We have recruited 18 volunteers to date and are waiting for training with Mindfull to commence in May. The school will then employ emotional health and well-being champions from within their school, which is all very positive and a great experience for those who volunteer. I will update you on our progress in a future issue.

So, all in all this term has been very positive and has enabled me to start looking at the theory we are taught at university and how it links to clinical practice.

I’ve also learned that by combining the two we can make change even in this climate of uncertainty regarding the role of the school nurse and the commissioning of services.

**Further information**

[www.mindfull.org/](http://www.mindfull.org/)

MindFull is an online service providing support, information and advice on mental health and emotional well-being issues to 11–17 year olds.
With over two-thirds of young people saying that putting mental health services online would be an effective way to tackle mental health issues, charity MindFull has designed the following infographic to illustrate the current state of youth mental health in the UK.

Based on a survey by YouGov of over 2,000 young people, it reveals that one child in five has symptoms of depression, and almost a third (32%) have thought about or attempted suicide before they were 16.

Emma-Jane Cross, CEO and founder of MindFull (part of The BB Group), said: “MindFull is a direct result of the feedback that we have been given by thousands of young people in the UK, who tell us they want the flexibility and convenience of an online service.”

“Too many children who try to speak out about the way they’re feeling are being let down or simply ignored. It’s unacceptable that so many are having to resort to harming themselves on purpose in order to cope, or worse still are thinking about ending their lives.”
Dental decay is the most common preventable childhood disease and good education at an early age can have a significant impact. The one in four children who still suffer from tooth decay are putting their development at risk. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, discusses the importance of establishing good oral health routines for children and why encouraging parents should be top of the priority list.

At the British Dental Health Foundation we are dedicated to improving the oral health of the nation and starting early is vital. A child’s oral health plays a key part of their early years well-being, and your help and support will go a long way to ensuring they remain on the right path.

The Foundation stresses that from an early age all children should visit the dentist so they get used to the sights and surroundings. A school nurse’s role in increasing their knowledge of oral health, not to mention making the subject appealing to children, will help us to achieve our goals.

Good habits start early
The Foundation emphasises three key messages for good oral health. These are:

- Brush your teeth for two minutes twice a day using a fluoride toothpaste
- Cut down on how often you have sugary foods and drinks
- Visit the dentist regularly, as often as they recommend.

Numerous studies have shown that children who learn good habits early are far more likely to carry them into adulthood and the ability to pick up a solid oral health routine is no different.

In the past, taking care of a child’s teeth might have slipped under the radar when it came to their general upbringing – but arming them with the knowledge now can prevent many complications and unnecessary treatments in the future. Figures show that not all parents are aware of how important good oral health is, and there is a growing responsibility on schools as guardians of children to intervene. Children who lack basic oral hygiene need to be educated on how and why they should brush their teeth in the hope that
habit will be taken into the home. Taking bad habits into adulthood is more likely to result in decay, tooth loss and gum disease, which has been linked to a whole manner of serious conditions such as diabetes, strokes, heart disease as well as dementia. It all means that making sure the child’s mouth stays healthy is about far more than achieving and maintaining a ‘pearly white’ smile.

**Normalising dental visits**

When growing up, children are constantly subjected to change and new experiences can occur on a daily basis. And just like their first tooth or word, their first step, haircut or birthday, their first dental visits are extremely significant. Dental visits should be a regular part of every child’s life and we all realise that it is important to introduce the role of the dentist to them at a young age. What’s more, with one of our recent surveys showing that almost one in four of the population suffer from dental phobias, it is vital to create an understanding among children that dentists are not to be feared but are there to help.

Therein lies the problem. If parents are afraid of the dentist, they are less likely to take their child along for crucial regular check-ups. School nurses can raise the issue with parents, and if the problem is widespread can arrange for a local dental team to come in to the school. Local oral health promotion teams are in general very keen to establish a relationship with schools, so this can be worth pursuing. At the age of 16 children can sign their own NHS form if they wish.

**Brush strokes**

During parents’ evenings it is a good idea to ask staff to talk with parents about toothbrushing techniques and daily oral health routines. You need to stress to parents how important it is to ensure they are still supervising their child while brushing until the age of seven (Hinds & Gregory, 2007). Children are often renowned for their short attention spans so this may require more observation and they may need gentle encouragement to ensure they brush for the full two minutes. The best advice to offer parents is that children should have a toothbrush with a small, medium soft head on it and should brush their teeth using a pea-sized blob of fluoride toothpaste. All children over the age of three should use toothpaste with a fluoride level that contains 1,350-1,500ppm (parts per million). Toothpaste fluoride levels for the under threes should have 1,000ppm. Parents should also check that their child spits out any toothpaste and does not swallow any if possible.

**Paying special attention to diet**

Another aspect that needs careful attention from an oral health point of view is the child’s diet. In the UK today, sweets and sugary foods and drinks are so readily available, the main point to remember is that it is not the amount of sugar a child may eat or drink, but how often they consume it. Sweet foods are allowed, but it is important to keep them to mealtimes. This is because sugary foods can also contribute to a range of health problems in later life, including heart disease and obesity. Children should have no more than three meals and two snacks a day and sugary foods and drinks should be confined to these times.

The growing amount of sugar in food has made improving the dietary habits of people, especially children, increasingly difficult. Children do not naturally have a sweet tooth and very often only develop this when they are offered sweets as rewards by family or at birthday parties. Try and encourage parents to offer other rewards instead – it will reap benefits for both the dental and general health of their child.
One positive to encourage healthier eating is to pick snacks and drinks which are healthy for their mouth and teeth. Healthy foods include: cheese, raw vegetables, seeds, bread, crackers, breadsticks and fruit. In terms of the healthiest drinks for teeth and gums, milk and water are the healthiest by far. Some schools now ban sweets and fizzy drinks completely and this can be a helpful policy. However if your school provides snacks in the canteen or has a vending machine, try to encourage the school to stock healthy options.

You can also consider implementing a healthy eating policy in school. School nurses are in a great position to advise the school hierarchy on foods that have a negative impact on oral health and which foods are beneficial. International School Meals Day (usually held in March) is an opportunity to engage the whole school in good dietary habits. Research has also suggested that eating the right food can improve attainment, so it could have an impact on the school’s overall performance.

**Education is key**

All children have a right to enjoy the best possible health and teaching children correct oral health care at an early age is an investment that will pay off in future years. And the best way they can begin is to
Pearly brights
A useful toolkit on brushing teeth called Delivering Better Oral Health – An evidence-based toolkit for prevention (2009) is available from the Department of Health

lead by example. By schools using initiatives such as Dental Buddy (www.dentalbuddy.org), a free resource for Early Years Foundation, Key Stage 1 and Key Stage 2 educators, they can deliver oral health as part of the curriculum.

Through free lesson plans, activity sheets and interactive presentations – a number of which are compatible for SMART Interactive Whiteboards – Dental Buddy offers guidance on the key learning outcomes and links to the curriculum plus the resources to help achieve them. They can all be downloaded, photocopied and taken into the classroom too.

The overarching aim is to help young children achieve the five ‘Every Child Matters’ outcomes of staying safe, being healthy, enjoying and achieving, making a positive contribution, and achieving economic well-being. Campaigns such as National Smile Month (www.smilemonth.org) running throughout May and June are also a great way to engage children with oral health and make it fun.

A child’s first cavities set the tone for their oral health for life, so it is important to get into them into a good dental hygiene routine from the offset. By supplying children with basic, but valuable information and knowledge to take home with them, the child will develop good eating and tooth-care habits into adulthood. If school nurses and educators continue to do this and guide parents then the future will look brighter for our children’s oral and general health.

Further information
The British Dental Health Foundation
http://www.dentalhealth.org/

The Foundation is an independent charity dedicated to improving oral health – in the UK and around the world by providing free and impartial dental advice to the public and health professionals. It also aims to influence the public, profession and government on issues such as mouth cancer awareness and fluoridation.

The Children’s Food Trust is a useful resource which includes research and information on health eating. Visit http://www.childrensfoodtrust.org.uk/schools for more information

References


Dental tips for teens
North Devon Healthcare Trust* has a dedicated dental team which goes out to schools and works closely with school nurses on dental health promotions. Here are their tips specifically for teenagers.

• Use a pea-sized amount of family toothpaste which should contain 1350-1500ppm of fluoride.
• Make sure the teeth are brushed right up to the gums.
• Choose a toothbrush with a head no bigger than a pound coin, or choose an electric brush.
• Do not wet the brush before cleaning as this dilutes the toothpaste.
• Spit out the toothpaste but don’t rinse after brushing. Leaving the fluoride in the toothpaste can strengthen teeth.
• Do not share toothbrushes.
• Replace the toothbrushes every three months or sooner if they are splayed.
• If gums bleed when brushing you need to brush thoroughly to stop the bleeding. Do not stop.
• Braces can trap plaque. If you wear a brace, clean the teeth especially round the brackets. A special brush can be recommended by a dentist.
• Floss or interdental brushes clean between the teeth where the toothbrush cannot reach. Ask for advice from dental staff if you are how to do this effectively.

Lifestyle effects on the mouth
• Sexual practices such as oral sex can lead to getting a virus which can cause oral cancer.
• Smoking is also harmful to your teeth and mouth. As well as bad breath and stained teeth which can affect your social life, decay in teeth and severe gum disease brought about by smoking, can lead to the early loss of teeth. Tobacco use is the biggest cause of oral cancer (HSCIC, 2013).
• Piercings can cause mouth damage. Infections, nerve damage, cysts, taste disturbance and speech. Problems can all result from having a mouth piercing. Damage to teeth can also occur.
• Illegal drugs can lead to dry mouth, decay and painful, bleeding gum disease.
• Eating disorders can mean lack of essential minerals, which can lead to a deterioration of the teeth. Frequent vomiting can lead to wearing away of the teeth and painful or blistered lips. If you suffer from this, contact your doctor or dentist.

* With thanks to North Devon Healthcare Trust for this information. The leaflets on their website are downloadable and free for anyone to use (http://www.healthyteethdevon.nhs.uk/).
Everything you need to know about... kidneys!
The Royal College of Paediatrics and Child Health and the British Kidney Patient Association has launched a new website to provide information on more than 45 different kidney conditions, as well as details of information and management. Visit infoKID at http://www.infokid.org.uk/

Body talk
Young disabled people should have the same access to high quality relationship and sex education as their peers, is the message of a new video by the Children’s Society. You can view My Choices here: youtube/7DoxidPSQwo

Celebrate in style!
Awards were handed out recently to this glammed up team of school nurse support workers for their continued delivery of healthy eating support at the Sandwell & West Birmingham NHS Trust award ceremony. For a full report see p6 on our news pages.

NIHR call for research
The National Institute for Health Research has issued a call for evaluative research for long-term conditions in children and young people. Closing date for submissions is May 23. For more information visit: http://www.themedcalls.nihr.ac.uk/children

Get appy
Wendy Nicholson and SAPHNA’s own Sharon White are seen here with a group of Leicestershire school nurses and children, who look proud to show off their latest mobile app.
Wales Exhibition

Cardiff FC Stadium, Cardiff
Tuesday 20 May 2014

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For further information, contact your local Sanofi Pasteur MSD representative or visit www.123againstHPV.co.uk

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In 2010/11, over 10% of eligible girls did not start their course of HPV vaccination. You have an opportunity to change this. Gardasil® is available at no cost for GP practices through ImmForm, for all previously unvaccinated girls aged 12–17.