BIG AMBITION
The story behind SAPHNA’s growth and success

SOCIAL REVOLUTION
School nurses embrace new ways to communicate

NOT TO BE SNEEZED AT
Rescue remedies for the exam season
ADHD.
I've got it.

Even at 13 hours post-dose, new once-daily Elvanse® (lisdexamfetamine dimesylate) improves its core ADHD symptoms compared to placebo.1 Elvanse® provides consistent symptom control throughout his day.12

For more information about Elvanse® and other Shire products visit www.fullattention.co.uk

Elvanse® is indicated as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in children aged 6 years and over when response to previous methylphenidate treatment is considered clinically inadequate.1 Elvanse® is not indicated in all children with ADHD and the decision to use the drug must be based on a very thorough assessment of the severity and chronicity of the child’s symptoms in relation to the child’s age and potential for abuse, misuse or diversion.2

Please consult the Elvanse® Summary of Product Characteristics (SmPC) before prescribing, particularly in relation to abuse and depenence, pre-treatment evaluation and ongoing monitoring, cardiovascular adverse events, psychiatric adverse events, lice, long-term suppression of growth (height and weight), seizures, visual disturbance, prescribing and dispensing, and use with other sympathomimetic drugs.

*Significant ADHD symptom control vs. placebo at each measured time point, even at 13 hours post-dose.12

ABBREVIATED PRESCRIBING INFORMATION

Before prescribing please consult the full Summary of Product Characteristics (SmPC).

Elvanse® 30mg, 50mg and 70mg capsules, hard.

Active ingredient: Lisdexamfetamine dimesylate 30mg, 50mg and 70mg. Uses: Elvanse® is indicated as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in children aged 6 years of age and over when response to previous methylphenidate treatment is considered clinically inadequate. Elvanse® is not indicated in all children with ADHD and the decision to use the drug must be based on a very thorough assessment of the severity and chronicity of the child’s symptoms in relation to the child’s age and potential for abuse, misuse or diversion.

Dosage and Administration: Children (aged 6 years and over) and adolescents: For all patients the starting dose is 30mg taken once daily in the morning. The dose may be increased by 20mg increments at approximately weekly intervals. Elvanse® should be administered orally at the lowest effective dosage. The maximum recommended dose is 70mg/day; higher doses have not been studied. Administration: Elvanse® may be swallowed whole or the capsule opened and the entire contents dissolved in a glass of water. If the contents include any compacted powder a spoon may be used to break apart the powder in the water. The contents should be stirred until completely dispersed. The patient should consume the full glass of water immediately. It should not be stored. Long-term Use: Pharmacological treatment of ADHD may be needed for extended periods. The physician who elects to use Elvanse® for extended periods (over 12 months) should re-evaluate the usefulness of Elvanse® at least yearly and consider trial periods off medication to assess the patient’s functioning without pharmacotherapy, preferably during times of school holidays. Contraindications: Hyper-sensitivity to sympathomimetic amines or any of the excipients, concomitant use of monoamine oxidase inhibitors or within 14 days after MAOI treatment, hyperpyrexia or thyrotoxicosis, agitated states, symptomatic cardiovascular disease, advanced atherosclerosis, moderate to severe hypertension, glaucoma, Warnings: Stimulants including Elvanse® have a potential for abuse, misuse, drug dependence or diversion for non-therapeutic uses that physicians should consider when prescribing these products. Stimulants should be prescribed cautiously to patients with a history of substance abuse. Monitor cardiovascular status carefully if sudden cardiac or unexplained death has been reported. Monitor psychiatric status as treatment may exacerbate symptoms of hyperactivity and thought disorder in patients with pre-existing psychiatric disorders. Particular care should be taken in using stimulants to treat ADHD patients with comorbid bipolar disorder because of concern for possible induction of mixed/manic episode. Elvanse® is associated with worsening or emergence of aggressive behaviour onset or exacerbation of tics, worsening of Tourette’s syndrome, worsening of pre-existing anxiety, agitation or tension. Use with caution in epileptics as may increase frequency of seizures. Precautionary: Monitor weight, growth, blood pressure. Difficulties with accommodation and blurring of vision have been reported with stimulant treatment. Elvanse® should be used with caution in patients who use other sympathomimetic drugs. The least amount of Elvanse® feasible should be prescribed or dispensed in order to minimise the risk of possible overdose by the patient. Interactions: Extended-release guanfacine, extended-release venlafaxine, acarbose and other agents that affect centrally urate, monoamine oxidase inhibitors, antihypertensives, norepinephrine, clonazepam, haloperidol, lithium carbonate, Pregnancy and Lactation: Not recommended. Driving: Caution is advised. Adverse Effects: Very common: Decreased appetite, insomnia, headache, upper abdominal pain, weight decreased. Common: Anorexia, tic, affect blunting, psychomotor hyperactivity, aggression, diziness, somnolence, mydriasis, dry mouth, dizziness, nausea, vomiting, rash, irritability, fatigue, paresthesia, tremor, tachycardia, palpitation, dyspnoea, upper abdominal pain, blood pressure increased. Consult SmPC in relation to less common side effects. Pharmacological Precautions: Store below 30°C. Legal Category: Prescription Only Medicine. Product Licence Numbers: 30mg: PL 0808/0050, 50mg: PL 0808/0051, 70mg: PL 0808/0052, NHS Cost (for 28 capsules) 30mg: £58.24, 50mg: £64.50, 70mg: £83.26. Date of Revision: February 2013. Name and Address of MA Holder: Shire Pharmaceutical Contracts Limited, Hampshire International Business Park, Chimney, Basingstoke, Hampshire RG24 8EP, United Kingdom, Tel 0800 055 6614. Email: mmedinfo@shire.com Further information is available on request. Elvanse® is a registered trade name.

CONSORTIUM ADHD CONTROL, ALL DAY*. YOU’VE GOT IT.
## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Title</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>WELCOME LETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>NEWS AND VIEWS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>LEADER</td>
<td>Stand and deliver</td>
<td>SAPHNA professional officer Sharon White introduces you to her executive board and encourages you to join and become an active member</td>
</tr>
<tr>
<td>13</td>
<td>POLICY &amp; STRATEGY</td>
<td>Strengthening the vision</td>
<td>The future looks promising for school nurses, children and young people, says Wendy Nicholson from the Department of Health as she announces exciting new projects</td>
</tr>
<tr>
<td>22</td>
<td>SOCIAL MEDIA</td>
<td>Get yourself connected</td>
<td>More school nurses than ever are embracing the social media revolution, using Twitter and phone apps to reach out to peers and pupils, says Caroline Duggan</td>
</tr>
<tr>
<td>26</td>
<td>INTERNET SAFETY</td>
<td>Social danger</td>
<td>The downside to technology is bullying and the potential for predators to prey on young people, says Barbara Richardson Todd who highlights the risks</td>
</tr>
<tr>
<td>30</td>
<td>HAY FEVER</td>
<td>Not to be sneezed at</td>
<td>Exams and hay fever symptoms can unfortunately align, causing misery for many school children. Allergy UK’s Lindsay McManus and JSPHN editor Penny Hosie suggest ways to ease the worst effects</td>
</tr>
<tr>
<td>34</td>
<td>DIARY DATES &amp; NOTICEBOARD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Welcome to the inaugural issue of the Journal of School and Public Health Nursing (JSPHN). We are so excited to have our own journal which provides SAPHNA with an excellent opportunity to showcase our work and continue our professional development, as well as inform and educate relevant partners to help raise the profile of school and public health nurses even further.

Our new partnership with Pavilion Publishing and Media also provides an effective platform through which to ensure our voice is heard, as they already produce a number of relevant publications and training materials in addition to organising events.

In this issue we bring you news from the Department of Health (DH) on exciting developments planned for the school nursing profession, including the School Nurse Young Carers Champions role and their ongoing training. We also carry articles with a social media theme.

Of course, as fans of Twitter, we were thrilled to tweet that we have already secured Professor Viv Bennett, director, Nursing at Public Health England (PHE), and Wendy Nicholson, professional officer – Nursing, DH, to speak at our annual conference in Birmingham (8th October). We will require your input to shape and guide the programme and, of course, your attendance. Our website at http://www.saphna-professionals.org will provide further details soon.

It is a crucial time for the school nursing profession, so I urge you to contribute to the agenda by becoming a member of SAPHNA, submitting articles to the journal and actively ‘Have your say’ in shaping the future for the children, young people and communities we work with.

Please do get in touch and I hope you enjoy the issue.

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.

Executive board members

Helen Ross
Chairperson
Locality Team Leader for Children’s Services, Central Essex Community Services

Sharon White
Professional officer SAPHNA
Formerly consultant nurse for Looked After Children, Leeds Community Healthcare

Babs Young
Secretary
Health visitor, Kent

Jill Beswick
Public health nursing pathway manager for Stockport

Sally Norfolk
Treasurer
Formerly operational lead, school nursing school nurse team, NHS Leeds Community Healthcare
Leeds Community Healthcare NHS Trust

Betsy Allen
Professional lead for school nursing and nurse for children and young people in care
Exeter, Devon

Penny Greenwood
Health improvement principal – maternity and children, Public Health for Wakefield

Elaine Davies
Public health nurse
Children and young people’s weight management specialist
Northumbria Healthcare NHS Foundation Trust

Veronica Hetherington
SAPHNA website editor
Lead public health school nurse, Northumbria Healthcare NHS Trust

Jane Walton
Formerly locality manager for children’s universal services, Hertfordshire Community NHS Trust

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.

Email SAPHNA at: info@saphna-professionals.org
Dymista Nasal Spray, suspension. Prescribing Information.

Presentation: Nasal spray suspension. Each gram of suspension contains 1000 micrograms of azelastine hydrochloride and 365 micrograms of fluticasone propionate.

Indications: Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if treatment with intranasal antihistamine or glucocorticoid alone is not considered sufficient.

Dosage and administration: Adults and Children over the age of 12: One actuation into each nostril twice daily.

Contra-indications: Hypersensitivity to azelastine hydrochloride or fluticasone propionate or any of the other ingredients in this medicine.

Warnings and precautions: Avoid concomitant use with ritonavir. Systemic effects of nasal corticosteroids may occur. Systemic exposure in severe liver disease may be increased. Dymista may result in clinically significant adrenal suppression. Monitor patients who experience changes in vision or have a history of ocular pressure, glaucoma and/or cataract. If adrenal function is impaired, take care when changing medication to Dymista. In patients with infections, recent surgery or injury to nose or mouth, weigh benefits against risks of use. Contains benzalkonium hydrochloride.

Experience of use in pregnancy and lactation is limited. Dymista should only be used if the potential benefit justifies the potential risk. Dymista has minor influence on ability to drive and use machines. Undesirable Effects: Epistaxis, headache, dysgeusia, unpleasant smell, hypersensitivity reactions including anaphylactic reactions, angioedema, bronchospasm, glaucoma, increased intraocular pressure, cataract, septal perforation, growth retardation may be possible in adolescents receiving prolonged treatment and growth should be monitored regularly. Consult the Summary of Product Characteristics for other side effects.

The number of children growing up in poor families could reach more than three million by 2020, despite the government’s best efforts to eradicate child poverty, advisors have warned.

Speaking to the Independent newspaper, the new chairman and deputy chairman of a new Social Mobility and Child Poverty Commission, Alan Milburn, Labour’s former health secretary, and Baroness [Gillian] Shepherd, the Conservative former education secretary, said there was no chance of the Coalition hitting its target, set by the previous Labour government and enshrined in law, to abolish child poverty by 2020.

The commission claims that approximately 200,000 children will be pushed into poverty by the 1% annual benefits rise cap, which runs for three years. Other moves which could increase the levels of child poverty include an annual benefits ceiling of £26,000 for a family, which is being phased in; and cuts in housing benefit for social housing tenants with a spare room.

“I don’t think there is a cat in hell’s chance that the 2020 target will be hit,” said Milburn. “They [the parties] should either put their hand in their pocket or stop pretending.”

The pair suggested that the independent Office for Budget Responsibility should publish the impact every chancellor’s budget has on the problems of child poverty and social mobility alongside the chancellor’s annual statement.

New vaccination measures brought forward

The government has announced new vaccination plans following the recent MMR/measles scare.

The “catch up” campaign, announced by Public Health England (PHE), NHS England and the Department of Health, aims to get as many 10–16 year olds as possible vaccinated for the next school year as possible.

Dr Paul Cosford, director for Health Protection at PHE, said: “We believe this national framework for a catch-up programme sets out an appropriate response to the situation in England, using the range of expertise and skills across the new public health system.

“Our plan specifically aims to strengthen current routine approaches to vaccination and specifically to target “hard to reach” populations with known low vaccination rates. We will aim to generate demand for vaccination among the parents of 10–16 year-olds through clear messages, for example through written materials and the launch of a new Facebook page in conjunction with NHS Choices, and shall be using #getthemmmr with partners on Twitter.”

The government has also brought forward by 12 months its plans to vaccinate children from the age of two against flu. This, alongside the introduction of a number of primary school pilot areas, will be implemented from this September. Additionally school nurses will now be tasked with administering the meningitis C booster jab to secondary school children from 2013/14.

The latter replaces the dose currently given at four months, which the Department of Health said is no longer required.

The government has started work on implementing its Working Together strategy, just weeks after the final revised version was published. The strategy intends to clarify the core legal requirements on individuals and organisations to keep children safe, as well as setting out the obligations that fall on all relevant services. It also emphasises that safeguarding is the responsibility of every professional who works with children.

School nurses are one of the professions singled out as having a critical role to play in the safeguarding of children, alongside GPs, primary care professionals, paediatricians, nurses and health visitors. School nurses can also be called upon to consider if neglect or abuse is a concern if a child has died at home or in the community. In this instance, the lead police investigator and senior health care professional would decide whether there should be a visit to the place where the child died, ideally within 24 hours of the event, and draw up a list of people who should attend the multi-agency meeting.

After this visit, the senior investigator, visiting health care professional, GP, health visitor and/or school nurse and local authority children’s social care representative should consider whether to raise concerns over whether that neglect or abuse contributed to the child’s death.

The hope of the new Working Together document is to free up healthcare professionals by giving them clarity about core requirements whilst reducing bureaucracy and enabling them to take control of their own practice.

Speaking at the NSPCC’s “How safe are our children?” conference, children’s minister Edward Timpson said: “...The guidance emphasises that safeguarding is the responsibility of all professionals who work with children, reinforcing, once again, the importance of multi-agency working.

“As you know, local safeguarding children’s boards (LSCBs) are absolutely vital to driving this at a local level so that different services; police, health, education, social care, work closely together and properly share information.”

School nurse picks up innovation award for text service

A school nurse from Shropshire has picked up a Queen’s Nursing Institute Award for Innovation and Leadership after implementing a text service for students.

Jo France picked up the award after the success of the service, called txt ur school nurse. The initiative was piloted in two schools in the area from January to December 2012.

The initiative ran from 9–5 Monday–Friday, but students were told the service was for non-emergency enquiries only. More information on the scheme can be found on page 22.

Jo said: “I have been extremely proud to become a Queen’s Nurse which recognises my dedication and commitment to providing quality nursing care to children and young people in Shropshire. “Becoming a Queen’s Nurse is a brilliant opportunity to become part of a like-minded network of nurses who share values to improve, lead and develop high quality compassionate care.”
In just over six years SAPHNA has quickly grown from a small grass roots organisation to one which actively embraces its role influencing key school nursing policy and strategy in health and education at Departmental level. SAPHNA members have passion and commitment in spades and here SAPHNA’s chief professional officer Sharon White charts SAPHNA’s journey from its relatively modest beginnings to explain why you should be joining them...

The School and Public Health Nurses Association (SAPHNA) was launched in January 2006 by a group of committed, experienced and motivated practitioners from across the UK. They, along with you, are passionate about improving the health and well-being of children, young people and their families.

The executive board (see pages 10 and 11) comprises health professionals from a variety of nursing backgrounds who currently work across a broad spectrum of public health nursing roles covering ages 0–19yrs.

SAPHNA is a professional organisation dedicated to the promotion of excellence in practice, taking forward the public health agenda by working in partnerships for the benefit of children and young people and the communities where they live and learn.

Our key aims
In partnership with its members, SAPHNA aims to:
- ARTICULATE the interests of school and public health nurses locally, nationally and internationally;
- BUILD an organisation driven and directed by the needs of professionals and celebrate the diversity of the communities which they serve;
- COMMIT to the advancement of the profession through building our resource of expertise and innovation in practice;
- INFLUENCE Department of Health, Department for Education and others to develop and implement policies that promote integrated service provision and the health and well-being of current and future populations.

The start of the journey
SAPHNA is now recognised as the leading professional organisation representing the voice of school and public nurses across the UK.

The whole of the school nursing profession has endured challenge and change and suffice to say SAPHNA has experienced similar adversities, not least financial pressures and early organisational teething problems. It has been somewhat of a turbulent journey! However, having swum against the tide, we have stuck our heals in, dug deep and are now beginning to reap the benefits of the past six years, with a membership of over 2,000 and active and crucial involvement in policy and practice development.

Those registered on the SAPHNA database are from across a broad range of personnel, including frontline school nurses and teams, academics, strategists, commissioners, departmental leads and, although predominantly from the health professions, also include our partners in social care, education, youth services and others.

How SAPHNA communicates
The SAPHNA website is currently our most useful active vehicle of communication seeing thousands of ‘hits’ per week. (www.saphna-professionals.org)

This is kept up-to-date on a regular basis and contains news, resources, training, and other useful information. Additional to this we send out regular updates via email, provide an annual conference and regional events across the year, many of which offer you unique opportunities. We also contribute to other events and conferences both locally and, indeed, globally to contribute to the ongoing advancement of the profession. The SAPHNA executive board are also available for advice and support and deal with a continuous plethora of requests, queries and enquiries from our members on a daily basis. We also form the editorial board of this new journal, previous journals and, between us, have published articles and books.

Influencing and lobbying roles
SAPHNA is recognised as valuable key stakeholder and, as such, contributes to a number of strands of work. These are often quite diverse, but all relevant to the public health of children, young people and families. Current examples of our involvement are with the Department of Health, Department of Education, Children and Young People’s Outcome Framework Forum, NICE, research, Asthma UK, Brook, to name but a few. The work involves us lobbying, influencing, contributing and implementing both policy and practice changes. We draw on membership expertise to inform and help guide how this should shape up to best meet the workforce and client need. This is then utilised to contribute to our workstreams.

School Nurse Development Programme
We have also been closely involved in the Department of Health School Nurse Development Programme;
LEADER

‘Getting it right for children, young people and families: maximising the contribution of the school nursing team’.

The School Nurse Development Programme is a contribution to the Government’s intention to focus on public health and to improve the life chances of children and young people through effective preventative and early help services. It is an ongoing plan which both sets out work to date and next steps. It is also a call to action to all working to improve the health and well-being of children and young people in the school years.

Many of you have, via the SAPHNA website ‘Have your say’ section, Twitter and direct emails, influenced and contributed to this by offering valuable opinions, views, evidence, research and examples of best practice, which have indeed been taken into account, many of which can be seen in the outputs published thus far. This is a great example of how policy and practice can be driven by you with the support of SAPHNA as a professional association.

Our achievements

SAPHNA has been instrumental in facilitating positive change across the school nursing profession. Here are some of our key highlights.

1 YOU SAID...

‘These new growth measurement charts are not fit for purpose! They are unclear, suggest we have to strip kids off and are complicated to say the least’!

WE LISTENED

• We reviewed the charts – and agreed.
• We raised our concerns with the DH – they agreed.
• We consulted with the Child Growth Foundation, who also agreed!
• The DH facilitated a meeting with all relevant key stakeholders.

OUTCOME

A wider consultation was undertaken and, as a result, the charts were changed and training developed to support their implementation.

2 YOU SAID...

‘All we do is child protection, we don’t have time to do the real job’!

WE LISTENED

We listened, supported and advised. We facilitated your involvement and captured your views, which fed into and shaped the DH School Nurse Development Programme Safeguarding Pathway 0–19yrs.

OUTCOME

A robust pathway has been developed in partnership with you and key stakeholders. It clearly articulates the role of school nursing and others and provides a framework for commissioners and there is more to follow...

3 YOU SAID...

‘How are school nurses represented within the consultation process of the Children and Young People’s Outcomes (CYPO) Framework; I can’t see anyone on the list of stakeholders?’

WE LISTENED

We shared your concern and raised it via the DH who facilitated a conference call with a number of the co-chairs leading the consultation workstreams.

OUTCOME

School nurses’ views are captured (somewhat) throughout the CYPO Framework with an example of best practice from school nursing showcased within it! SAPHNA is now also part of the CYPOF forum, who will be working to implement this over the next few years.
Through our work with you, our networks and children and families, other issues are also frequently identified and, where appropriate, we will take action. On page 9 we have outlined a few examples of work we have undertaken.

**Conclusion**

Clearly it would be unrealistic to expect that SAPHNA can always reach desired outcomes and, indeed, is not always the correct response. However, what we can ensure and do demonstrate through our work is that we do listen, value your input and take action accordingly, frequently resulting in positive change.

The next year looks as though it will be even busier than the last and, therefore, we will need your input more than ever.

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**Meet the team**

**Introducing SAPHNA Executive Board Members 2013**

Our eclectic team of talented individuals regularly meets to discuss, debate and challenge decisions which affect the school nursing profession. We’re a passionate bunch who may not necessarily always agree, but what unites and makes us gel is that fact we are passionate in our dedication to improving children and young people’s health outcomes.

- **Jane Walton** BSc (Hons), RGN, RHV, School Nurse Cert, FP Cert
  Jane is about to take up a post as an immunisation and screening co-ordinator with Public Health England. Previously she has worked as a locality manager for Hertfordshire Community NHS Trust managing nine teams of health visitors and school nurses who worked in integrated teams. Jane has previously been a school nurse for in excess of 10 years, a family planning nurse and a health visitor for three years. Jane joined the SAPHNA executive board in March 2012.

- **Jill Beswick** MA, Dip N, RGN, RSCN, SCPHN (Health Visiting)
  Jill is the healthy child pathway manager for Stockport Foundation Trust. This involves leading and managing the health visitors and school nurses in Stockport and leading on implementing the Healthy Child Programme. Jill has several years experience of management in provider services, safeguarding, health visiting and school nursing. Jill joined the SAPHNA executive board in March 2012.

- **Babs Young** (Secretary) MSc, Cert Ed (FE) RGN, SCPHN (Health Visiting)
  Babs has extensive experience in health visiting through her work and working with the Department of Health as a nurse advisor for children and young people’s health. She now works both as an Independent nurse consultant and has recently returned to work as a practising health visitor in Kent. Babs is a founder member of SAPHNA and currently holds the position of secretary.

- **Sally Norfolk** (Treasurer) BSc (Hons) RGN, SCPHN (School Nursing)
  Sally is a retired school nursing manager with 27+ years working within school nursing both as a practitioner and manager. Sally has extensive experience developing and managing school nursing services. Sally is a founder member of SAPHNA and currently holds the position of treasurer.

- **Jane Walton** BSc (Hons), RGN, RHV, School Nurse Cert, FP Cert
  Jane is about to take up a post as an immunisation and screening co-ordinator with Public Health England. Previously she has worked as a locality manager for Hertfordshire Community NHS Trust managing nine teams of health visitors and school nurses who worked in integrated teams. Jane has previously been a school nurse for in excess of 10 years, a family planning nurse and a health visitor for three years. Jane joined the SAPHNA executive board in March 2012.
Our work with young carers will continue as, alongside our partners, we support the implementation of the winner of the ‘design a pin’ competition, the ‘school nurse champion’ role and ongoing training.

The work plan for the School Nurse Development Programme will concentrate on reviewing the evidence base for school nursing and examining the leadership role of school nursing. The DH work will aim to support school nurses to become ‘business ready’ CPD-accredited agenda with emphasis on children and young people with complex needs, emotional health and well-being and review the ‘You’re Welcome’ criteria.

Our annual conference has now been confirmed as the 8th of October in Birmingham. We will need your input to shape and guide the programme and, of course, your attendance at what already proves to be an exciting line up having secured Professor Viv Bennett who was appointed last year as director, nursing at Public Health England (PHE), and Wendy Nicholson, professional officer – nursing public health nursing at the Department of Health. Our website will be updated with further details soon.

Back in April Dan Poulter, health minister, announced that “School nurses will play a bigger and more important role in improving the health of children and young people” and SAPHNA, with your help, intends to live up to that promise.

Sharon White – BSc (Hons), RGN, SCM, SCPHN (School Nursing)
Sharon has held the role of UK professional officer for the School and Public Health Nurses Association since it was established in 2006, prior to this she was chair of the CPHVA School Nurse Committee. She has spent the bulk of her career working in the community with children, young people and their families as a school nurse practitioner, and subsequently at managerial, and strategic levels. She has recently left her NHS post as designated nurse for looked after children in Leeds.

Helen Ross (Chair) MSc, PG Dip, BSc (Hons), RGN, SCM, SCPHN (School Nursing)
Helen is the lead for school nursing and the National Child Measurement Programme for Central Essex Community Services. She has had various roles and responsibilities within school nursing; as a practitioner, project manager, senior lecturer for the SCPHN (School Nursing) course and team leadership of both integrated school nursing and health visiting. Helen is a founder member of SAPHNA.

Veronica Hetherington BSc (Hons), RGN, SCPHN (School Nursing)
Veronica is public health school nurse, professional lead in North Tyneside, employed by Northumbria Healthcare NHS Foundation Trust. Veronica has extensive experience of working with children and young people in the community and has worked as a qualified school nurse since 1994. Veronica has been an executive board member of SAPHNA since March 2012 and has the role of website editor.

Penny Greenwood FFPH, MSc, BSc (Hons), SCPHN (School Nursing), RGN
Penny is a public health defined specialist working as nurse consultant in public health and has been an executive board member of SAPHNA since March 2012. Penny’s current role includes commissioning the Healthy Child Programme and children’s public health services. Penny has previously worked in school nursing and with the Department of Health as an advisor for children and young people’s health.

Elaine Davies – BSc (Hons), Dip N, RGN, SCPHN (School Nursing)
Elaine has been a registered nurse since 1993 and a specialist community public health nurse since 2004. Elaine has previously worked in practice nursing, health visiting and in school nursing for five years. Her current post involves working in Northumberland as a public health specialist delivering interventions and pro-active public health to make a difference to the National Child Measurement obesity figures in Northumberland. Elaine has been an elected board member of the SAPHNA executive board for four years.

Betsy Allen MSc, PG Dip, RGN, RHV
Betsy is the professional lead for school nursing for Devon and associate lecturer (SCPEN) University for the West of England. Betsy has been in school nursing since 1990 and completed an MSc in Healthcare in 2000 and her PGD in 2009. She has previously been nurse for children in care in Devon.

Betsy has been a SAPHNA executive board member for four years.
School and Public Health Nurses Association Conference

Date: Tuesday 8th October 2013
Venue: Central Birmingham

Programme to be announced
Register your interest today by emailing helenc@pavpub.com
Strengthening the vision

Exciting new projects are underway which not only recognise school nurses’ valuable contribution to improving young people’s health and well-being outcomes, but also give you a key role in helping to directly shape and influence local commissioning decisions on delivering services.

Wendy Nicholson from the Department of Health explains more

April was an important landmark for public health with the new commissioning arrangements coming into effect at the start of the month. These reforms provide an ideal opportunity to raise the profile of public health nurses and their vital role in improving children and young people’s health and well-being.

Nevertheless, it should be remembered that school nurses have had a lead role in delivering the Healthy Child Programme since 2009. The role has included supporting the population through health protection and health improvement, while working with key partners to ensure support for children and young people with long-term health needs.

Wendy Nicholson  
Professional Officer Nursing, Department of Health

The Children and Young People’s Outcome Framework, published late last year, continued to build on this with the emphasis on support in early years through to school days, and later with the transition to adulthood.

Additional support and reassurance

Children, young people and their families often need this additional support and reassurance provided by school nurses. This extra support includes delivering a universal service against the outcomes outlined in the Public Health Outcomes Framework, covering issues ranging from contraception and sexual health to managing difficult relationships (including physical violence) and smoking cessation.
Furthermore, this support involves joint collaboration to deliver universal plus and universal partnership plus services, where a health visiting team implements a rapid response for families that need specific expert help.

These more targeted packages of support involve aspects of emotional health and well-being, support for children with additional health needs and partnership approaches to support vulnerable children and their families.

A dynamic and adaptable workforce
Navigating through the myriad of support can feel daunting to a child, young person or parent, particularly during times of stress or crisis. Meeting the needs of the school-aged population requires a dynamic and adaptable workforce – a workforce that embraces new ways of working. School nurses are well placed to guide and support families.

Through the social media and technology workshops we have held, school nurses have embraced smart new ways of working to improve access and efficiency, and reflect the way children and young people lead their lives. Figure 1 offers a summary of some of the new ways of working. We plan to share the good practice examples collated from local areas later this year.

Central to public health delivery is the notion that every contact counts. This is not about bombarding children and young people with public health messages at each point of contact – it’s about intelligent contact, with school nurses using their skills and knowledge to read the situation, providing tailored support and opportunities for maximising well-being.

School nurses need to be able to influence and demonstrate the impact of service delivery in their local area. Figure 2 illustrates the need for clarity of purpose at all levels. School nurses have a vital role in influencing decisions at all levels, ensuring commissioners have the evidence to underpin their decisions, educators review programmes to reflect changing needs, teams are supported and the patient experience is enhanced.

Responding to the changing needs of children, young people and families is essential. The government is committed to putting children and young people at the heart of new developments. We want to build on the work undertaken last year, ensuring children and young people will continue to shape and drive the School Nurse Development Programme.

Getting it Right for Children, Young People and Families: Maximising the contribution of the school nursing team: vision and call to action’ sets out our intention to work with partners to engage young people. The Young People’s Champions pilot is underway and is led by the British Youth Council and North West Regional Youth Work Unit. The first Young People’s Champions will be trained by June and their role will be to challenge and negotiate about service delivery in their local areas and to be ambassadors for health services in schools (find out more about this project on pages 20 and 21).

Supporting young carers
Listening to young people as service users is always a humbling experience. We have recently consulted with young carers, many of whom were unaware of how the school nursing service could support their health and well-being.

Figure 1: 21st century ways of communication

Figure 2: Purpose at all levels - clarity of the school nurse role is essential for commissioners, educators and providers to improve delivery and enhance the 'patient experience'
We now have a workstream focusing on school nurses as champions for young carers. Young carers will be involved in the design and delivery of this work. We are working with key partners including SAPHNA, Royal College of Nursing, Children’s Society and Carers Trust. More than 70 school nurses have come forward to be trained by young carers.

School nurses and their teams understand local health needs and have a clear leadership role delivering the localism agenda.

"School nursing teams working together with partners can, and indeed do, deliver amazing support for children, young people and families. We want to support you further to make every contact count, and for you to feel valued"

The Healthy Lives, Healthy People paper sums this approach up, saying “It is time to free up local government and local communities to decide how best to improve the health and well-being of their citizens, deciding what action to take locally with the NHS and other key partners, without undue interference from the centre”

To ensure school nurses have the skills to be good local leaders, we need to ensure that support, and commitment to develop them as leaders, is available. As part of the Department of Health’s continued commitment to the School Nurse Development Programme and to enhancing school health services, we will be concentrating on four key strands: leadership, Continuing Professional Development, a national school nurse award, and strengthening the evidence base. We are currently working through the plans and will be working with stakeholders and partners to deliver these over the next year.

School nurses to work closely with key partners

To provide good health and well-being services for children and young people, it is vital that school nurses work closely with key partners, including local authorities and schools. Schools are becoming increasingly autonomous and important within commissioning, and as such they should be recognised as ‘co-commissioners’.

It is crucial to develop stronger partnerships to commission effectively. With this in mind, we need to ensure commissioners understand the potential benefits of leadership within public health and the role of school nurses within the wider context of delivering health services for school-aged children. A true partnership approach is essential. This not only ensures effective delivery, but also ensures we optimise the skills and knowledge of partner agencies.

We have a jointly developed briefing for lead members for children’s services, which is a useful tool for elected members to benchmark their local school health services against. It provides clarity on the school nursing service contribution to health and well-being. Lead members for children's services champion the needs of their local school-aged population and are important in influencing service delivery. They therefore need to understand the vital role of school nurses in leading and promoting partnership approaches to deliver school health services in their locality.

Finally, school nursing teams working together with partners can, and indeed do, deliver amazing support for children, young people and families. We want to support you further to make every contact count, and for you to feel valued with opportunities to enhance your skills. Together with partnership approaches, we can make every contact count for children and young people.

Sharon White, professional officer for SAPHNA says:

"SAPHNA works closely with the Department of Health on the fast-moving School Nurse Development Programme. Wendy Nicholson is a passionate advocate for the profession keeping children, young people and families at the core of her work. Many of her initial goals appeared somewhat aspirational, however they are now coming to fruition as she manages to influence, engage and involve a plethora of key partners crucial to the ongoing strengthening of the workforce. Whilst it is disappointing that school nurses do not enjoy the same call to action as our health visiting colleagues to significantly increase numbers on the ground, the programme is supporting us to utilise our capacity in a smarter way. I suspect there is much more to come and we will bring you news of future projects and initiatives in future journals."

References

Exploring Children’s Rights
A participative exercise to introduce the issues around children’s rights in England and Wales

Peter Jenkins

A training exercise exploring the historical development of children’s rights, current law, types of children’s rights and power issues relating to them.

Key features:
Extensively revised and updated second edition; written by an expert with experience of leading training sessions on children’s rights; handbook with heading cards and multi-coloured flashcards.

About the resource
Exploring Children’s Rights introduces key ideas about children’s rights in England and Wales by means of a participative activity, or exercise, that can be used for groups or individuals. This has been created using the author’s own experience of leading training sessions on children’s rights. Exploring Children’s Rights equips a group facilitator to lead sessions in:
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- power issues in relation to children’s rights
- the historical development of children’s rights
- current and past law on children’s rights.

The training guide offers three versions of the exercise: a group discussion version (1 hour 20mins), a case histories version (1 hour 50mins) and an individual activity (1 hour).

The training will be of interest to anyone who wishes to introduce the complex issue of children’s rights in an informative and challenging way. It is particularly relevant to teachers and trainers in the fields of education, health and social work, but is designed for use by anyone who works with children and young people and who has a real concern for promoting their rights.

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Nurses to champion the cause of young carers

School nurses will play an increasing role in the support of young carers, the government has announced. So what does being a school nurse who is a Young Carers Champion entail, and how will the system work?

On April 16, the government announced plans to get school nurses to play a bigger role in improving the health and well-being of young people. Part of this announcement detailed plans to improve the support they can give to young carers.

The training for this new initiative will be given by young carers to school nurses, with the aim of giving them a greater understanding of the difficulties and challenges they face.

Children’s health minister Dr Dan Poulter said this will enable school nurses to “provide even better support for more young people with different health needs and conditions”.

He added: “Young carers are often under incredible pressure both at home and at school. School nurses can do a lot to give young carers a voice and help ease that pressure. Our plans will help them do just that.”

The plans mean that school nurses will:

- Get more training to ensure their skills are constantly improved and updated, so they can support children with more complex health needs
- Become local leaders in children’s health and gain the expertise to improve what school nurses offer to children. This could mean being available outside of school hours
- Be champions for children who care for others to make sure they get the right support.

There are an estimated 700,000 young carers in the UK and some spend more than 50 hours a week caring for a family member in addition to their schoolwork. This can lead to poor performance at school as well as hidden health problems and bullying. Figures by the Carers Trust indicate that more than 60% of young carers are bullied in school, while 30% miss school or experience educational difficulties. Some of these issues can be missed by teachers, but the government believes school nurses are in the perfect position to support young carers.

School nurses to play a pivotal role

Dr Moira Fraser, director of policy and research at Carers Trust, said: “School nurses are ideally positioned to play a pivotal role in the lives of young people. They are well placed to identify young carers earlier and implement preventative support while reducing the negative impact on the health and well-being of young carers by initiating support for the whole family. We are pleased that young carers themselves will shape the work of school nurses by training them in how to provide the best support.

Edward Timpson, minister for children and families, said: “Young carers have told us time and time again that they want their teachers and schools to be more ‘carer aware’, which is why we are determined to ensure that they are provided with the best support possible.

“We know that some schools already have excellent systems in place to identify and respond to young carers needs. Unfortunately these pockets of excellence are too few and far between, leaving many vulnerable young people without the support they need to thrive.”

SAPHNA has also recently run a competition for young carers to design a pin badge that school nurses can wear, which identify them as Young Carers Champions. The competition closed on May 8 and the winners will be announced shortly. It is hoped the pin badges will provide a visible sign to young carers that school nurses are not only knowledgeable about the issues faced by young carers, but are friendly and approachable.
Young people to shape local school nurse services

Young people are also being empowered to consult with their peers and report back to school nurses on the ways they can improve their services. We speak to David Clark, at the British Youth Council, who is organising the project.

A pilot by the British Youth Council is helping to shape school nurse services in the north west of England and the Midlands.

The project, the Young People’s Champions Pilot will see young people get involved in the training of school nurses so they can better understand the challenges faced and the support school nurses can provide to young people.

The pilot grew out of two recommendations made by the British Youth Council’s publication, Our School Nurse: Young people’s views on the role of the school nurse. The report said that: “Young people should be supported to become ‘school nurse champions’ and work with school staff and their school nurse to promote the school nurse amongst their peers.” A further recommendation added that: “The Department for Health should support school nursing teams to work with representatives from school councils or other pupil voice initiatives, or recruit school nurse champions, to promote how they can help young people.”

Young people who take part in the scheme receive an accreditation, and have to complete a number of tasks, such as researching the role of a school nurse and planning what to do in a focus group.

David Clark, deputy CEO at the British Youth Council, said that young people will be expected to “liaise and network with their peers to find out what young people really want and offer advice to school nurses on what changes to make.”

The project is designed to be “flexible” and “user-friendly,” Clark said, with the hope that it “gives young people the chance to reflect and review their learning and also benefit the local school nurse service.”

Although the pilot scheme is currently in its infancy, more than 300 students have agreed to become champions, while more than 70 school nurses have already lined up to be trained by these young people.
Get yourself connected

With more school nurses than ever joining in the social media revolution, we consider whether technology has the ability to transform our professional lives. Caroline Duggan reports

With 500 million people connecting daily on Facebook and more than 50 billion messages tweeted via Twitter, it is not surprising to see interest rapidly growing within the health sector.

As is often the case with new technology, it is harder to convince some people of social media’s benefits on a professional level. However, when used responsibly, digital platforms enable health professionals, including school nurses, to share ideas, information and research with colleagues and raise awareness of health issues. Social media is also proving an increasingly effective way of making school nurses appear more accessible and approachable to children and young people.

Easy access to services

The growing importance of technology for school nursing was first outlined in the Department of Health’s (DH) school nursing vision report published in 20111. Canvassing the views of a number of organisations, including the British Youth Council (BYC), one of the most striking report conclusions was that, although young people found school nurses to be very friendly when they met them, they “needed to be visible and well known to pupils” in the first place.

Suggestions included adopting more “people-friendly” ways of communicating, such as texting and emailing, to encourage pupils to book appointments and seek advice. The report concluded that embracing social media offers school nurses an opportunity to deliver public health even more effectively to school-age children – a delivery that also reassured parents, who were often, the report found, unclear about the service provided by school nurses.

At this year’s JFHC Live event in March Wendy Nicholson from the DH encouraged more school nurses to “embrace technology.” Technology, she said, could even free up school nurse time to allow more face-to-face time with young people.

Reducing feelings of isolation

In a demanding world, where school nurses have a large reach in terms of responsibility and geographical area, social media can help reduce feelings of isolation. Access to computers and smart phones mean they can easily connect with colleagues via Twitter, LinkedIn and Facebook, as well as email. Blogs are also a useful way to share nursing experiences and examples of best practice.

It’s good to text

In 2012 the Department of Health, working with the Royal Colleges of General Practitioners and of Paediatrics and Child Health2, also encouraged nurses to use 21st century methods of communication, recommending a texting and email service for a confidential, school-based drop-in service.

21st century peer to peer communication

David Dawes, nurse and founder of the social enterprise Entreprenurses3, believes social media enables nurses to connect with their peers worldwide by sharing learning in rapidly changing areas such as research or health policy.

He recommends three main ways of connecting:

i. Blogging: “An extremely good way to influence the profession, share knowledge and stimulate debate.”

ii. LinkedIn: “Excellent for developing professional contacts, growing your network and for finding new jobs and opportunities.”

iii. Twitter: “A very good way of sharing ideas rapidly with large numbers of people and is one of the best sources for breaking news and clinical updates.”

“Twitter is a great way to connect with your peers”

“I use Twitter for professional reasons. It helps me stay up-to-date with news, current trends and best practice. It’s in real time, so is a lot quicker than waiting for journals to arrive.

“It facilitates a wider sharing of knowledge and it is non-hierarchical, as well as a supportive network – you could be having a chat with senior nursing professionals from the Department of Health or school nurses. It is good to collaborate across boundaries and share opinions.

“Often nurses work independently so Twitter is a great way to connect with your peers and other health professionals. I also enjoy real-time chats on #WeNurses – recently the discussion was online identity and nursing – which was really interesting.

“On Twitter I ensure I act the same way online as I would in the workplace – as if I was in a room of colleagues. It is a valuable tool for nurses.”

Jo France, school nurse practice teacher, Shropshire Community Health NHS Trust
In its You’re Welcome guide, it predicted this two-pronged “youth-friendly” approach would go a long way in “improving the abilities of health workers to respond to adolescents effectively, appropriately and with sensitivity.”

Encouragingly, many school nurses have already taken the advice on board and now use a texting service to reach out to young people. They are finding it useful in combatting young people’s feelings of isolation, especially those with concerns on especially sensitive issues, such as bullying and sexual health.

Many pupils are now texted or emailed by their nurse to remind them when their appointment is, which is a useful and non-confrontational way of ensuring forgetful teens don’t miss out on attending and receiving important information. Conversely, young people don’t object to being reminded in this way as the confidential nature of receiving these messages means they do not feel the ‘stigma’ of being publically summoned to see the school nurse.

Texting in practice
Jo France, a school nurse practice teacher in Shropshire, is already a convert to using this method. Encouraged by securing funding from the Queen’s Nursing Institute she set up a pilot project called txt ur school nurse,

“Twitter is great for making links and sharing good practice”
“I have been school nursing in Sandwell since 2010 and have been the team leader for the vulnerable children’s team since 2011.

“Social media has been essential in promoting our recent SHN ambassadors project and Twitter has been fantastic at making links and sharing good practice. We are currently looking at developing the use of such social media and hope to utilise it much more in the future in relation to communicate with patients and families.

“We currently communicate with patients the old fashioned way by letter, but are in the process of setting up text messaging services and the potential use of apps.

“We have benefited so much from using Twitter. It has opened our eyes to the need for us to push appropriate policies in place to utilise social media more and we are involving our clients in the development of this area.”

Heidi Pouney, school health nurse, Sandwell and West Birmingham Hospital NHS Trust
which ran from January to December 2012 in two local secondary schools. “So many young people have mobiles, so this service encouraged them to take responsibility for their health, and the texting service is a more effective way to communicate with them,” Jo explains. Jo was recently presented with a prestigious award from the Queen’s Nursing Institute (QNI) for her innovative service. See our news on p.7 for details.

**Social media concerns**

However, as exciting as social media is, detractors claim there is always a risk of disclosing too much information or violating a patient’s privacy and confidentiality.

This fear is fuelled in no small part by the media’s seeming fascination with horror stories about health professionals who have faced disciplinary hearings for uploading unprofessional pictures on Facebook or posting inappropriate messages about patients online. This is often cited by some healthcare professionals and organisations as the key reason why they are wary about jumping on the social media ‘bandwagon’. However the organisation NHS Employers seemingly takes a dim view of this and has informed NHS managers that preventing staff from using social media was not only bad protocol but “unworkable”. It advises that social media be viewed in a positive light, not just as a potential threat to patient confidentiality.

Pointing to their own guidelines for protocol, they advise that “A policy of ‘no social media use at work’ could affect an individual’s level of engagement with the organisation if it separates them from professional contacts. Similarly, a policy of open access to social media could increase their feeling of membership of an organisation by allowing them a space in which to ask questions and discuss issues.”

It adds: “Having contented, well-motivated staff will lead to a more positive social media identity. Trying to prevent staff from having social media accounts which link them to the organisation takes away this opportunity.”

In terms of social media etiquette the organisation’s view is straightforward: “The same rules apply to the social media world as to the canteen, staff room or patient waiting area”.

**Changing the rules of communication?**

Dr Dan Poulter announced on April 16 that school nurses will play a bigger and more important role in improving the health of children and young people and being seen to be visible is part of this process.

Being visible in the 21st century means using the best tools available to reach out to people and it is becoming increasingly clear that the digital revolution will carry on pushing forward changes and developments in the school nursing profession.

According to #SNSoMe – the popular online forum for school nurses – the number of younger children using social media is also on the rise. It recently cited a study showing how 38% of five to seven-year-olds have used some form of social media the last year. It is clear, therefore, that social media is soon set to change from being a communication medium of choice, to one of necessity.

Dean Royle, director of the NHS Employers organisation, said: “I believe 2013 will be the year when the NHS significantly changes its view of social media. A tipping point has been reached and people throughout the NHS are recognising that the positive benefits of social media far outweigh its risks.”

If school nurses want to facilitate the best ways to connect – emotionally as well as digitally – to young people, then social media is a platform they need to embrace as a tool to further improve young people’s health and well-being outcomes.

**Reference**


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By Jude Sellen

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Contents include
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- Module 1: An introduction to self-harm and young people
- Module 2: Working with young people who self-harm
- Three workshops on suicide prevention
- Appendix TBC

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Social danger

Modern technology and modern lifestyles mean that most young people, including children as young as five, have unsupervised access to the internet. While this brings great opportunities for education and entertainment it also carries dangers of exploitation and abuse, warns Barbara Richardson Todd, who advises school nurses on some key indicators.

We live in a world where technology is part of everyday life. Accessing the internet via computers or smart phones is easy, and once logged on, it is easy to enter a virtual world comprised of emails, social networking sites, instant messaging and chat. Gaming sites, consoles and virtual worlds not only have the potential to become addictive, but offer people the opportunity to compete with strangers, who may become instant “friends”. These quick, easily accessible, but often hidden technologies provide an effortless way of communication.

However the downside of all of this is that social media and games can also act as a conduit for abusers – and children especially are at risk of being exposed to abuse or bullying in this way.

This article considers the ways in which children and young people may be abused via their use of technology, the impact this abuse may have on them, and the subsequent need for school nurses to identify and address this impact to help the young person’s recovery.

Communication risks

Technology means that many more young people are potentially placing themselves in dangerous situations, often without realising the danger. Risky scenarios include engaging with online “friends” who may not be who they say they are. Children are also at far greater risk of leaving themselves open to being bullied or abused via the internet.

Fantasy world

“The internet is possibly the greatest social experiment of all time but one in which children can be the sacrificial guinea pigs. I use the analogy of a loaded gun. No one warned us about it yet they blamed us when the kids started to shoot themselves.” (Mary Kozakiewicz, in an interview with Mary Wark1).

Although the internet is a wonderful resource and can be a great way to meet and talk to other people, it can also be a fantasy world where anyone can escape from reality. Internet users can pretend to be anyone they like; they can lie about their age, their interests and whether they’re male or female. Children, can act like adults to feel “mature”, and groomers (or internet seducers) don’t need to worry about being suspicious. Both can build any online persona they wish.

According to the UK Council for Child Internet Safety2, 18% of children have come across inappropriate or harmful material online and 33% of children stated that their parents don’t know what they are accessing on the internet. It is important that school nurses reinforce key internet safety messages. Young people should be warned never to pass on any personal details online and also be under no illusion that even long-term internet “friends” are still strangers in reality and therefore an unknown quantity.

Who is at risk?

Abuse can affect children of any age, sex and ethnicity and often the risks are from people known to them.

There are few common indicators of vulnerability, but it is often linked to the stage of development of a child, starting around 11 to 12 years of age. This is also the age that children can start to use social networking sites such as Facebook, which can expose them to risk.

Rather worryingly, according to Tink Palmer, “Only half of children encountering harmful or inappropriate online content say they did something about it”2. Palmer offers a plausible reason why this may be so, explaining that children depend for their survival on the adults who are close to them and are taught that “adults know best”. “They [also] look to their family for clues to what is OK and not OK”2.

Children experiencing online abuse may hide their feelings and instead display difficult behaviours. It takes a skilled and receptive school nurse to link such behaviours with online abuse, according to Palmer2.

Warning signs of abuse

Parents, teachers and school nurses need to share their concerns with one another if they spot any signs of these behaviours in a young person:

Bad new world

In our new technological age, words and actions are entering the English language, which just a decade or so ago simply didn’t exist. Examples include:

- **Cyberbullying** can be unwanted or upsetting text or email messages or images, bullying messages or the posting of malicious details about others. It varies from direct bullying in that it is anonymous, can occur at any time and often takes place off school premises. It is more hidden and emotional reactions cannot be determined4, 5.

- **Sexting** is the act of sending sexually explicit messages or intimate photos electronically, primarily between mobile phones, and is becoming increasingly popular among young people. Although their motives might be innocent – for example, sending an image to a friend – it can be used to embarrass and humiliate someone and can be a bullying tool. Worryingly, this behaviour is not often reported. According to the NSPCC 25% of parents who discovered sexually explicit messages on their child’s mobile phone, secretly snooped6.

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**Barbara Richardson-Todd**

BSc RGN

school nurse co-ordinator,

Suffolk County Council

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**Worrying, this behaviour is not often reported.**

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**Warning signs of abuse**

Parents, teachers and school nurses need to share their concerns with one another if they spot any signs of these behaviours in a young person:
Becoming secretive about where they are going or who they are meeting
Will not let you see what they are accessing online
Using a webcam in a closed area, away from other people
Accessing the web or using a mobile or tablet for long periods and at all hours
Clearing the computer history every time they use it
In receipt of unexpected money or gifts from people who are unknown.

Denial is common
Even when abuse is strongly suspected, it can be difficult for school nurses and other adults to reach out to offer help and support to that young person. The children may themselves be in denial about the abuse and often display a complex range of emotions, from shame, guilt, fear and anger to betrayal. With young girls especially, multi-faceted reasons can prolong the denial stage. According to Palmer, these may include:
- Feelings of complicity
- Perhaps they have lied about their age
- They feel “in love” or have an emotional dependency on their online “boyfriend”
- They are waiting for their boyfriend to get back in touch with them
- The young women have used highly sexualised language, so feel embarrassed.
- There is a fear of peer group and family responses to what they had done
- They are hurt by being conned or feel broken-hearted.

The Child Exploitation and Online Protection Centre (CEOP) (see Resources) is working to protect young people online by posting an icon on certain websites; by clicking on this button help or advice can be gained or suspicious behaviour reported.

When abuse turns deadly...
The tragic death of 13 year old Chevonea Kendall-Bryan in March 2011 illustrates the serious consequences of sexual bullying in relation to social media.

Chevonea was seen begging a teenage boy to delete a tape of her being sexually abused when she plunged 60ft from her bedroom window in Battersea, South London. He had threatened to widely share the mobile phone footage with fellow pupils.

The coroner’s court heard that Chevonea had been bullied mercilessly by fellow pupils at St Cecilia’s School in Wandsworth, south London, from the age of 11. She self-harmed, cut herself with scissors in class and on one occasion was said to have swallowed a handful of paracetamol tablets. The abuse became worse after she accused a boy, known as TG, of raping her at a party in February 2011.

Chevonea told her school she had been raped and they passed the information to social services. It was recommended that she should see a mental health professional, but the referral was never followed up by the school.

The coroner concluded Chevonea’s fall was a tragic accident but criticised Saint Cecilia’s School and Wandsworth Council’s children’s services team for “a catalogue of failings”.

April/May 2013 | School and Public Health Nurses Association | 27
Fear of disclosure
Fran Henry, founder of the charity Stop it Now! explains that abuse “breaks something sacred inside us.”

He adds: “… the most important harm I have wrestled with is one that complicates how we solve the problem of sexual abuse. It is the problem of a broken heart. Adults can better bear a broken heart, but it doesn’t work that way for children. When children are betrayed and they get no help for the wound, they develop a pinched outlook on love and on life.”

Henry alleges that girls who are abused may want the abuse to stop, yet also want to keep the relationship with the perpetrator. They may be fearful of the consequences of telling someone about what is occurring, especially if that person is a close attachment figure. Children wonder what will happen or will not happen if they tell.

Supporting victims of abuse
If a child discloses abuse to a school nurse, teacher or other adult, or abuse is discovered, it is imperative that she (or he) needs to be believed; be in a safe place and protected from contact with the perpetrator. Young people need to be offered therapy and support, especially through the witness process while the abuse is investigated. Continuity and consistency of key workers is essential and a school nurse can play a key role in either being that support or facilitating that support with designated specialists.

Emotional help and support
Children need to live in an environment where they know that they will be heard if they disclose abuse. If they were close to the person who caused the abuse (for example, if it is a trusted adult in their lives) they need to know that the person will be answerable for what they have done, but will receive help. School nurses can offer reassuring support to children, explaining that they will not have to spend periods of their childhood in emotional and physical pain without receiving help and that they will not be labelled troublesome or difficult.

School nurses also need to be aware that other adults close to the child who has experienced abuse may have barriers to effective listening and to asking the relevant questions about a child who has experienced abuse. It may be for personal reasons such as their own pain, experiences, memories, sexuality, their view of child/alleged abuser, their values, attitudes or beliefs; it could be their own feelings of pity, horror, shame, distress, embarrassment, anger, disgust or uncertainty. They may have doubts as to how they will cope, wonder if they will they make it worse by talking, or may even doubt whether it is the truth.

Effective interventions
School nurses can, alongside school staff and parents, play an effective role in teaching children about the risks of being online and how to stay safe. They need to learn how people behave online and how they themselves should behave to avoid these risks. Children should be helped to deal with what they may come across online and they need the knowledge and skills to build up resilience to the things they find online.

A young person going through the transitional and development stage of adolescence is neither child nor adult (but sometimes a bit of both), so therapeutic interventions should be provided within this context. One of the most important strategies is to acknowledge all the feelings and emotions which may be felt by the young person. The conflicting dynamics of the young person being a child offline, but an adult online need to be understood. On the one hand they may feel as though they have been used and abused, but on the other hand may “love” the seducer/groomer. They may think they are genuinely in

Online safety tips for children
School nurses should advise young people to:

- Treat online space with respect. Only allow your real life friends to link to you, i.e if you haven’t met them in real life don’t link to them.
- Use a nickname online (not your real name) and a nickname that is not going to attract the wrong type of attention!
- Be aware that meeting up with an online friend can be dangerous. If you really have to meet up with them speak to an adult and make sure that they go along with you.
- ALWAYS have a good look at the privacy settings of any sites you post personal information on and make sure you know who can see or copy your stuff!
- Look out for your friends online and inform a teacher or the school nurse if you think they are at risk.

Online safety tips for parents
School nurses should advise parents to:

- Talk to their children about online safety
- Only allow them to use the internet in a certain location/room
- Supervising internet sessions and make sure sites are “age appropriate”
- Regularly check what children are doing online
- Ensure younger children do not use the internet on their own
- Only allowing use of certain websites
- Checking the use of social networking sites
- Stipulating that computers can only be used for a certain amount of time
- Not allowing the use of ‘chat’ programmes
- Only allow use at certain times of the day
- Use special software to filter/block access
- Ensure access is password protected.
Case history: a mother’s perspective

“What parents have to realise is that the internet is the focus of our children’s lives. What they are doing online is the same thing that everyone is doing: they’re seeking love, attention, they’re bored. Anything that they can’t do in real life they can do online, and engaging in a virtual world is now part of their growing up. If they have a bad day they can go online and be somebody else. If you are 12 and have braces you can go online and be 23 and a femme fatale. It’s a game, it’s fun, whatever’s offered to them they grab without thinking. Some parents find it hard to understand their children’s growing awareness of their sexuality but our kids are sexually aware, they see sexualised ads every day, they talk about sex on the internet. All we can do is make our children aware that the dangers out there are very real and that this can happen to them.”

(Palmer T3)

acknowledge

The content of this article is based on a presentation given by Tink Palmer, then director of Stop it Now! (see Resources) at the School and Public Health Nurses’ Association (SAPHNA) Conference, 2009. It has been reviewed by Tink Palmer and is included here with her kind cooperation.

Further information and resources

Child Exploitation and Online Protection (CEOP) website for children, parents and carers: http://www.thinkuknow.co.uk/

CEOP is part of UK law enforcement and is involved in combating the sexual abuse of children. They provide a user-friendly online resource called “thinkuknow” with help and advice for children in age groups 4-7, 5-7, 8-10 and young people aged 11-16. It also contains information and advice for parents and carers.

Childnet International http://www.childnet.com

(Accessed April 2013)

This non-profit organisation works with others to help make the internet “a great and safe place for children”. In the UK Childnet works with local education authorities (LEA), libraries, social services teams and regional police forces on developing internet safety programmes. It produces a set of resources for primary school teachers called “Know IT All”, to help primary schools to understand, tackle and teach e-safety issues to children. It also provides another internet safety programme website called Kidsmart: http://old.kidsmart.org.uk


Cybermentors is part of the charity Beatbullying, which was founded in 1999 to empower young people to lead anti-bullying campaigns in their schools and to re-educate and change the behaviour of young people who bully. Cybermentors.org.uk is a safe social networking site for young people being bullied or cyberbullied (bullied through digital and technological media such as emails and mobile phones). Young people aged 11–25 are trained and supported as Cybermentors in schools and online, so that they can offer support to their peers. The site enables young people to turn to other young people for help and advice. Cybermentors are supported by trained counsellors.

Anti-bullying Alliance http://www.anti-bullyingalliance.org.uk

An umbrella body of 60 organisations concerned with preventing bullying. It includes action plans for schools and there is a section on sexual bullying.

Stop it Now! http://www.stopitnow.org.uk/

Stop it Now! is a UK and Ireland campaign working to prevent child sexual abuse by raising awareness and providing information. It urges abusers and potential abusers to seek help, and gives adults the information they need to protect children effectively. A new website for parents is also available at http://www.parentsprotect.co.uk/. The charity’s freephone helpline, 0808 1000 900 is also available for anyone, including health professionals, who wish to raise concerns about inappropriate sexual behaviour involving a child.

Internet Watch Foundation http://www.iwf.org.uk/

An organisation with a UK hotline where people can report illegal internet material such as child sexual abuse, criminally obscene adult content or incitement to racial hatred. The organisation is co-funded by the European Union.

References


Not to be sneezed at

For thousands of school children and young people hay fever causes misery and stress and may adversely affect their exam performance. Allergy UK’s deputy CEO Lindsay McManus and JSPHN editor Penny Hosie suggest ways school nurses can provide support.

The UK has one of the highest prevalence rates of hay fever or ‘seasonal allergic rhinitis’ anywhere in the world, with the overall rate for the population being about 25% rising to 38% in teenagers.

Common symptoms include a blocked or itchy nose, sneezing, headaches and a general feeling of lethargy. Some sufferers also experience ‘post-nasal drip’, where mucus runs down the back of the throat. Grass pollen is the most common allergen, which affects sufferers at the specific times of the year when grass pollen is released (May to July). However some people become allergic to tree or weed and shrub pollens, and will therefore be affected at different times of the year (February to June for trees; September and October for weeds). Professor Jean Emberlin, an allergy specialist, says that children who suffer rhinitis are also at increased risk of developing asthma, which is why it is important for good management plans to be followed. This is because asthmatics who also suffer rhinitis have less severe asthma and less A&E and hospital admissions if their rhinitis is treated effectively. Emberlin also advises that treatments ideally need to start in advance of the hay fever season, in order to be effective.

School nurses can play a supportive role, offering advice to parents of younger children on the most effective ways to reduce the debilitating symptoms both inside the school environment and at home. They can also provide reassurance to young people, empowering them to self-manage many of their symptoms.

Allergy survey

As the weather starts to brighten, hundreds and thousands of young people are stuck indoors revising for their GCSEs or Scottish Standard Grades. But if the pressure wasn’t already enough, Allergy UK’s survey last year revealed that for the 38% of young people who suffer from hay fever, exams couldn’t come at a worse time.

The consumer research revealed that 30% of children with hay fever admitted the condition makes their school life difficult. The national charity surveyed parents of children with the allergy and 31% said their child felt unable to concentrate because of their hay
fever, while nearly a quarter (22%) said it makes their child's life a misery.

Not a trivial condition
“Hay fever is often perceived as a trivial condition, but the reality is far different,” explains Lindsey McManus, Allergy UK’s deputy CEO. “Seasonal allergic rhinitis brings with it a great deal of suffering for months at a time. Studies have shown that 40% of children can actually drop a grade between mocks and final exams because of their hay fever and 43% of children find it difficult to sleep, which inevitably has a detrimental effect on their school work.”

The effects of hay fever on performance
“We want people to understand what a debilitating condition hay fever is, and the affect it has on children, particularly during the exam period,” says McManus. Certainly the combined effects of sleep deprivation and headaches caused by the congested airways and blocked noses can significantly drain energy levels and performance, greatly increasing a young person’s anxiety and stress levels.

However, it’s often the length of suffering that adds to the misery, whatever the child’s age. Allergy UK’s survey also revealed that 65% of children suffer for two months or more each year, with three in 10 suffering for more than three months. Over one in 10 (12%) children don’t even like leaving the house when they are suffering.

School nurses can also suggest practical ways to improve stress levels caused by hay fever sufferers and may be able to write a note to support the fact that the condition may adversely affect a young person’s exam performance.

Oral allergy syndrome
Unfortunately some children with pollen allergy (especially allergy to tree pollens) may also be affected by cross-reactions between their pollen allergy and certain foods. They may find that when eating certain fruits and vegetables, especially raw, they get an itchy mouth or throat. Allergy UK has a useful factsheet on this.

Treatment and referral
School nurses can advise parents of children and young people that there are a wide range of suitable medications available both over-the-counter and on prescription. The best known over the counter remedies include antihistamines such as chlorphenamine (Piriton). However, this causes drowsiness in most people so although this side effect can be useful when taken at night and can help children to sleep, it is best avoided during the day. Non-sedating antihistamines such as Loratidine or Cetirizine, are advisable for those taking exams, etc. There are various brands of medication available and when one is not effective trying another is worthwhile.

Hay fever relief
To help get school children through the exam season, Lindsey McManus suggests school nurses offer the following advice to parents. However young people should also take responsibility for themselves, so many of these suggestions can be self-managed in these older children:

- Anti-histamines have a proven track record, so do seek the advice of your GP or pharmacist as the modern one-a-day, non-drowsy kind are suitable for children over the age of 12. It might take a while to find the right medication, so don’t wait until the exams to try them out for the first time
- Monitor pollen forecasts during exam time and take extra precautions when the pollen count is high
- If you do drive to school on exam days, keep car windows closed and the air intake on re-circulate
- Invest in a pair of wraparound sunglasses to keep allergens out of eyes outside at school
- To ensure a good night’s sleep keep windows and doors closed overnight in their bedroom. Make sure they wash their hair and change their clothes before they go into their bedroom, which will help to keep pollen out
- Try using an air purifier in your child’s bedroom to help to trap pollen particles
- Apply an effective pollen barrier around the edge of each nostril to trap or block pollens, these are available as balms, gels or sprays
- Try to keep away from pets during exam time as they can carry pollen in their fur
- If your child’s hay fever is unbearable on the day of an exam, speak to a senior invigilator. There is a chance they could be given special consideration if symptoms are particularly bad. If you have any concerns in the lead up to the exams speak to your child’s school nurse or head teacher as they may be able to make special arrangements.
HAY FEVER

The school environment
School nurses should advise teachers of these simple steps to reduce exposure to allergens which trigger hay fever symptoms at school:

- Remember to consider any potential allergens, both inside and outside the classroom, such as for activity lessons, school trips, games and physical education
- Do not allow a child with hay fever to sit near an open window in the summer
- If a child has an asthma inhaler or an auto-injector adrenaline pen, ensure that these are taken to any sporting area or fixture
- Do not let a child with asthma, eczema or house dust mite allergy sit on dusty carpets
- Take care when creating nature tables, or pet corners with animal foods and touching of pets.

Even Olympians get hay fever...
Although physical exercise is known to help to maintain a healthy weight and strength muscles – including those responsible for respiration – allergies such as rhinitis, asthma and eczema are surprisingly common amongst Olympic athletes. Amongst Australian athletes 28% has hay fever and 41% had positive skin prick tests to at least one allergen. Sensitisation to grass pollen leads to more exercise-related airway symptoms – and there is some evidence that exercising in unfavourable environmental conditions – cold, pollution – can increase the likelihood of developing allergy. Competitive swimmers tend to have allergies and chlorinated pool attendance by children is associated with increased risk of both hay fever and asthma.

Dr Glenis Scadding, honorary senior lecturer at UCL and based at the Royal National, Throat, Nose and Ear Hospital, London

What is immunotherapy?
According to Allergy UK, desensitisation (also called immunotherapy) is a treatment where an allergic person is exposed to very small doses of allergen on a regular basis. It can be a very successful treatment for severe allergic rhinitis, as it causes the body to develop ‘regulatory’ immune cells which control the allergic reaction and results in tolerance to the allergen. Desensitisation is available in two main forms, either as injections or as a tablet which dissolves under the tongue (sublingual therapy). To date, the most effective treatment is a course of injection immunotherapy, which can have long lasting benefits. Injection therapy is available for allergy to grass pollens, tree pollens, housedust mite allergy and allergy to pets. The tablet form of immunotherapy is currently only available for grass pollen allergy.

If a child’s symptoms are severe, then the school nurse may recommend a referral to an allergy specialist for a form of treatment called immunotherapy which is extremely effective in treating hay fever. If this option is considered, the treatment needs to be started outside of hay fever season, so forward planning is key. As immunotherapy is so intensive, expensive and time-consuming, it is only those with extreme symptoms uncontrolled by normal medications who receive this therapy. The school nurse should advise parents that in order to be considered for desensitisation they will need to visit their GP who will decide whether a referral to a specialist allergy clinic is necessary.

Teaching young children about allergy
Research has shown that children who have asthma and allergies often have reactions due to triggers in the classroom, so it is sensible to take account of any childhood allergies when planning lessons. Teachers and school nurses can work together to make sure that any information is appropriate for the age of the children in the group.

Children are naturally inquisitive and will want to know why a child has to avoid certain things, so it is easier to be open and discuss any issues surrounding the allergy that the children should be aware of. Circle time is a good environment in which to introduce the subject of allergies to other children and to talk about how to help an allergic child deal with their allergy. They may also not understand why some children cannot take part in activities, such as sport, and it can be helpful for teachers to explain this to classmates, even quickly, when starting an activity where one child cannot take part for medical reasons.

Classic hay fever symptoms

- Sneezing
- Itchy eyes and nose
- Runny eyes and runny nose
- Congested nose
- Feel tired all the time
- Problems sleeping

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**Case study**

Best to plan treatments in advance for exams

Sports-mad Jane, 15, often had a blocked nose which she was reluctant to treat, even though she knew it was a grass pollen allergy. One warm, dry and breezy June day, while playing rounders on the AstroTurf at school, her eyes became itchy, with one eye in particular becoming very swollen.

Although she didn’t feel ill, she felt tired and embarrassed about what she looked like and so came home from school. This concerned her parents as she was heading towards GCSE exams in the next few weeks, so the advice of the school nurse was sought. She recommended using a steroid-based nasal spray, along with a once daily non-sedating antihistamine tablet, which were both prescribed by her GP. She also encouraged her to wash out her nose with a saltwater douche after being outdoors, which was also a way to cleanse inside her nose before using the steroid spray.

Jane’s eye symptoms quickly resolved with this treatment, but it took longer for her nasal blockage to ease. She was encouraged to treat her hay fever symptoms continuously throughout June and July and also start using the steroid nasal spray at the beginning of May, before the grass pollen season commenced, to help prevent the nasal blockage. She was advised that treating her hay fever symptoms would prevent them becoming worse and reduce the risk of asthma developing.

As we went to press Allergy UK announced the arrival of a brand new revolutionary drug for those suffering from hay fever and allergic rhinitis. Dymista is a new intranasal spray which is now available on prescription for moderate-to-severe hay fever sufferers in the UK. The drug combines the antihistamine with the steroid in one intake, which aims to relieve the sufferer of their symptoms faster and more effectively.

“People often think of hay fever as a ‘nuisance’ condition, causing little more than a runny nose and itchy eyes. Unfortunately, the reality is that hay fever and allergic rhinitis can have a prolonged impact on quality of life by preventing people from sleeping, working, studying and even carrying out simple everyday tasks,” says Maureen Jenkins, Clinical Services Director, Allergy UK.

“Many people cannot control their symptoms, despite the wide range of treatments available. These people should talk to their doctor or a specialist to assess the severity of their disease and receive adequate treatment for symptom control.”

**Further information**

**Allergy UK** [www.allergyuk.org](http://www.allergyuk.org)

This leading national medical charity provides advice, factsheets, information and support to people with allergies, food intolerance and chemical sensitivity. There is also a designated section for health professionals. The Allergy UK helpline advisors are always on hand if hay fever symptoms are getting too much for teens and their parents. Call 01322 619898.

**British Society for Allergy and Clinical Immunology (BSACI)** [http://www.bsaci.org/index.htm](http://www.bsaci.org/index.htm)

The BSACI is the national, professional and academic society which represents the speciality of allergy at all levels.

**ENTUK** [https://entuk.org/ent_patients/information_leaflets](https://entuk.org/ent_patients/information_leaflets)

These patient information leaflets have been written in accordance with CNST guidelines and advice, and have been reviewed by the Royal College of Surgeons Patient Liaison Group. The country’s leading medical charity dealing with allergy, intolerance and sensitivities offers information on hay fever.

**Met Office** [www.metoffice.gov.uk](http://www.metoffice.gov.uk)

This website contains pollen forecasts and information about hay fever.

**References**

Recognising the needs of our independent school nurse colleagues,
SAPHNA is setting up a new group where colleagues can come together, discuss, debate, share good practice and reduce the frequent professional isolation felt by many. If you are interested in joining, please e-mail your details to: sharon@saphna-professionals.org

Delivering the Health Reforms for Looked After Children: How the new NHS will work from April 2013
This new policy briefing explores how the reformed health system should meet the needs of looked after children and young people by summarising the reforms commencing in April 2013, and explaining the general and specific duties agencies have in relation to the health of looked after children. http://www.ncb.org.uk/health/resources-and-publications

The issue of female genital mutilation is a growing concern amongst children and young people. Does anyone have any useful teaching resources we can share?

Kath Evans, programme lead for Children and Young People and Emergency Care Pathway at the NHS Institute for Innovation and Improvement, has been working with AhHa Publications (creators of the ‘Monkey Goes to Hospital’ storybook series) to develop high quality health information and sign-posting resources for primary and special schools throughout England. Targeting children aged 5 to 11, the loveable Monkey character (pictured above) takes the helm with his NHS Explorers to bring to life the educational pack in an engaging and fun way!

You can purchase additional stand alone copies of the new journal priced at £15 per issue (£90 per year) by calling 01273 434943.

KEEP THE DATE...
SAPHNA’s annual conference will take place in Birmingham on October 8th (venue t.b.c). Chief nursing officer, Viv Bennett and Wendy Nicholson, both from the Department of Health, are confirmed lead speakers.

Sharon White from SAPHNA and Wendy Nicholson met their well-travelled friend Monkey at JHIC Live recently.

Diary dates & noticeboard
ORT House is the perfect location for your conferences and meetings.

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On the count of three...

Because it’s so important that eligible girls receive all three doses of the HPV vaccine, we’ve developed a range of materials to help you maximise their attendance at your school-based HPV vaccination clinics, including an exclusive wristband for you to give girls after their third injection!

To find out more or to order support materials, visit www.spmsd.co.uk and click on ‘healthcare professionals’.

ABRIDGED PRESCRIBING INFORMATION
GARDASIL® (Human Papillomavirus Vaccine [Types 6, 11, 16, 18] (Recombinant, adsorbed))

Refer to Summary of Product Characteristics for full product information.

Presentation: Gardasil is supplied as a single dose pre-filled syringe containing 0.5 millilitre of suspension. Each dose of the quadrivalent vaccine contains highly purified virus-like particles (VLPs) of the major capsid L1 protein of Human Papillomavirus (HPV). These are type 6 (20 µg), type 11 (40 µg), type 16 (40 µg) and type 18 (20 µg).

Indications: Gardasil is a vaccine for use from the age of 9 years for the prevention of premalignant lesions (cervical, vulvar and vaginal) and cervical cancer causally related to certain oncogenic Human Papillomavirus (HPV) types and genital warts (condyloma acuminata) causally related to specific HPV types. The indication is based on the demonstration of immunogenicity of Gardasil in females 16 to 26 years of age and in males 16 to 26 years of age and on the demonstration of immunogenicity of Gardasil in 9 to 15-year old children and adolescents.

Dosage and administration: The primary vaccination series consists of 3 separate 0.5 millilitre doses administered according to the following schedule: 0, 2, 6 months. If an alternate schedule is necessary the second dose should be administered at least one month after the first and the third dose at least three months after the second. All three doses should be given within a 1 year period. The need for a booster dose has not been established. The vaccine should be administered by intramuscular injection. Contraindications: Hypersensitivity to any component of the vaccine. Hypersensitivity to previous administration of Gardasil, Acute severe migraine, Rashes, Warnings and precautions: The decision to vaccinate an individual should take into account the risk for previous HPV exposure and potential benefit from vaccination. As with all vaccines, appropriate medical treatment should always be available in case of anaphylactic reactions. The vaccine should be given with caution to individuals with thrombocytopenia or any coagulation disorder because bleeding may occur following an intramuscular administration in these individuals. Syncope, sometimes associated with falling, can occur before or after vaccination with Gardasil as a psychogenic response to the needle injection. Vaccination should be observed for approximately 15 minutes after vaccination; procedures should be in place to avoid injury from faints. There is insufficient data to recommend use of Gardasil during pregnancy therefore the vaccination should be postponed until after completion of the pregnancy. The vaccine can be given to breastfeeding women. Gardasil will not protect against diseases that are caused by HPV types 6, 11, 16 and 18 and to some limited extent against diseases caused by certain related HPV types. Vaccination is not a substitute for routine cervical screening. Individuals with impaired immune responsiveness, due to either the use of potent immunosuppressive therapy a genetic defect, or other causes, may not respond to the vaccine. As with any vaccine, vaccination with Gardasil may not result in protection in all vaccine recipients. There are no safety, immunogenicity or efficacy data to support interchangeability of Gardasil with other HPV vaccines. Undesirable effects: Very common side effects include: headache and at the injection site, erythema, pain and swelling. Common side effects include bruising and pruritus at the injection site, paresthesia, nausea, and pain in the extremity. Rarely urticaria and very rarely anaphylaxis has been reported. Idiopathic thrombocytopenic purpura, Guillain-Barré Syndrome and hypersensitivity reactions including, anaphylactic/ anaphylactoid reactions have also been reported. For a complete list of undesirable effects please refer to the Summary of Product Characteristics. Package quantities and basic NHS cost: Single pack containing one 0.5 millilitre dose pre-filled syringe with two separate needles. NHS cost: £86.50 per dose. Marketing authorisation holder: Sanofi Pasteur MSD, 8 rue Jonas Salk, F-69007, Lyon, France. Marketing authorisation number: EU/1/06/357/007 (pre-filled syringe with two separate needles). Legal category: POM ®

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Sanofi Pasteur MSD, telephone number 01628 785291.