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GIG CYMRU NHS WALES

A School Nursing Framework for Wales

May 2017

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A Framework for a School Nursing Service for Wales

Audience: This document is relevant to all those involved in the provision of services to improve the health and well-being of school-aged children and young people and also to parents/ carers.

Contents: The revised document represents a framework for a future school nursing service encompassing all school aged children and young people within both mainstream primary and secondary school settings in Wales.

It builds upon 'A Framework for a School Nursing Service for Wales' 2009 which focused on the Welsh Government commitment (One Wales 2007)

'We will provide a minimum of one family nurse per secondary school by the end of the Assembly term'.

The framework further enhances the current school nursing service and aims to provide a seamless health provision across early years through to adulthood.

Action Required: A number of actions are set out throughout the document and will be coordinated by the Welsh Government.

The Revised Framework for a School Nursing Service for Wales

Contents

Foreword

1. Introduction

2. Background

3. Vision for school nursing in Wales

4. What children and young people want from school nurses
Responses from all Wales survey of children and young people (2016)

5. Key functions of the role

a) Primary Schools
- Universal
- Enhanced
- Intensive

b) Secondary Schools
- Universal
- Enhanced
- Intensive

6. Working in Partnership
- The Welsh network for healthy schools
- Public health services

7. The role of school nurses within the special schools setting

8. The workforce
- Education and training
- Skill mix
- Leadership structure

9. Recommendations – school nursing within a prudent concept

10. References

11. Appendices: All Wales Standards for NHS School Nursing Services

- Safeguarding
- Promotion of emotional wellbeing and supporting the mental health needs of school age children
- Immunisation standards for school age children in Wales
- Standards for implementing the child measurement programme for Wales

1. Introduction

This document sets out the Welsh Government's framework for a school nursing service for children and young people that is safe, accessible and of a high standard. It provides an extension to the previous document 'A Framework for a School Nursing Service for Wales' (WAG, 2009) building on the framework and incorporating the Healthy Child Wales Programme ethos, Building a Brighter Future: Early Years and Childcare Plan (2013), the Wellbeing of Future Generations (Wales) Act (2015), the Welsh Adverse Childhood Experiences (ACE) study (2015) and the principles of Prudent healthcare. Within this climate of exciting changes responding to children's needs, the framework aims to proactively build on the current school nursing service and extend good practice to all school age children and young people in Wales.

School nurses have a designated role as a key contributor to the early years' development of a child which targets the health and emotional needs of school aged children and young people. School nurses as Specialist Community Public Health Nurses (School Nursing) (SCPHN SN) graduates are qualified to provide holistic, individualised community and population level public health services. Whilst they make a significant contribution to improving health via prevention and early intervention, national programmes including immunisation and the Child Measurement Programme introduced since the original 'A Framework for a School Nursing Service for Wales' (WAG, 2009) have required significant staffing resource to deliver. This has had a considerable impact on the time available for school nurses to undertake their wider public health role.

This document also clarifies the core role of the school nursing service, based on the Healthy Child Wales Programme (0-7) (WG, 2016) categories of Universal, Enhanced and Intensive service provision (section 5: Key Elements of the role). This document provides a structure to enable sustainability for future school nursing provision, such as the extension of the Healthy Child Wales Programme for 7 years onwards, and aims to achieve the vision for school aged children and young people in Wales giving the best start in life (Building a brighter future 2013). The overarching philosophy in this revised document is the reiteration of the expectation to ensure that every mainstream secondary school and its cluster of partner primary schools will have a unique named SCPHN (SN) school nursing service based on level of need, and a team with relevant skill mix, employed by the NHS on an all year basis. The school nurse will plan, coordinate, deliver and evaluate appropriate health intervention and public health programmes for all school aged children and young people in Wales.

2. Background

In 2007 the Welsh Assembly Government made a commitment to provide a minimum of one registered school nurse per mainstream secondary school by the end of the Assembly term. Following elections in May 2011, the new

Welsh Government reaffirmed this commitment outlined in the 2011 Welsh Labour Manifesto *Standing up for Wales* which stated it would; "Continue our programme of a nurse for all secondary schools in Wales to help address the health, emotional and social needs of young people and promote healthy behaviour." Following initial consultations in developing 'A Framework for a School Nursing Service for Wales' 2009, this was widened to include primary school cluster groups.

In 2009 the Welsh Assembly Government published 'A Framework for a School Nursing Service for Wales', which outlined broad standards for school nursing. The publication focussed on the need to ensure the appropriate number of school nurses were appointed by each health board. In relation to current evidence, policy and legislation it is now timely to revisit this document and ensure that the framework meets current population needs and provides a positive contribution to the health and well-being of school aged children and young people in Wales.

The Welsh Adverse Childhood Experiences (ACE) Study (2015), provided evidence that our experiences during childhood can affect health throughout the life course. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence which can themselves lead to mental health illnesses and diseases such as cancer, heart disease and diabetes later in life. Adverse Childhood Experiences are not just a concern for health. Experiencing ACEs means individuals are more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society.

The Well-being of Future Generations (Wales) Act (2015) aims to improve the social, economic, environmental and cultural well-being of Wales, whilst ensuring the health and well-being of future generations is secured. The Act has put in place seven well-being goals, including a healthier Wales, a resilient Wales and a more equal Wales. This ground-breaking piece of legislation provides an opportunity for the reduction of ACEs across Wales through efforts to achieve its goals across health, social care, education and other public bodies.

This aspiration to ensure that future generation have the best start in life was further enhanced by the recommendations of *Successful Futures: An Independent Review of Curriculum and Assessment Arrangements in Wales* by Professor Graham Donaldson. This review recommends that the new national curriculum in Wales should have 'six areas of learning and experience: Expressive arts; Health and well-being; Humanities; Languages, literacy and communication; Mathematics and numeracy; and Science and technology.' It also states 'the vital importance of schools to the future success and well-being of every child and young person in Wales and to the country as a whole.'

Children and young people

The aspirations for a healthier Wales includes the creation of a society in which people's physical and mental well-being are maximised from the beginning of the life course and in which choices and behaviours which benefit future health outcomes are understood and supported. The Building a Brighter Future: Early Years and Childcare Plan 2013-2023 and the Healthy Child Wales Programme set out the policy framework and plan for supporting families. The documents set out the need to ensure that children attain their health and developmental potential and aims to increase family resilience. Preventing ACEs and building resilience in children will directly support the achievement of this goal. A more equal Wales envisages a society that enables people to fulfil their potential, reducing inequality and placing a greater value on diversity.

Research undertaken by the RCN (RCN: 2005, 2009) has highlighted that, despite some investment, with competing priorities and increase in issues such as safeguarding, the school nursing workforce is overstretched, preventing them from being able to undertake health promoting activities.

In consulting stakeholders for this document and to ascertain the picture in Wales, a series of consensus seminars were held (2016), involving school nurses from all Welsh Health Boards, to debate the competing demands of time and the prudent use of their skills and expertise. The aim of the events was to ensure that school nursing services across Wales were effectively addressing the needs and meeting the rights of children and young people in line with The United Nations Convention on the Rights of the Child (1989) (UNCRC) and the Well Being of Future Generations (Wales) Act (WG, 2015). The outcomes of the debate identified an essential need to refocus the work of school nurses to ensure that the impact of the role is maximised in order to improve the health and wellbeing of future generations.

3. The vision for school nursing services in Wales

The School Nursing Service will be delivered via a rights based approach that meets the UNCRC (1989)

The health and wellbeing of our children and young people matter. They have the right to be safe, healthy and equipped for adulthood. Happy healthy children achieve more, reach their full potential and grow up to become happy healthy adults.

An effective school nursing service maximises children and young people's resilience and empowers them to make informed choices through a service that is needs led, responsive, visible, accessible and confidential. It is proactive in providing early intervention and advice when it is needed and is trusted and valued by children and young people.

All schools will recognise the school nurse as a valuable partner in achieving a happy, healthy school and work collaboratively in practice to realise this outcome.

In partnership, the school and the school nursing service will aim to meet the challenges and opportunities presented by the ever changing health and social climate in which children and young people grow and develop to ensure a fair and equitable service across Wales.

4. What children and young people want from school nurses?

The UN Convention on the Rights of the Child adopted by the Welsh Government and reinforced by the Rights of Children and Young People Measure (2011) states the right of involvement of children and young people to have a say about decisions that affect them. With this in mind the Chief Nursing Officer commissioned research (April 2016) to consult with children and young people in Wales, to inform the development of school nursing services across Wales.

Primarily using qualitative methods, the research explored children's experiences with the school nurse, their thoughts about the role, and how it could be improved to better meet their needs. In addition a small sample of teachers and school nurses were also asked for their views on how the service could be improved.

The research was designed to:

- Gain insight into the experiences of children and young people about the current school nursing service.
- Establish the views of children and young people on how school nurses might be able to expand their role in line with a system based approach to public health.
- Establish the views of children and young people in relation to the priorities for school nursing services.
- Gain insight into any barriers that might exist that restrict children and young people from accessing their school nursing service.
- Listen to the views of young people about how the school nursing service can become more children and young people friendly.
- Incorporate the views of school nurses and teaching staff.

Focus groups were held with children and young people at their primary and secondary schools across Wales – including one Welsh speaking school and two faith schools. All groups were single sex, with up to six children in the primary school groups and up to 12 in the secondary school groups. The groups explored the current perceptions of the school nurse, along with their views on what is important to them and what they would like the service to offer in the future. Interviews were also conducted with head teachers, deputy

heads, teachers, healthy schools coordinators and school nurses to get their opinion on their current experience.

Summary of findings

- The vast majority of children and young people – whatever level of contact they had, thought their school nurse was friendly and approachable.
- Children and young people, teachers and school nurses all recognise the increase in mental health related issues in schools and would welcome more input in relation to proactive and reactive support to include dealing with depression, bullying, anxiety and addictions.
- Children and young people want school nurses to become more visible, more recognisable and provide information on when and how to contact them in a setting that is private in order to preserve confidentiality.
- There was consensus from the children and young people, school nurses and teachers that the lack of school nursing time available to spend in school was a barrier to improving the service and gaining the trust of children and young people.

Although the survey was carried out using a relatively small sample of school aged children, research in England highlighted similar responses - that school nurses were highly valued by children, education staff and parents when they are aware of who they are and what they do (RCN, 2009).

5. Key functions of the role

In line with the Healthy Child Wales Programme (2016) this framework is underpinned by the concept of progressive universalism with the core components offered via a 'team around the child' approach at 3 levels:

- **Universal – the core minimum intervention offered to all school aged children in primary and secondary school settings, regardless of need.**
  An identified SCPHN (SN) is available to all school aged children, young people, their families and within the school they attend, to provide support to address the public health components of the national curriculum. Service delivery will be based on the premise of early identification and assessment of need including delivery of the national screening, surveillance and immunisation programmes in the school setting.

- **Enhanced – additional interventions based on the ongoing assessment and analysis of resilience and identification of additional need.**
  When additional needs for a child or young person are identified an additional assessment may be offered at an appropriate venue. Further support and/or signposting to local or specialist services may be

offered. When specific local public health needs at school population level are identified the school nurse will work in partnership to address the needs to promote the health of children & young people.

- **Intensive – further interventions, built upon ongoing assessment and analysis of greater need.**
  The school nurse, when involved with the health needs of a child or young person, will work in partnership with other agencies and contribute appropriately to deliver the agreed plan.

a) Core Services: Primary Schools

The School Nurse Framework (2009) emphasised the role of the school nurse for a secondary school population, with little focus on delivering a service for primary school aged children. The consultation with children and young people has provided evidence that primary school children want to have access to, and receive support from, a school nursing service.

It is well documented that early intervention and prevention is key to improving physical, emotional and mental health outcomes (ACE Study, PHW 2015) and in line with the Healthy Child Wales Programme (2016). The provision of school nursing services for primary school aged children will facilitate an ongoing intervention and prevention framework linking to transition into secondary school.

School nursing services for primary school aged children will:

- Provide information via various media containing clear and up to date information on the named SCPHN (SN) in appropriate areas of the school with contact details to ensure that school staff, parents / carers and pupils have the information needed to contact them as necessary.
- Ensure that a school nursing service information pack is provided to parents of all reception class pupils (HCWP, 2016).
- Provide advocacy and support for pupils in line with the Nursing and Midwifery Council Code.
- Adopt the Public Health Wales ‘Making Every Contact Count’ (MECC) approach to lifestyle changes.
- Maintain pupil confidentiality in line with Fraser guidelines (Home Office 1985) and the All Wales Child Protection Procedures (AWCPP 2008).
- Offer advice and signposting to support a pupil and their parents / carers when health related issues arise.
- Working in partnership with named feeder schools the school nurse will attend appropriate parents’ evenings to raise the profile of their role, deliver public health messages and offer information and advice.
- Actively engage with education colleagues and specifically the Healthy School Coordinator to address locally identified population level health needs and to support local public health team and Public Health Wales initiatives.

- Work in partnership to deliver enhanced classroom based sessions that address National Curriculum components related to sex and relationships education in line with the school's policy.
- Work in partnership to set and deliver enhanced classroom based sessions that address National Curriculum components related to physical, emotional and mental health and well-being.
- Work in partnership to deliver evidenced based classroom sessions that address National Curriculum components related to healthy eating.
- Should be available to school council members and ensure that the pupil's voice is heard particularly in relation to health initiatives.
- May on occasion attend Governors' meetings to ensure health of the school community is on the Governors' agenda and familiarise the governing body with the role of the school nurse.
- Should be available to children and young people outside of school hours and term time via locally agreed provisions.
- Work in partnership to provide support to pupils in any form of transition.
- Recognise the importance of delivering services in Welsh for children and young people where this is their first language, to ensure most effective care provision.
- To deliver the Children's Vision Wales Pathway for 4-5 year olds in collaboration with orthoptists and refer on appropriately to primary or secondary care
- To work in collaboration with the Community Dental services across Wales, to deliver the Designed to Smile (D2S) national programme to primary school aged children.
- Will work with Health Visitors to provide a continuous service. At handover (and through use the Child Health System) school nursing services will identify any outstanding concerns from the Healthy Child Wales Programme, for example outstanding immunisations and any developmental needs that will impact on a child's learning at primary school entry.

b) Core Service: Secondary school framework

School nursing services within a secondary school setting will:

- Provide up to date information, clear contact details and negotiate appropriate processes (e.g. well sited posters, school website etc.) to ensure school nurses are easily available to pupils, parents / carers and school staff to allow independent contact as necessary,
- Provide advocacy for pupils in line with the Nursing and Midwifery Council Code.
- Adopt the Public Health Wales 'Making Every Contact Count' (MECC) approach to lifestyle changes.
- Maintain pupil confidentiality in line with Fraser guidelines (Home Office 1985) and the all Wales child protection procedures.
- Offer appropriate advice and signposting to support a pupil and their parents / carers when health related issues arise

- Working in partnership with their named secondary school the school nurse will attend appropriate parents' evenings to raise the profile of their role, deliver public health messages and offer information and advice.
- Actively engage with education colleagues and specifically the Healthy School Coordinator to address locally identified population level health needs and to support local public health team and Public Health Wales initiatives
- Work in partnership to deliver enhanced classroom based sessions that address National Curriculum components related to sex and relationships education in line with the school's policy.
- Work in partnership to set and deliver enhanced classroom based sessions that address National Curriculum components related to physical, emotional and mental health and well-being.
- Work in partnership to deliver evidenced based classroom sessions that address National Curriculum components related to healthy eating.
- Should be available to school council members and ensure that the pupil's voice is heard particularly in relation to health initiatives.
- May on occasion attend Governors' meetings to ensure health of the school community is on the Governors' agenda and familiarise the governing body with the role of the school nurse
- Be available at the school to provide regular opportunities for pupils and staff to access them for advice / support
- Should be available to children and young people outside of school hours and term time via locally agreed provisions.
- Work in partnership to provide support to pupils in any form of transition.
- Liaise with school based counselling service colleagues as appropriate
- Recognise the importance of delivering services in Welsh for children and young people where this is their first language, to ensure most effective care provision.

6. Working in partnership

In Wales the vision is to support families in getting the basics right for all children and young people, so that they enjoy good physical health and mental well-being and lives that are free from poverty. School nursing teams will be part of the wider multi-disciplinary and multi-agency approach to promoting and protecting the health and well-being of children and young people.

School nurses will continue to have a key role in supporting and contributing to the public health agenda for school aged children and young people. This will be achieved by working with a range of providers including local public health teams and contributing to Children and Young People's Plans and Health, Social Care and Well-being Strategies.

School nursing teams will work in collaboration with other partners such as healthy schools co-ordinators, school counsellors, Integrated Family Support Teams, social service advocacy services, Personal and Social Education (PSE)

advisers and co-ordinators, Physical Education and School Sport (PESS) co-ordinators, Appetite for Life co-ordinators and dieticians who also play a major role in working with schools on issues of life skills, accident prevention, health and well-being, nutrition, fitness, sexual health, alcohol and substance misuse, relationships and citizenship. They will also work with other providers as appropriate including teachers, classroom assistants, youth workers, parents and school pupils to ensure coherent and planned responses are made to identified needs. They will continue to work closely with health visitors providing a continuous service to children and young people from birth to adulthood.

a) The Welsh Network for Healthy Schools

With the majority of health improvement work for children and young people in the school setting currently directed through the Welsh Network of Healthy School Schemes (WNHSS) school nurses will be actively engaged in supporting schools to take forward actions:

'It is essential that school staff and school nurses work together to ensure that services are adequate and meet local needs. Health education and promotion for instance can greatly benefit from shared work. For example, teachers may be aware of needs specific to their school or area and by sharing these with school nursing services a joint strategy can be developed on issues such as drug misuse or forced marriage' (WNHSS 1999)

b) Public Health Teams (Local and National services)

The school nurse will work in collaboration with public health services to ensure awareness and delivery of initiatives as required. These may include:

- Physical health
  - Obesity
  - Smoking cessation
  - Alcohol and drug related harm
- Mental and emotional health
  - Improving mental wellbeing and resilience
- Immunisation
- Safeguarding
- Screening

7. The role of school nurses within the special schools setting

Pupils within special school settings require a distinct and specific model of care. In recognition of this Welsh Government undertook a review of the provision "The report of the Special School Nursing Project" (2016) resulting in recommendations for future models of special school nursing services. This will form a separate report and action plan to be published by the end of 2017.

8. The workforce

This document will build on the foundations of 'A Framework for a School Nursing Service for Wales' (WAG, 2009) which aimed to provide '*a comprehensive service accessible to school-aged children and young people across Wales irrespective of school attendance. There will be a minimum of one school nurse per secondary school by May 2011'*

In this revised document the expectation is reiterated and extended to ensure that every mainstream secondary school and its cluster of partner primary schools will have a unique named SCPHN (SN) school nurse who is employed by the NHS on an all year basis, as opposed to term time only.

> **'***Good practice would indicate that each family of schools has a named school nurse responsible for co-ordinating the care across both the primary and secondary schools; and that the school nursing service should be a year-round service which incorporates team members of different grades who have a variety of skills and knowledge. (RCN 2013)*

Team size and skill mix

It is recognised that school size and pupil numbers vary and therefore workforce requirements may vary and will need to be agreed locally, this should be based on some of the issues stated below. When setting up service models for school nursing it is also imperative that skill mix and the team around the child approach is considered, which will ensure effective delivery of service and also enhance future career progression. This will enable appropriate delegation of tasks in a prudent healthcare approach, releasing the skills and expertise of the SCPHN (SN) in addressing the health needs of the school population. It also contributes to ensuring that the delivery of national screening and surveillance programmes are met in line with Public Health Wales agreed plans.

> *'There should be a minimum of one registered school nurse for each secondary school and its cluster of primary schools. The actual number will vary dependent upon the size and complexity of the school population, the number of vulnerable children, deprivation indices and geography of the patch. Registered school nurses will be supported by a skill-mixed team that includes a number of registered nurses, nursery nurses and health care support workers.' (RCN 2013)*

Leadership

In line with 'A Framework for a School Nursing Service for Wales' (WAG, 2009) which stated that there should be *'clearly defined arrangements for professional leadership, support and governance for all staff working in the school nursing service including those employed in the education sector.'*

Building on this, within this extended framework, it is recommended that the service lead within each area is a qualified SCPHN (SN), providing line management and leadership to the school nursing team. This will ensure a future career framework within school nursing in Wales and future succession planning and service sustainability. Safeguarding nurse specialists and community practice teachers will be in place to support staff and students.

9. Recommendations – school nursing within a prudent concept

The extension of the School Nursing Framework in Wales is based on the principles of Prudent Healthcare (Public Health Wales 2014). The main summary of the framework is as follows:

<u>Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.</u>

School nursing services will work together with partnership agencies to ensure that: -

- The service provided meets the needs of pupils and their families.
- The core team represents the skill mix needed to maximise the expertise required to deliver a complete service for the pupils and their families.
- The 'team around the child' approach is maintained throughout the process, with pupils and their families as equal partners in the decision making process.
- Professionals continue to learn from each other through sharing experience and knowledge.
- Communication and sharing of information that is effective.

<u>Care for those with the greatest health need first, making the most effective use of all skills and resources.</u>

To develop the 'team around the child' approach within school nursing adopting skill mix and delegation of roles to ensure: -

- A team approach to assessment and care planning for pupils with additional needs.
- Efficient management of core activities by delegation of roles.
- Co-ordination of services and interventions.

<u>Do only what is needed, no more, no less; and do no harm.</u>

- Ongoing assessment of need and resilience, building on foundations of the Healthy Child Wales Programme (2016) and then support pupils and families via either signposting or appropriate referral.

Reduce inappropriate variation using evidence based practices consistently and transparently.

- Ensure provision of core school nursing services to children across the age ranges in both primary and secondary school, building on the concept of early identification and intervention promoting the best chances in life for children to reach their full potential
- Ensure adoption of a progressive universalism model to provide school nursing services according to identified need.
- Continue to develop the model informed by latest research, regular audit, review and evaluation.
- Monitoring arrangements will be developed to provide a reporting mechanism on the effective provision of school nursing services across Health Boards in Wales, in line with this document and key performance indicators.

10. References

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11. Appendices

All Wales Safeguarding Standards for NHS School Nursing Services
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Purpose and Summary of Document: To ensure provision of a standardised and consistent approach to meeting safeguarding responsibilities for NHS School Nurses across Wales.

SECTION		Page
1.	**Introduction**	3
2.	**Aim**	3
3.	**Who the standards apply to**	3
4.	**Safeguarding Standards for NHS School Nursing Services in Wales**	4
5.	**References**	5

1. Introduction

A Framework for a School Nursing Service for Wales (2009) stated that every mainstream school should have a SCPHN SN named against their school.

The document recognised that School Nurses have a role in promoting, protecting and safeguarding the health and well-being of children and young people. Their role in relation to safeguarding is reiterated in Welsh Government's Healthy Child Wales Programme (2016).

The All Wales Child Protection Procedures (2008) state that every person in contact with or working with children and their families; or with adults who may pose a risk to children should:

- Understand their role and responsibilities to safeguard and promote the welfare of children;
- Be familiar with and follow their organisation's procedures and protocols for safeguarding and promoting the welfare of children and know who to contact in their organisation to express concerns about a child's welfare;
- Be alert to indicators of abuse and neglect.

Produced to set a minimum expectation for School Nursing Services in Wales to adhere to, these standards have been written with a rights based approach in line with the UNCRC (1989) and informed by, and must be read in conjunction with, the All Wales Child Protection Procedures (2008).

2. Aim

To provide a minimum standard for meeting safeguarding responsibilities for School Nurses employed by the NHS in Wales and to support them in meeting their professional obligations regarding this element of their role with school aged children across Wales.

3. Who the standards apply to

These standards apply to NHS employed Specialist Community Public Health Practitioner School Nurses (SCPHN SN) and School Nurses working in Health Board School Nursing Services across Wales.

Although the majority of school aged children attend mainstream Local Education Authority (LEA) school settings it is recognised that some children and young people receive their education in different settings e.g. special schools, private schools, alternative curriculum settings and some are educated at home. In addition some parents chose to provide their child's education at home.

It is recognised that whatever setting the child/young person receives their education in; where there are any safeguarding concerns it is the most appropriate health professional who should be involved. Local procedures that reflect this approach should be in place.

Appropriate health professionals may be for example; the GP, a Children's Community Nurse, a Learning Disability School Nurse, a Disability Team School Nurse, a Special School Nurse or a CAMHS professional etc.

The introduction of these minimum standards does not preclude existing good local practice but standardises procedures to a minimum level across Wales.

Where local practice exceeds these standards, sharing widely is encouraged and recommended to facilitate constant improvements.

4. Safeguarding standards for NHS School Nursing Services in Wales.

The Framework (WAG, 2009) referred to above states that there is an expectation that every mainstream school has a Local Health Board employed SCPHN SN named nurse, working at the population level, to meet Welsh Government's public health agenda for school aged children and young people.

In addition the School Nurse has an identified role to work at an individual level where safeguarding concerns have been identified or emerge.

This role carries the expectation that; adhering to the All Wales Child Protection Procedures (2008) and local guidelines, protocols, pathways and policies for safeguarding children, the School Nurse will provide a report and arrange for appropriate health assessments to be carried out.

In line with the Healthy Child Wales Programme (2016) when safeguarding concerns have been identified and a child reaches 4/5 years of age the Health visitor will liaise with and arrange for the transfer/handover of information and appropriate documentation (hard copy and/or electronic) to the named School Nurse in line with local policy.

The School Nurse should attend and/or provide a written report for all initial case conferences for children 4/5 years of age and older in line with local policy.

If appropriate to facilitate handover, the School Nurse may attend an arranged initial or review conference with the Health Visitor and/or provide a written report. Advice will be sought from the Safeguarding Nurse Specialist as necessary.

In line with the Healthy Child Wales Programme (2016) the Health Visitor will remain involved with any preschool age siblings in the family.

Continued involvement of the School Nurse with any children of school age will be agreed and informed via the child protection plan and identified health needs of the school aged child/children.

As above and informed by professional judgement, a decision will be made as to whether School Nurse attendance is necessary at a subsequent review conference and/or core group. Advice will be sought from the Safeguarding Nurse Specialist as necessary.

The School Nurse will signpost as necessary to professional colleagues and/or become involved as appropriate if new concerns emerge and/or the social worker identifies and advises of new health needs.

School Nurses will have access to supervision via Safeguarding Nurse Specialists as locally agreed.

In regard to Looked After Children, who are acknowledged to be among the most vulnerable, best practice is achieved when a specific LAC health team is in place to meet their statutory and additional needs.

5. References

A Framework for a School Nursing Service for Wales (2009)
Welsh Assembly Government
Cardiff: WAG

All Wales Child Protection Procedures (2008)
Local Safeguarding Boards:
www.awcpp.org.uk/

Healthy Child Wales Programme (2016)
Welsh Government

United Nations Convention on the Rights of the Child (1989)
Geneva: UN

All Wales Standards for NHS School Nurses for the Promotion of Emotional Wellbeing and Supporting the Mental Health Needs of School Age Children
Authors: Sue Beacock, Nursing Officer for Mental Health and Learning Disability Nursing , Welsh Government
Purpose and Summary of Document: **This document sets standards for NHS School Nurses across Wales to ensure they are competent in supporting the emotional wellbeing and mental health of children and young people attending educational establishments.**

Acknowledgements

These standards for have been developed following consultation with the School Nurses Framework Review Group and the leads and members of the work-streams for *Together for Children and Young People*(T4YCP) (2015)http://www.wales.nhs.uk/togetherforchildrenandyoungpeople

SECTION	
1.	**Introduction**
2.	**Aim**
3.	**Who the standards apply to**
4.	**Standards**
5.	**Competency framework**
6.	**References**

1. Introduction

The aim of this standard is to set a minimum expectation of the level of knowledge for School Nursing Services in Wales. The standard has been written with a rights based approach in line with the UNCRC (1989).

T4CYP is a Welsh Government (WG) priority with cross cabinet commitment that was launched on 26th February 2015. This multi-agency service improvement programme will work at pace to consider ways to reshape, remodel and refocus the emotional and mental health services provided for children and young people in Wales, in line with the principles of prudent healthcare.

These standards mirror the work of T4CYP in terms of its application to the role of the school nurse to avoid duplication and confusion

The role of the School Nurse is pivotal in supporting the emotional wellbeing of children and young people. Through consultation with School Nurses and in partnership with the work-streams of T4CYP, an analysis of the role that School Nurses have in this important agenda has been undertaken and has led to the development of these standards.

The consultation with children and young people carried out by Public Health Wales (2016)

identified that School Nurses biggest impact is in supporting the overall emotional well being and mental health of children and young people. The relationships that School Nurses develop with children and young people help to ensure they feel safe and confident to confide in them. They also have a key role in early intervention and are able to identify potential and actual problems at an early stage.

The consultation also highlighted the limitations of the School Nurse role in mainstream schools in regard to the delivery of the more specialist area of the work-streams of T4CYP with some specific early intervention activities falling outside their remit and competency.

It was acknowledged that the needs of children and young people who require specialist intervention, identified as part of the neurodevelopmental pathway, and/or specialist CAMHS interventions, require specifically trained professionals. Pupils within special school settings require a distinct and specific model of care. In recognition of this WG undertook a review of the provision “The report of the Special School Nursing Project” (2016) resulting in recommendations for future models of special school nursing services. This will form a separate report and action plan .

The standards are supplemented by a competency framework that is derived from Good Work – an Education and Training Framework for Dementia (2016) www.ccwales.org.uk/edrms/157609/which describes levels of informed, skilled and influencer.

- Informed: universal competencies that all people who work with children and young people need to demonstrate

- Skilled: apply specifically to the early intervention and preventative role of (in this case) the School Nurse
- Influencer: those who commission develop and deliver (in this case) School Health Services delivered by local health boards have a role in ensuring that School Nurses receive adequate continuing professional development and support for their role in this area of work

The framework can be utilised as follows:

- To develop training programmes (as T4CYP will have standardised training packages for the Informed level of work)
- To inform Personal Development and Review (PDR)
- To support team development
- As learning sets
- As a basis for clinical supervision
- For individual work based learning activity
- To develop job roles and specifications

2. Aim

The standards aim to clarify the role and expectations of the School Nurse in supporting the overall mental wellbeing and health of children and young people. It also identifies the range of early interventions that can be used by School Nurses in the escalation of concerns and their role in preventing the exacerbation of mental ill health.

3. Who should the standards apply to?

These standards apply to NHS employed School Nurses across Wales.

4. Standards

School Nurses will be involved in the prevention agenda, via a public health population based approach to build resilience through informing pupils about emotional and mental well being . In order to undertake this : • School Nurses will apply the recommendations of and undertake relevant training associated with T4CYP work-stream - Universal Resilience, and Wellbeing • Demonstrate the competencies outlined in section 5 [Informed level]
School nurses use skills in identification and early intervention to escalate concerns about a child's mental health or emotional wellbeing in a timely and appropriate manner- in order to do this: • The School Nurse will liaise with the school based Counselling Service counsellor and refer pupils as appropriate and necessary for individual assessment and ongoing support in line with local service provision. • The School Nurse will liaise as necessary and/or refer a pupil to the GP and/or Primary Mental Health Worker in line with local processes • Demonstrate the competencies outlined in section 5 [Skilled level]
Health Boards will ensure that School Nurses have access to good quality CPD and supervision to support their role in emotional wellbeing and supporting mental health needs of children & young people In order to undertake this: • PDRs should consider and address learning and development needs related to emotional wellbeing and supporting mental health needs • How School Nurses support emotional wellbeing and mental health is part of the ongoing discussions in clinical supervision and be recorded on the formal record • Service providers will ensure that School Nurses have access to support mechanisms including networks/ communities of practice, clinical supervision and support in times of crisis • Those who manage and deliver school nursing services within health boards demonstrate the competencies outlined in section 5 [influencer level]

5. Competency framework

School Nurses will be involved in the prevention agenda, via a public health population based approach to build resilience through informing pupils about emotional and mental well being	
Overarching outcomes for all School Nurses	**Associated Competencies**
• Defines mental wellbeing, resilience and emotional literacy	• Understands the concept of mental wellbeing. • Can describe resilience in the context of mental wellbeing • Recognises the concept of emotional literacy and understands how to promote this in C&YP
• Identifies the importance of mental wellbeing in the development and life chances of C&YP	• Appreciates the relationship between mental well-being and its impact on educational attainment, positive health outcomes and life chances • Understands key elements in process of promoting mental health and wellbeing including techniques such as emotion coaching
• Understands why key data on the mental health and wellbeing of children and young people in Wales is important	• Is aware of reliable sources of data. • Understands how data analysis and using information can inform practice • Is confident in accessing and using data
• Identifies the risk and protective factors that can impact on the mental health and wellbeing of C&YP	• Appreciates the impact that genetic factors may have on mental health and wellbeing • Describes attachment theory and its impact • Identifies how good parenting, with warmth, affectionate, responsive and at times authoritative elements is a protective factor • Recognises what good peer relationships look like and promotes the development of these • Is aware of how good physical health and healthy lifestyles support mental health and wellbeing • Understands the impact of adverse childhood events

• Highlights key evidence based approaches to improving the mental wellbeing and resilience of C&YP	• Describes what is meant by evidence based approaches • Has an understanding of the following (non exhaustive) list of evidence based approaches: - Parenting support - Promoting health and wellbeing for parents and families - Reducing social isolation whole school approaches to improving mental wellbeing - Developing social and emotional skills - Team and inter-professional Working
• Understands some key signs that may indicate early signs of mental distress in C&YP	• Understands the potential indicators that might suggest a concern • Has some insight into the differentiation of "normal" developmental challenges and more persistent problems
• Has awareness of the impact of behaviour, its functions and manifestations and uses positive strategies to support behaviour in C&YP	• Understands concepts of behaviour .and fosters positive approaches to behavioural support • Is aware of the functions of behaviours that behaviours may have • Understands when to escalate concerns about behaviours and changes to behaviour • Has a general understanding of positive strategies that can be employed by everyone to help support behaviour
• Knows what to do if there are concerns about the mental wellbeing of a child	• If concerns are identified, is confident in using the pathway for escalation in their organisation • Understands the importance of team working in delivering the pathway for escalation • Has appreciation of the importance of communication and record keeping in delivering the pathway.

• Has insight into communication theory	• Identifies the key components of communication • Understands the importance of both verbal and non verbal communication • Has insight into the importance of assertive communication • Regularly demonstrates good communication skills when working with children and young people
• Understands the importance of professional relationships and positive communication with C&YP	• Identifies the team in which they work • Understands the roles of team members • Is familiar with communication theory • Understands and appropriately uses the concepts of empathy and emotional intelligence to support communication • Has awareness of the importance of professional boundaries when working with C&YP and their families
• Is self aware and uses self management strategies to promote own mental health and wellbeing	• Has an understanding of their own organisations support mechanisms and HR policies • Is confident in using the appraisal/ review system as an opportunity to develop strategies to support own work and development • Is aware of the importance of supervision and support in their own role • Recognises when they need support and help and not afraid to ask
• Understands and effectively uses the legislative and policy framework when working with C&YP	• Understands safeguarding legislation • Has confidence in using safeguarding policies within the organisation • Understands the concepts of capacity and decision making

	and utilises the correct processes to support issues of capacity. • Has access to and can effectively use the whistle blowing policies if needed. • Appreciates the need to maintain confidentiality and knows how to protect information
School nurses use skills in identification and early intervention to escalate concerns about a child's mental health or emotional wellbeing in a timely and appropriate manner- in order to do this: the skilled level of "Good Work"	
Overarching outcomes	**Associated Competencies**
• Understands the implications when a child or young person is from an identified high risk group and uses evidence based strategies to support that child.	• Understands the range of groups of children who are perceived as being high risk in terms of metal and emotional health • Uses skilled observations to identify any potential problems in children from identified high risk groups • Appreciates the need for sensitive handling of the situation
• Is familiar with the range of problems that may be present but unidentified that can be picked up during their interaction with the child	• has knowledge of the problems that may present in children and young people • is familiar with symptoms and manifestations and employs skilled communication in exploring issues with C&YP
• Knows the pathways for escalation of problems they identify through routine interventions	• Understands the team in which they operate Uses clear communication to escalate issues Respects confidentiality but uses professional judgement in terms of risk management, understanding where disclosure is essential
• Has insight into how their role is perceived by children and young people and uses this to support therapeutic communication to enable the delivery of healthcare interventions	• Appreciates the privileged position they hold • Creates and environment where children feel safe and confident • Uses therapeutic communication effectively

• Has an understanding of how a mental health problem, neurodevelopmental diagnosis and learning disabilities all impact on children's general health	• Uses research and evidence to gain knowledge on the key problems that arise in C&YP and the additional health needs that may be associated with the conditions • When undertaking routine school nursing interventions with a child or young person who has a diagnosis relating to mental ill health or neurodevelopmental issues undertakes additional observations in terms of general health that may be related
• Understands the concepts of reasonable adjustments and works with the team to make sure these are in place	• Uses research and evidence to understand the kind of reasonable adjustments that may be required by a child or young person with a specific diagnosis when delivering a school nursing intervention mean for a child or young person with a diagnosis. Ensures that such reasonable adjustments are in place • Is able to vary how reasonable adjustments are used to respond to individual need
• Demonstrates the use of the legal and ethical frameworks in undertaking health interventions where consent and capacity issues are present	• Uses effective communication to explain procedures to children and young people • Is confident in using consent frameworks where a child or young person lacks capacity • Makes comprehensive and complete records in terms of consent and capacity issues
• Develops personal strategies that support their own mental health and wellbeing and meets their own supervision and CPD needs	• Uses supervision and the PDR process effectively to support their own health and resilience • Is confident in seeking support when they are not sure of a situation

Service providers will ensure that School Nurses have access to good quality CPD and supervision to support their role in emotional wellbeing and supporting mental health needs of children & young people- the influencer level of "good work"	
Overarching outcomes	**Associated Competencies**
• Health Boards ensure that School Nurses have access to good quality CPD to support their role in emotional wellbeing and supporting mental health needs	• Understands the CPD needs of their school nurses through a training needs analysis exercise and ensures fair and equal access to opportunities
• Health Boards ensure that school nurses have access to support mechanisms including networks/ communities of practice, clinical supervision and support in times of crisis	• Makes provision for clinical supervision to include mental health and well being. • Monitors the effectiveness of clinical supervision • Creates opportunities for networks and support mechanisms • Ensures fair and equal access to these support mechanisms

6. References

All Wales Child Protection Procedures (2008)

Children and Young People School Nurse Consultation Public Health Wales April 2016

Good Work – A learning and Development Framework for Dementia In Wales – Care Council for Wales http://www.ccwales.org.uk/library/?letter=G&page=3

Local Safeguarding Boards:
www.awcpp.org.uk/

Report of the special schools nursing project- Welsh Government 2015

Together for Children and Young People (T4YCP) (2015)

United Nations Convention on the Rights of the Child (1989)
Geneva: UN

Immunisation Standards for School Age Children in Wales
Authors: Leony Davies & Jane Dyson- Specialist Nurse Immunisation Anne McGowan – Nurse Consultant Vaccine Preventable Disease Programme
Purpose and Summary of Document: The purpose of these national minimum standards is to ensure consistency in the provision of immunisation services for school age children in Wales to improve immunisation uptakes and reduce inequalities.

Immunisation Standards for School Age Children in Wales

1.	**Introduction**	
2.	**Aim**	
3.	**Who should the Standards apply to**	
4.	**Immunisation Standards for School Age Children in Wales**	
	Table 1.	Immunisation standards for school age children in Wales
	Table 2.	Immunisation standards for school age children in Wales in detail
	1.	Health visitors to ensure all routine recommended pre-school immunisations are complete by 3 years and nine months
	2.	Assessment of immunisation status of all children at school entry
	3.	Intranasal live attenuated influenza vaccine (LAIV) will be offered to all eligible school age children in the autumn school term
	4.	Assessment of the immunisation status of all children at entry to secondary education (key stage 3 - school year 7)
	5.	National standard that all eligible girls in school year 8 are offered the HPV vaccine
	6.	All eligible young people in year 9 are offered the Td/IPV and MenACWY vaccines
	7.	Opportunities will be provided for catch up vaccination for those who miss scheduled vaccinations
	8.	All young people are issued with a vaccine passport which records all immunisations they have received before school leaving age (school Year 11)
	9.	Review the immunisation status of all children and young people who move into area
	10.	National Standard for promoting immunisations in schools
	11.	National standard for immunisation of children and young people not in education
	12.	National standard for reporting school immunisations data at a local and national level
	13.	National standards for local audit/ monitoring of these standards
	14.	National standards for national audit/monitoring and improvement
5.	**References**	

IMMUNISATION STANDARDS FOR SCHOOL AGE CHILDREN IN WALES 1

1 INTRODUCTION..... 5

2 AIM 6

3 WHO SHOULD THE STANDARDS APPLY TO?..... 6

4 IMMUNISATION STANDARDS FOR SCHOOL AGE CHILDREN IN WALES 7

Table 1. Immunisation standards for school age children in Wales .. 7

Table 2. Immunisation standards for school age children in Wales in detail. 7

1. Health visitors to ensure all routine recommended pre-school immunisations are complete by 3 years and nine months. 7

2. Assessment of immunisation status of all children at school entry..... 8

3. Intranasal live attenuated influenza vaccine (LAIV) will be offered to all eligible school age children in the autumn school term. 8

4. Assessment of the immunisation status of all children at entry to secondary education (key stage 3 - school year 7)..... 8

5. National standard that all eligible girls in school year 8 are offered the HPV vaccine..... 9

- An opportunity to promote HPV vaccine should be provided in advance of the vaccination session 9
- When parental consent is not available HPV vaccination should be offered, when appropriate, using Gillick Competency..... 9

6. All eligible young people in year 9 are offered the Td/IPV and MenACWY vaccines. 9

7. Opportunities will be provided for catch up vaccination for those who miss scheduled vaccinations..... 10

8. All young people are issued with a vaccine passport which records all immunisations they have received before school leaving age (school Year 11)..... 10

9. Review the immunisation status of all children and young people who move into area..... 10

10. National Standard for promoting immunisations in schools . 11

11. National standard for immunisation of children and young people not in education 11

12. National standard for reporting school immunisations data at a local and national level. 11

13. National standards for local audit/ monitoring of these standards 11

14. National standards for national audit/monitoring and improvement 12

5 REFERENCES 12

Acknowledgements

These Immunisation Standards for School Age Children (ISSAC) have been developed following consultation with:

All Wales Health Visiting and School Nursing forum

Health Board Immunisation Coordinators

Health Board Child Health Managers

Welsh Government Health Resilience Branch

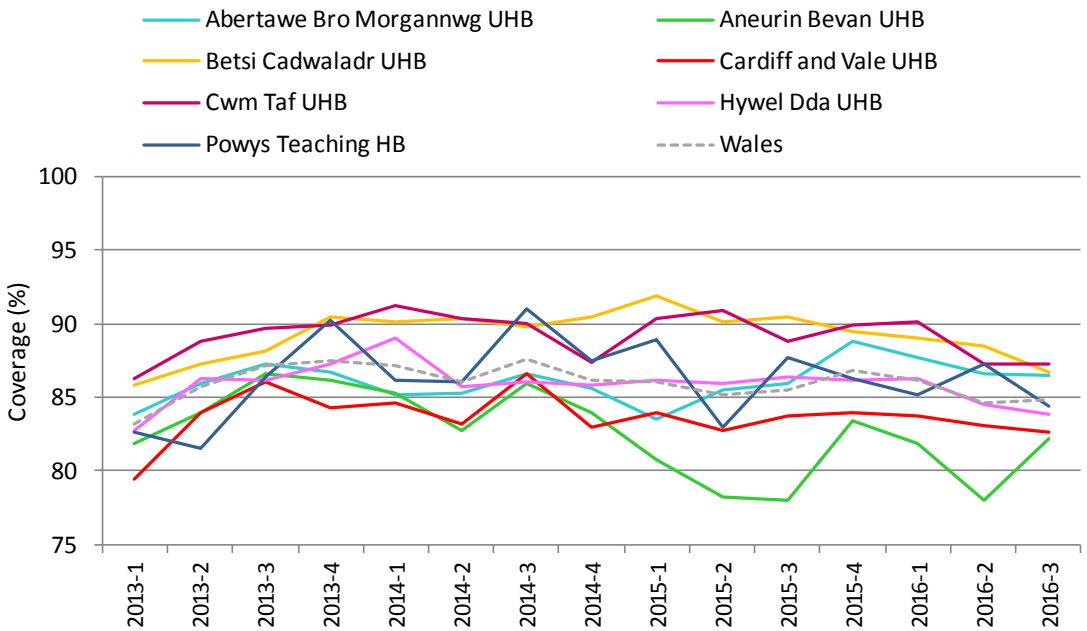
NHS Wales Informatics Service (NWIS) child health department

1 Introduction

After clean water, immunisation is the most effective public health intervention available. Immunisation is a core component of the Healthy Child Wales Programme (HCWP, WG 2016), and A Framework for School Nursing Services for Wales (WG 2009) identifies immunisation and disease prevention as a core part of the school nurses role.

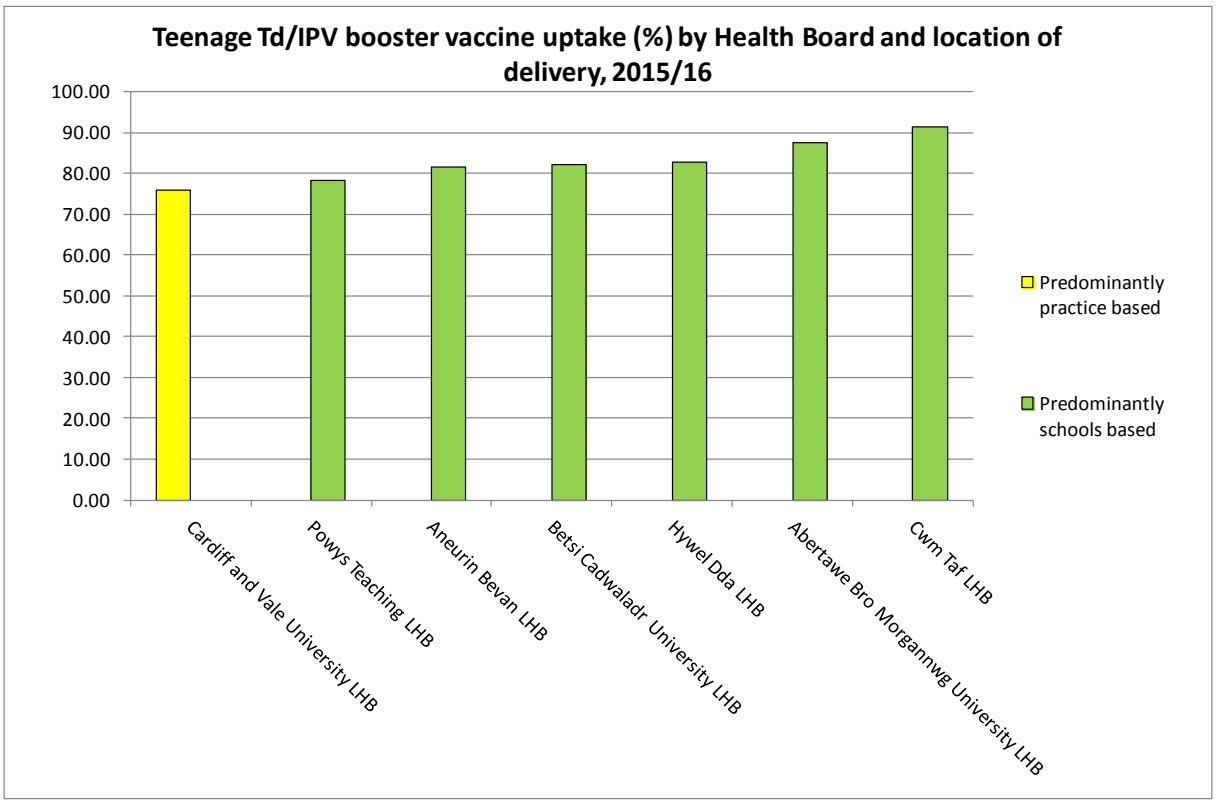
It is a credit to existing services that high levels of immunisation uptake in school age children have been achieved across Wales. This is in part due to the recognition of the effective work of those involved and that vaccine delivery in school based sessions achieves greater equity, consistency and generally higher vaccine uptake rates than areas offering teenage vaccinations in GP practices (VPDP 2010; JCVI 2012). These standards aim to support colleagues to build on this success and to improve procedures and processes where appropriate. Meeting these national standards is an important step in achieving and maintaining high vaccine uptake and eliminating inequalities and is further supported by national strategies such as the Welsh Network of Healthy School Schemes (WNHSS, WG 2016). Being up to date with vaccination at age four, at
school entry, is part of the Public Health Outcomes Framework for Wales (WG 2016).

Figure 1 Proportion of children up to date with routine immunisations by school entry (four years of age), Wales; 2013 – 2016[1,2]



[1]Public Health Wales Health Protection Division. Vaccine uptake in Children in Wales, July to September 2016: COVER report 120, November 2016. Cardiff, Public Health Wales.
[2]Up to date refers to completed 4 in 1 pre-school booster, Hib/MenC booster and second MMR dose by four years of age.

Figure 2 Uptake of teenage Td/IPV booster by Health Board and location of delivery 2015/16.



2 Aim

To provide guidance and standardisation, to a commonly agreed minimum standard, for the delivery and administration of immunisation services for school age children that will improve uptake and reduce inequalities in Wales.

3 Who should the standards apply to?

These standards are designed specifically for use by those involved in the planning, delivery and support of immunisation services for all school age children in Wales. This encompasses a range of professions, which may include school nurses, health visitors, practice nurses, relevant specialist nurses, general practitioners, paediatricians, health protection specialist nurses and doctors, child health administrators, local health board immunisation coordinators and immunisation service managers and others. Whilst the majority of school age children attend Local Education Authority (LEA) schools, these standards equally apply to school age children educated elsewhere, for example in private schools, alternative curriculum settings, young offender institutions and those educated at home.

The introduction of minimum standards should not limit existing good practice, but should standardise procedures to an agreed minimum level across Wales. Where current practices exceed these standards, sharing of good practice is encouraged.

4 Immunisation standards for school age children in Wales

Table 1. **Immunisation standards for school age children in Wales**
1. Health visitors to ensure all routine recommended immunisations are completed for children on their caseloads by 3 years and nine months.
2. Assessment of the immunisation status of all children at primary school entry.
3. Intranasal live attenuated influenza vaccine (LAIV) will be offered to all eligible school aged children in the autumn school term.
4. Assessment of the immunisation status of all children at entry to secondary education age (year7).
5. All eligible girls in school year 8 age are offered the HPV vaccine.
6. All eligible young people of school year 9 age are offered Td/IPV and MenACWY vaccines.
7. Opportunities will be provided for catch up vaccination for those who miss scheduled vaccinations.
8. All young people are issued with a vaccine passport which records all immunisations they have received before they reach school leaving age in year 11.
9. Review the immunisation status of all school age children and young people who are movements in to an area.
10. National Standard for promoting immunisations in schools.
11. National standard for immunisation of children and young people not in education.
12. National standard for reporting school immunisation data at a local and national level.
13. National standard for annual local audit of these standards.
14. National standard for annual national audit of these standards.

Table 2. Immunisation standards for school age children in Wales in detail.

1. **Health visitors to ensure all routine recommended pre-school immunisations are complete by 3 years and nine months.**
   - The health visitor will review each child at the age of 3 years and six months, and ensure that arrangements are made to ensure that the child is fully immunised before starting school in line with the Healthy Child Wales Programme 0-7 requirements (WG, 2016)

2. **Assessment of immunisation status of all children at school entry.**
   - The health visitor handover to the school nursing service will be used as an opportunity to identify outstanding immunisations
   - The health questionnaire provided by the school nursing service, to be completed by the parent /guardian, will include questions about their child's immunisation status (HCWP ,WG 2016)
   - Parental questionnaire responses will be cross referenced as appropriate with CHS information to ensure demographic details and immunisation status are consistent to determine whether the child is up to date with the UK routine childhood immunisation schedule
     - Any inaccuracies are followed up via engagement with parent, CHD and GP as appropriate. Any inaccuracy should be notified to CHD, all changes in the child's records should be updated within 7 days (CHIPS Public Health Wales, 2014)
   - Where a child is identified as having outstanding immunisations a further appointment or alternative venue for those who repeatedly fail to attend will be offered to bring the child up to date in line with HCWP, WG 2016

3. **Intranasal live attenuated influenza vaccine (LAIV) will be offered to all eligible school age children in the autumn school term.**
   - LAIV will be offered to all eligible school age children in the autumn school term (See current WHC- National influenza immunisation programme for eligible year groups)
   - The child flu vaccine programme should be promoted at least once at any time during the school year through a variety of methods and resources
   - Parents should have an opportunity to read an information leaflet or information sheet prior to giving their consent
   - Data from school vaccination sessions should be returned to CHD within 7 days of a school immunisation session,(CHIPS Public Health Wales, 2014)
   - When consent has been given but the child is absent or unable to have a flu vaccine in school a letter should be sent home from the school nursing service advising the parent to contact the child's GP to obtain their flu vaccine
   - Eligible children who do not attend a school covered by a health board vaccination programme should have their flu vaccine at their GP surgery
   - LAIV delivered in school should be reported manually to Public Health Wales every two weeks using the template and deadline dates provided by Public Health Wales at the start of the autumn school term

4. **Assessment of the immunisation status of all children at entry to secondary education (key stage 3 - school year 7).**
   - When a child reaches secondary education age (year 7) their immunisation status should be checked based on information held on the CHS as outlined in WHC 2005 (081) and CHIPS (Public Health Wales, 2014)
   - CHD should provide school nursing service with the appropriate reports to enable these checks
   - Any inaccuracies should be followed up via engagement with parent, CHD and GP as appropriate. Any inaccuracy should be notified to CHD, all changes in the child's records should be updated within 7 days (CHIPS Public Health Wales 2014)

- Where a child is identified as having outstanding immunisations parent is advised of how they can be brought up to date

5. **National standard that all eligible girls in school year 8 are offered the HPV vaccine.**
   - In accordance with WHC 2014 (13) all girls of year 8 age will be offered the first dose of HPV vaccine and girls in year 9 will be offered the second dose
   - CHD will generate a populated consent form to include previous vaccination status for obtaining parental consent and identification of missed immunisations whilst attending for HPV vaccine
   - Parents and eligible girls should have an opportunity to read an information leaflet prior to giving consent
   - An opportunity to promote HPV vaccine should be provided in advance of the vaccination session
   - Girls who miss their first opportunity to be vaccinated should be offered a further opportunity as part of the school nursing service vaccination programme either through use of mop up clinics or other school based vaccination sessions during the same academic year (WHC 2014 (13))
   - Information is provided on how outstanding vaccinations can be obtained or a further appointment offered
   - When parental consent is not available HPV vaccination should be offered, when appropriate, using Gillick Competency
   - Data from school vaccination sessions will be returned to CHD within 7 days for input to CHS within 14 days of receipt (CHIPS Public Health Wales 2014)
   - Notification of vaccines given as part of a schools based programme to be forwarded to GP within 28 days of immunisation session (CHIPS 2014)

6. **All eligible young people in year 9 are offered the Td/IPV and MenACWY vaccines.**
   - In accordance with WHC 2015 (37) Td/IPV and MenACWY vaccine will be offered to all adolescents of school year 9 age. If the child attends a school where the current routine programme is not provided through a school based programme, health boards should make alternative local arrangements to vaccinate at the appropriate age
   - For vaccinations delivered in school based sessions CHD will generate a consent form to include previous vaccination status to enable identification of missed immunisations whilst attending for Td/IPV and MenACWY vaccine
   - Parents and young people should have an opportunity to read an information leaflet prior to giving consent
   - An opportunity to promote Td/IPV and MenACWY vaccines should be provided in advance of the vaccination session
   - Any child whose immunisation status is incomplete should be brought up to date at the session (WHC 2005(081),WHC 2015(37)) and (Green Book chapter 21, 2013)
   - When parental consent is not available vaccination should be offered, when appropriate, using Gillick Competency
   - Data from school vaccination sessions will be returned to CHD within 7 days for input to CHS within 14 days of receipt (CHIPS Public Health Wales 2014)

- Notification of vaccines given as part of a schools based programme to be forwarded to GP within 28 days of immunisation session (CHIPS 2014)

7. **Opportunities will be provided for catch up vaccination for those who miss scheduled vaccinations**
   - Any child whose immunisation status is incomplete should be brought up to date as soon as possible by offering outstanding vaccines at the next available session as outlined in WHC 2005 (081), WHC 2014 (13), and WHC 2015 (037)
   - Where parental consent is given but a child does not attend for vaccination the parent will be contacted and advised how and when the child can be vaccinated
   - Alternative venue vaccination will be offered to those children who are identified as hard to reach and therefore unlikely to access vaccination or continually fail to present for vaccination
   - Opportunistic immunisation status check and vaccination to bring up to date with UK schedule is offered as appropriate to all young people attending primary care (Service specification, WG, 2016)
   - Notification of vaccine given will be returned to CHD within 7 days for input to CHS within 7 days (14 days for school based sessions)
   - Notification of vaccines given as part of a schools based programme to be forwarded to GP within 28 days of immunisation session (CHIPS 2014)

8. **All young people are issued with a vaccine passport which records all immunisations they have received before school leaving age (school Year 11).**
   - CHD will perform a data cleansing exercise using up to date information from education to ensure all young people of school year 11 age are appropriately recorded on CHS
   - CHD will generate an individual vaccine passport for all young people of school Year 11 age to offer information on up to date vaccination status and identify any outstanding vaccinations with information as to how they can be obtained

9. **Review the immunisation status of all children and young people who move into area.**
   - School lists should be updated at reception, year 7, and as appropriate for areas operating schools based vaccination programmes as outlined in WHC 2005 (81) and CHIPS (Public Health Wales, 2014)
   - In line with CHIPS (Public Health Wales, 2014) an immunisation status check should be performed on notification of inward transfer
     - For children transferring into a health board, immunisation history should be obtained from the previous health board/CCG of residence and all records updated within 14 days of receipt of information.
     - Children transferring in from other areas, including overseas, should have an assessment for completed/outstanding vaccination and receive vaccinations in line with the Vaccination of individuals with uncertain and incomplete immunisation status algorithm (PHE, current edition).

10. National Standard for promoting immunisations in schools

- School Nursing services should seek support from the Healthy Schools coordinators to promote immunisation in schools in line with the Welsh Network of Healthy School schemes National Quality Award
- Once a date for vaccination session is agreed information is confirmed with school in written form to ensure requirements for the sessions are clearly outlined and schools are aware of the importance of supporting the session
- Health promotion will take place prior to the school vaccination session to ensure all parties have access to up to date information on the vaccine, the disease/s the vaccine protects against and how the vaccine will be delivered
- Following the vaccination session school nursing service should provide feedback to the school on their uptakes

11. National standard for immunisation of children and young people not in education

- The CHD will request information from LEA at least annually to allow health boards to identify school age children resident in the LEA who do not attend school to ensure they are offered vaccination according to the UK routine schedule
- Children and young people not in mainstream education and therefore unable to access school based vaccination programmes should be assessed for outstanding immunisations and offered vaccination in alternative settings e.g. GP practice, community clinics, domiciliary, to bring them up to date with the UK routine schedule

12. National standard for reporting school immunisations data at a local and national level.

- For vaccinations given as part of the UK childhood immunisation schedule (not including influenza) immunisation uptake data for children in Wales will be reported at a national health board and local authority level by Public Health Wales VPDP in the COVER report for all routine childhood immunisations on a quarterly and annual basis.
- Uptake of flu vaccinations given as part of the Children's Influenza vaccination programme will be reported bi-weekly during the influenza season as part of the Influenza vaccine online report (IVOR)
- All those involved in school age vaccination sessions either in the delivery or in a supporting role will have access to COVER/IVOR data.

13. National standards for local audit/ monitoring of these standards

- Compliance with the Immunisation standards for School Age Children (ISSAC) in Wales will be audited on an annual basis by the Health Board Immunisation Coordinator. Actions should be taken to improve areas of non compliance
- Where a standard cannot be met a risk assessment will be completed and brought to the attention of the health board immunisation and vaccination group

14. National standards for national audit/monitoring and improvement

- Compliance with the Immunisation Standards for School Age Children (ISSAC) in Wales will be audited and published by Public Health Wales VPDP annually

5 References

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Glossary of terms and abbreviations used

CHD - Child Health Department

CCG - Clinical commissioning group (England)

CCH2000 - Community Child Health 2000 (clinical/data management software used by all NHS Child Health Administration Departments in Wales, provided by NWIS).

CHIPS – Child Health Immunisation Process Standards

COVER - Coverage of Vaccination Evaluated Rapidly

CHS - Child Health System

CYPrIS – Child and young person's integrated system

GP - General Practice/General Practitioner.

HPV vaccine - Human Papillomavirus vaccine.

HB - Health Board.

IVOR – Influenza Vaccination Online Reporting

JCVI – Joint Committee on Vaccination and Immunisation

LEA – Local Education Authority

LAIV- Live attenuated influenza vaccine

MenACWY – Meningococcal ACWY conjugate vaccine

MMR – Measles Mumps Rubella vaccine

NWIS - NHS Wales Informatics Service

PHE- Public Health England

VPDP - Public Health Wales Vaccine Preventable Disease Programme

WHC – Welsh Health Circular

WNHSS – Welsh Network of Healthy School Schemes

Guidelines for Implementing Child Measurement Programme for Wales	
Authors: Linda Bailey, Consultant in Public Health/Health Intelligence Dr Ciaran Humphreys, Consultant in Public Health/Health Intelligence Helen Crowther, Project Officer, Child Measurement Programme for Wales With acknowledgements to members of the Child Measurement Programme (CMP) Steering Group, especially Susan Jones, Lead School Health Nurse, for their advice and support in writing these Guidelines.	
Date: Updated July 2016	**Version:** 1.4.
Publication/Distribution: These Guidelines are intended for all involved in delivering or supporting the Child Measurement Programme for Wales, including nursing, child health and managerial staff	
Review Date: Autumn 2017	
Purpose and Summary of Document: This document is intended as a detailed practical guide to the management of the Child Measurement Programme for Wales (CMP) and should be read in conjunction with the Regulations [1], the Key CMP Standards. ***NOTE:*** *The italicised numbers (1) in brackets refer to the equivalent point in the Standards document, these do not necessarily appear in numerical order in this document.*	

CONTENTS

1. Programme Operation 3

2. Making the Arrangements 3

3. TIMING OF MEASUREMENT 4

4. Participation and Withdrawal from the Programme 4

5. Communication with Local Education Authorities and SCHOOLS 5

6. Equipment and calibration 5

7. Method for Measuring 6

8. Medical and other conditions influencing measurement 6

9. RECORDING RESULTS FOR SCHOOL NURSES 7

Weight 8

Result recorded to the nearest 0.1 kg. 8

Height 8

Result recorded to the nearest 0.1 cm. 8

(Yes/No) Have parents requested results feedback this information will be supplied by parents in response to parent's letter. 8

Complete this if an individual child is measured on a different day form the rest of his/her class - e.g. if absent one day but there the following week. 8

Clothing 9

10. Data Entry of results 9

11. Reporting 10

12. Feedback of Results 10

13. Training and Supervision of Staff 10

14. References 12

15. Abbreviations 12

CMP - Child Measurement Programme or Wales **12**

16. Resources AVALIABLE ON THE CMP WEBSITE **12**

APPeNDIX 1 **13**

APPENDIX 2 **14**

APPENDIX 3 **15**

APPENDIX 4 Calculating BMI **16**

The Child Measurement Programme (CMP) standardises the taking of height and weight measurements of school children across Wales. This enables the reporting of prevalence trends of underweight, overweight and obesity across Wales and in comparison with other countries. The programme is a surveillance programme, with any clinical or pro-active follow up remaining a Local Health Board (LHB) decision.

1. PROGRAMME OPERATION

(1). The Regulations for The Child Measurement Programme for Wales (CMP) came into effect on 1st August 2011. Each of the seven Health Boards has incorporated the CMP programme into the routine service provided by their local school health and child health records teams.

These guidelines encompass the operational processes by which children are offered appointments, given the opportunity to opt out, are physically measured, the recording of the results, use of data, as well as reporting at a local and national level.

2. MAKING THE ARRANGEMENTS

(4 & 13) The Regulations state that the arrangements for measuring should be managed by a relevant healthcare professional or a person approved by the Welsh Government Minister. The relevant person in most cases will be the school nurse team-lead.

To arrange the CMP measurements, the school nurses should obtain the reception class lists from schools to identify children who are to be included in the CMP. An appropriate data sharing agreement between the local Health Board and Local

Education Authorities will be beneficial as it will reduce the time spent collecting class lists from schools.

School lists are passed to child health records staff to upload to the National Child Health Database.*(22)* A correct school code is required and this will enable the National Child Health Database CMP module to produce schedule lists, address labels and reports. These may be used for planning as well as production of printed schedules.

(2&3) The cohort is identified by selecting all reception year children who have their 5th birthday within the school year between 1st September and 31st August of the relevant year.

3. TIMING OF MEASUREMENT

(5) Children should be measured between 1st September and 31st July of the year they attend reception. Good practice is to aim to complete measuring two weeks before the end of the summer term as attendance may decrease, and the school calendar is very busy immediately before the summer holidays.

(*10*)The School nursing team makes arrangements for measuring with the school, and informs the child health department of the planned date for the measuring exercise so that the CMP schedule forms can be printed.

4. PARTICIPATION AND WITHDRAWAL FROM THE PROGRAMME

(6) All parents must be offered reasonable opportunity to opt their child out of the CMP. This should be done via information contained in a letter to parents sent out at least two weeks prior to the planned date of measurement.

All Health Boards should:

- Provide opportunity for parents to request their child's results. As minimum LHBs should provide feedback of results to any parents who request results, however LHBs may chose to feedback results to all parents.
- *(8)* Set expectations according to local HB policy concerning parents who wish to be present as the Regulations allow for a familiar adult to be present if the child wants this. In practice, unless a child is especially nervous, or a full medical (that requires parents to be in attendance) is also being carried out, it is most likely that the majority of children will continue to be measured in school without parents present.
- Provide parents with relevant school nurse & CMP contact details.
- Provide the CMP parents leaflet.
- Use the CMP posters in communal areas in schools to remind parents of the planned measurements.
- Encourage schools to use their own local methods for helping ensuring information reaches parents e.g. text messaging, the school's social media accounts, school newsletters etc.

(7) Children are NOT included in the CMP weighing and measuring exercise if their parents withdraw them or if the children are unwilling or unable to participate. Children who have been withdrawn from the CMP may have their heights and weights measured for other purposes, as long as appropriate consent arrangements for those purposes (e.g. routine health assessment) are in place. This needs to be recorded on the CMP form and then on the child health records system (see section on recording results).

If no refusal has been received by the school or the school health team the child should be weighed and measured along with their peers.

Reassurance of anonymity and encouragement to participate

Staff are encouraged to promote participation by contacting parents who withdraw consent, to discuss their choice.

(*9, 14 &15*)Staff should be aware that children may be sensitive about their height and/or weight and the measurements should be carried out sensitively and if possible in private. Any anxieties should be appropriately addressed, with dignity and cultural needs respected at all times. Under no circumstances should a child be coerced into taking part. Weighing children in front of class mates or keeping children together in a 'holding area' should be avoided where possible.

Confidentiality must be maintained. Individual results should not be fed back directly to the school and children should never be told the measurements of other children.

5. COMMUNICATION WITH LOCAL EDUCATION AUTHORITIES AND SCHOOLS

Schools and staff from Local Education Authorities can be directed to the CMP pages on the Public Health Wales website, for information about the programme, which includes film clips in Welsh and English.

6. EQUIPMENT AND CALIBRATION

Equipment used for the CMP must be in good working order and meet the required standards as below.

Weighing scales

(11) Weighing scales should be medical class 3 or above and must comply with EU Directive 90/384/EEC. Scales should be calibrated annually. If at any time there is reason to believe that the weighing equipment may be inaccurate, it should be recalibrated.

Stadiometer

(12) Height should be measured with an approved portable stand-on height measure (stadiometer) that shows height in centimetres and millimetres. Approved stadiometers include the Leicester Height Measure and the SECA 213. Wall-mounted, sonic or digital height measures should not be used.

Stadiometers should be set up correctly according to the manufacturer's instructions. Stabilisers that enable the upright to rest against a wall are required for accurate measurements. The SECA stadiometer has a single stabiliser, whilst the Leicester

has two. These should be clipped into the end of the upright sections to keep them safe when stored. The correct number of stabilisers should always be used.

NOTE: When ordering replacement arms for Leicester height measures ensure that the correct part is selected as significant errors may occur if new model arms (blue box) are used with older models (black box).

7. METHOD FOR MEASURING

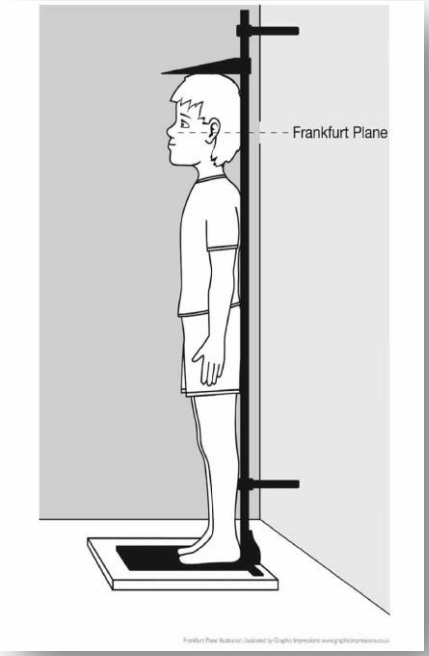
Children should remove their shoes and any outdoor or heavy clothing (e.g. sweater) that might interfere with taking an accurate height or weight measurement.

Weight

- Ask the child to stand still with both feet in the centre of the scales.
- Record the weight in kilograms to the nearest 100 grams - (e.g. 20.6kg) and not be rounded to the nearest whole or half kilogram.

Height

- To obtain the most accurate measurement, the child's head should be positioned so that the Frankfurt Plane is horizontal (see picture below). Gently ease head into correct plane i.e. eyes looking very slightly down so that centre of the ear hole is level with the lower border of the eye socket.
- The measuring arm of the height measure should be lowered gently but firmly on to the head, ensuring good contact, before the measurer positions the child's head in the Frankfurt Plane.
- Ideally, two members of staff are required to measure height - one staff member will ensure that the child maintains the correct position while the other reads and records the measurement.
- Read instrument at eye level.
- Record the height in centimetres to the first decimal place – (e.g.120.4cm).
- Measurements should not be rounded to the nearest whole or half centimetre.



8. MEDICAL AND OTHER CONDITIONS INFLUENCING MEASUREMENT

Some children may be able to stand unaided on scales or the stadiometer, but have medical conditions that mean accurate results cannot be taken. The results of children measured but for whom an accurate BMI Centile cannot be calculated should NOT be included in the data analysis, but staff are encouraged to include these children in the measurement process so that they do not feel excluded.

To ensure that inaccurate results are not included in the analysis, staff need to enter code 2 in the 'Reasons to exclude from CMP' field on the CMP data capture form (see recording results below). In the case of fractures, arrangements should be made for a catch up weighing after any plaster cast has been removed.

NOTE: If a parent of a disabled child has withdrawn them from the CMP, then the reason to exclude should be recorded as "1" withdrawn, though if measurements were taken and it wasn't possible to get accurate enough measurements for BMI

Unscheduled Form to record details and results of Children not listed on the CMP schedule form.

younger Sikh boys may have topknots. For children with topknots, the measuring arm can be put down just to one side of the topknot to obtain a reading. Most children in the age group relevant to the CMP will not have head coverings for religious reasons, however girls wearing hijab or boys with kippah should still be measured over the headwear. Because this will not give an accurate BMI, nurses should enter the results as normal, then also enter code "2" in the 'Reasons to exclude from CMP' field on the new CMP scheduled/unscheduled data capture form.

9. RECORDING RESULTS FOR SCHOOL NURSES

*(17-19)*All the height and weight measurements should be recorded at the time of the measuring directly onto the relevant section of the CMP form. There are two forms (See appendix 1 and 2);

- **CMP Scheduled Form** pre printed names /address /past results of eligible children - provided by Child Health Records department.
- **CMP Unscheduled Form** to be used for children whose details are not on the pre printed form. These are available for download in PDF format on the CMP website.

IMPORTANT: CMP height and weight surveillance must ALWAYS be recorded on the correct CMP forms. If they are recorded anywhere else on the Child Health Records system, and not on the CMP module (e.g. on a vision or medical form) then the results will not be available to the CMP analysts and therefore will not be included so it will appear that the children were not measured..

BMI Centile calculations require the exact date the child was measured so it is essential to record the exact date of the session in the blank box labelled "*Actual Appointment Date*".

NOTE: Please do not delay returning the forms to child health any longer than two weeks – for those children missing measurements record the reason not measured and use another form at next visit.

Results section

For each child, staff should record the following: *(21)*

Weight	Result recorded to the nearest 0.1 kg.
Height	Result recorded to the nearest 0.1 cm.
Parents Requests Feedback	(Yes/No) Have parents requested results feedback this information will be supplied by parents in response to parent's letter.
Date (if different)	Complete this if an individual child is measured on a different day form the rest of his/her class - e.g. if absent one day but there the following week.
Reason to Exclude (the results) from CMP	Field will either be Blank or null (majority will not need any action) **Code 1 =** Withdrawals from the programme - used to Record that the parents have withdrawn their child. **Code 2 =** where accurate measurements are unobtainable. This is used to record situations where if it is not possible to measure height & weight accurately enough to produce a reliable BMI Centile calculation.
Reason not measured	If a child has not been measured, one of the six reasons why not must be selected: **Code 1 = Opted Out of Measuring** **Code 2 = Uncooperative child** **Code 3 = Unwell** **Code 4 = Left School** **Code 5 = Session Cancelled** **Code 6** = **Absent** When the above codes are entered, the following actions will follow:

	"1" Child will be excluded from appearing on future schedule forms for Reception CMP. **"2", "3" & "6"** Child will be included on any new schedule list requested from child health for catch up purposes. **"4"** Transfer out procedure will be triggered; child removed from denominator and won't be recalled on future schedules. **"5"** is unlikely to be used in practice as if the whole session is cancelled it is better to change the Actual Appointment date as opposed to printing out a new set of forms.
Clothing	For reception the two most common clothing fields used will be 1 or 5. Code 1- Light clothing is the CMP standard of either dress or skirt/ trousers and socks without sweatshirt/ jumper or shoes Code 2 - Underwear only= Lighter Standard (unlikely in the UK) Code 3- Gym Clothes= shorts & T-shirt lighter than standard (not full tracksuit/sweatshirt) Code 4- Heavy Clothes = Heavier than Standard – winter or outdoor clothes or heavy sports kit. Code 5 - Other= Child wearing items that cannot be removed e.g. Ethnic headwear, plaster cast etc..

The CMP data capture forms should be returned to Child Health within two weeks of measuring. This will enable timely production of:

1. New schedule lists: lists of children with outstanding appointments.
2. Results and other reports: e.g. list of children in each school ordered by BMI Centile, then by reasons not measured.

Once the information has been recorded, any paper copies of information received from parents requesting their child opts out, or to receive results should be filed in the child's record according to local policy i.e. any tear off slips/opt out letters with parents signatures.

10. DATA ENTRY OF RESULTS

It is essential that the CMP specific "Exam 80" results screens are used.

(*20*)Results should be entered as soon as possible, ideally no later than two weeks after measurements have taken place. All results for the year need to be entered by the 31st of August in the academic year of measurement or they will not be included in the CMP analysis.

NOTE: For more detailed information relevant to Child Health staff see the National Child Health Database User Guide relating to "Exam 80".

11. REPORTING

(24&25) The Child Measurement Programme is governed by a Statutory Instrument[1] the "Child Measurement Programme (Wales) Regulations 2011" which was made under the National Health Service (Wales) Act 2006. This regulation governs the reporting requirements. Annual reports for the CMP will be published during the following academic year, once the data download and analysis has taken place.

12. FEEDBACK OF RESULTS

(26) Any decision to provide feedback to parents on children's measurements is for Local Health Board determination, and the responsibility and accountability for this decision is with the LHB.

The CMP was established as a population surveillance programme, and not as an individual screening programme. However any concerns that health professionals have relating to individual children should be addressed in line with good clinical practice, local Health Board Policy and in line with the local obesity pathway implementation.

*(27)*Whilst there is no expectation that results from the CMP should be given automatically to all parents, parents who do request the results of measurement for their own child should receive them. Template feedback letters are available on the CMP website in both Welsh and English. These should be adapted for local use.

13. TRAINING AND SUPERVISION OF STAFF

*(16, 28-31)*School nursing and child health records staff involved in the programme should receive appropriate training from local trainers. This can be supplemented by use of the CMP training videos for staff, available on the CMP website, and through use of the NHS Wales e-learning package.

Guidance on what the training should include;

School Nurse Team Training is designed for all members of the school nursing team whose role is to make the arrangements, supervise and conduct the measuring exercise. Training should cover how to;

- Identify the children who are to be measured.
- Provide reasonable opportunity to parents to withdraw.
- Make the arrangements with the school.
- Set up the equipment correctly.
- Ensure privacy and how to communicate with children,
- Measure Weight & Height - including children with medical conditions.
- Ensure safeguarding polices are followed.
- Record and submitting the results,
- Understand BMI Centiles
- Feedback results to parents

[1] 2011 No. 985 (W. 142) National Health Service, Wales. The Child Measurement Programme (Wales) Regulations 2011, available at http://www.legislation.gov.uk/wsi/2011/985/regulation/1/made

Child Health Training is aimed at members of the Child Health Team responsible for the entry of CMP information onto the National Child Health Database system. Training should cover;

- Identifying those attending a reception class
- Uploading class lists to the National Child Health Database and printing of CMP schedule forms.
- Data Entry of results via the CMP module
- Results; Consent; Updating of school, name and address fields
- Information Governance
- Maintaining Data Quality (- accuracy, completeness, avoiding duplicates)
- Confidentiality & Caldecott
- Information Security & Data Protection
- Reporting – Local and National

Both staff groups should understand the Regulations, Standards and Guidelines produced by the programme

14. REFERENCES

Regulations; 2011 No. 985 (W. 142) NATIONAL HEALTH SERVICE, WALES The Child Measurement Programme (Wales) Regulations 2011, available at http://www.legislation.gov.uk/wsi/2011/985/regulation/1/made

All Wales Guidelines for Delegation September 2010 available at http://www.wales.nhs.uk/sitesplus/documents/829/All%20Wales%20Guidelines%20for%20Delegation.pdf

15. ABBREVIATIONS

CMP - Child Measurement Programme or Wales

LHB - Health Board

NCCHD - National Community Child Health Database

NICE - National Institute of Health and Clinical Excellence

16. RESOURCES AVALIABLE ON THE CMP WEBSITE

www.publichealthwales.org/childmeasurement

- Template parent's information letter
- Parents information leaflet – available in 6 languages, Welsh and English
- Template results letters
- CMP Standards, Guidelines and Regulations
- Training video for staff
- Parent's information video
- Printable unscheduled forms
- CMP Posters

APPENDIX 1

6152 NON CSC TEST
17
SECTOR 4 STREET
SECTOR 4 CITY CF118PL

Page Number
2928

NORTH TOWN COUNTY JUNIOR
HIGHGROVE
WEST STREET
NORTH TOWN CF831NE

School No 2001
Examiner Name
Examiner Code

Page 1
Date of Run 25/06/2012
Planned Appointment Date 01/10/2012
Actual Appointment Date (if different)

Line No	Serial No	Name	Address	HEIGHT	WEIGHT
1	1690277 Female DoB: 03/01/2008 NHS No: 637 389 1291	WESTERN GLENDA	CROWS NEST AMBLESIDE DRIVE SOUTH TOWN EAST GLAMORGAN AK4 N69	. cm	. kg
2	1691577 Male DoB: 11/01/2008 NHS No: 637 289 2308	PHILIPPOU ALEXANDER	8 SOUTH STREET WEST TOWN EAST GLAMORGAN AK4 N69	. cm	. kg
3	1692499 Female DoB: 14/01/2008 NHS No: 601 304 6611	WEST AMANDA	48 WESTERN STREET WESTERN TOWN EAST GLAMORGAN AK4 N69	. cm	. kg
4	1692640 Male DoB: 15/01/2008 NHS No: 854 322 3458	STORK HENRY	14 LOW STREET NORTH TOWN EAST GLAMORGAN AK4 N69	. cm	. kg
5	1695399 Male DoB: 28/01/2008 NHS No: 317 333 3713	BRINDLE MARTIN	201 SOUTH STREET WESTERN TOWN EAST GLAMORGAN AK4 N69	. cm	. kg

Parent Requested Feedback
Date (if different)
Reason To Excl From CMP
Reason not Measured

Line No	Date	Height	Centile	Weight	Centile	BMI	Centile	BMI Clas'n	Waist	Centile
1	04/03/2011	92.7	<25	14.64	>50	17.0	>75	Healthy Weight		
	06/07/2009	79	<50	10.46	<50	16.8	>50	Healthy Weight		
2	13/04/2011	103	>91	18.9	>91	17.8	>75	Healthy Weight		
	01/02/2010	97	>98	16	>98	17.0	>50	Healthy Weight		
3	07/02/2011	95	<50	13.32	<50	14.8	<25	Healthy Weight		
	01/03/2010	91	>75	12	<50	14.5	<9	Healthy Weight		
4	13/03/2012	101	<50	15.6	<50	15.3	<50	Healthy Weight		
	01/04/2010	90	>50	13	>50	16.0	<50	Healthy Weight		
5	21/06/2012	82	<2							
	13/05/2011	102	>75	19.9	>98	19.1	>98	Very Overweight		

Line No	TIME	BREAKFAST	LUNCH	HIP CIRC	WAIST	CLOTHING
1	:	Y / N	Y / N	cm	cm	
2	:	Y / N	Y / N	cm	cm	
3	:	Y / N	Y / N	cm	cm	
4	:	Y / N	Y / N	cm	cm	
5	:	Y / N	Y / N	cm	cm	

REASON TO EXCLUDE FROM CMP
1 - Opted Out of CMP Data inclusion
2 - Accurate Measurements Unobtainable

REASON NOT MEASURED
1 - Opted Out of Measuring
2 - Uncooperative Child
3 - Unwell
4 - Left School
5 - Session Cancelled
6 - Absent (still attending school)

CLOTHING TYPES
1 - Light Clothing
2 - Underwear Only
3 - Gym Clothes
4 - Heavy Clothing
5 - Other

APPENDIX 2

UNSCHEDULED CHILD MEASUREMENT FORM

Health Board: _____

School: _____

School No: _____

School Year _____

APPOINTMENT DATE: _____

EXAMINER NAME _____

EXAMINER CODE _____

1

Surname: _____ Address: _____

Forename: _____

Gender: _____ DoB: _____

NHS No: _____

HEIGHT ___ . ___ cm

WEIGHT ___ . ___ kg

PARENT REQUESTED FEEDBACK ☐

DATE if different ☐

REASON TO EXCL FROM CMP ☐

REASON NOT MEASURED ☐

TIME : BREAKFAST Y / N LUNCH HIP CIRC cm WAIST cm CLOTHING

2

Surname: _____ Address: _____

Forename: _____

Gender: _____ DoB: _____

NHS No: _____

HEIGHT ___ . ___ cm

WEIGHT ___ . ___ kg

PARENT REQUESTED FEEDBACK ☐

DATE if different ☐

REASON TO EXCL FROM CMP ☐

REASON NOT MEASURED ☐

TIME : BREAKFAST Y / N LUNCH HIP CIRC cm WAIST cm CLOTHING

3

Surname: _____ Address: _____

Forename: _____

Gender: _____ DoB: _____

NHS No: _____

HEIGHT ___ . ___ cm

WEIGHT ___ . ___ kg

PARENT REQUESTED FEEDBACK ☐

DATE if different ☐

REASON TO EXCL FROM CMP ☐

REASON NOT MEASURED ☐

TIME : BREAKFAST Y / N LUNCH HIP CIRC cm WAIST cm CLOTHING

4

Surname: _____ Address: _____

Forename: _____

Gender: _____ DoB: _____

NHS No: _____

HEIGHT ___ . ___ cm

WEIGHT ___ . ___ kg

PARENT REQUESTED FEEDBACK ☐

DATE if different ☐

REASON TO EXCL FROM CMP ☐

REASON NOT MEASURED ☐

TIME : BREAKFAST Y / N LUNCH HIP CIRC cm WAIST cm CLOTHING

5

Surname: _____ Address: _____

Forename: _____

Gender: _____ DoB: _____

NHS No: _____

HEIGHT ___ . ___ cm

WEIGHT ___ . ___ kg

PARENT REQUESTED FEEDBACK ☐

DATE if different ☐

REASON TO EXCL FROM CMP ☐

REASON NOT MEASURED ☐

TIME : BREAKFAST Y / N LUNCH HIP CIRC cm WAIST cm CLOTHING

REASON TO EXCLUDE FROM CMP

1 Opted Out of CMP Data inclusion

2 Accurate Measurements Unobtainable

REASON NOT MEASURED

1 Opted out of Measuring

2 Uncooperative Child

3 Unwell

4 Left School

5 Session Cancelled

6 Absent (still attending school)

CLOTHING TYPES:

1 - Light Clothing

2 - Underwear Only

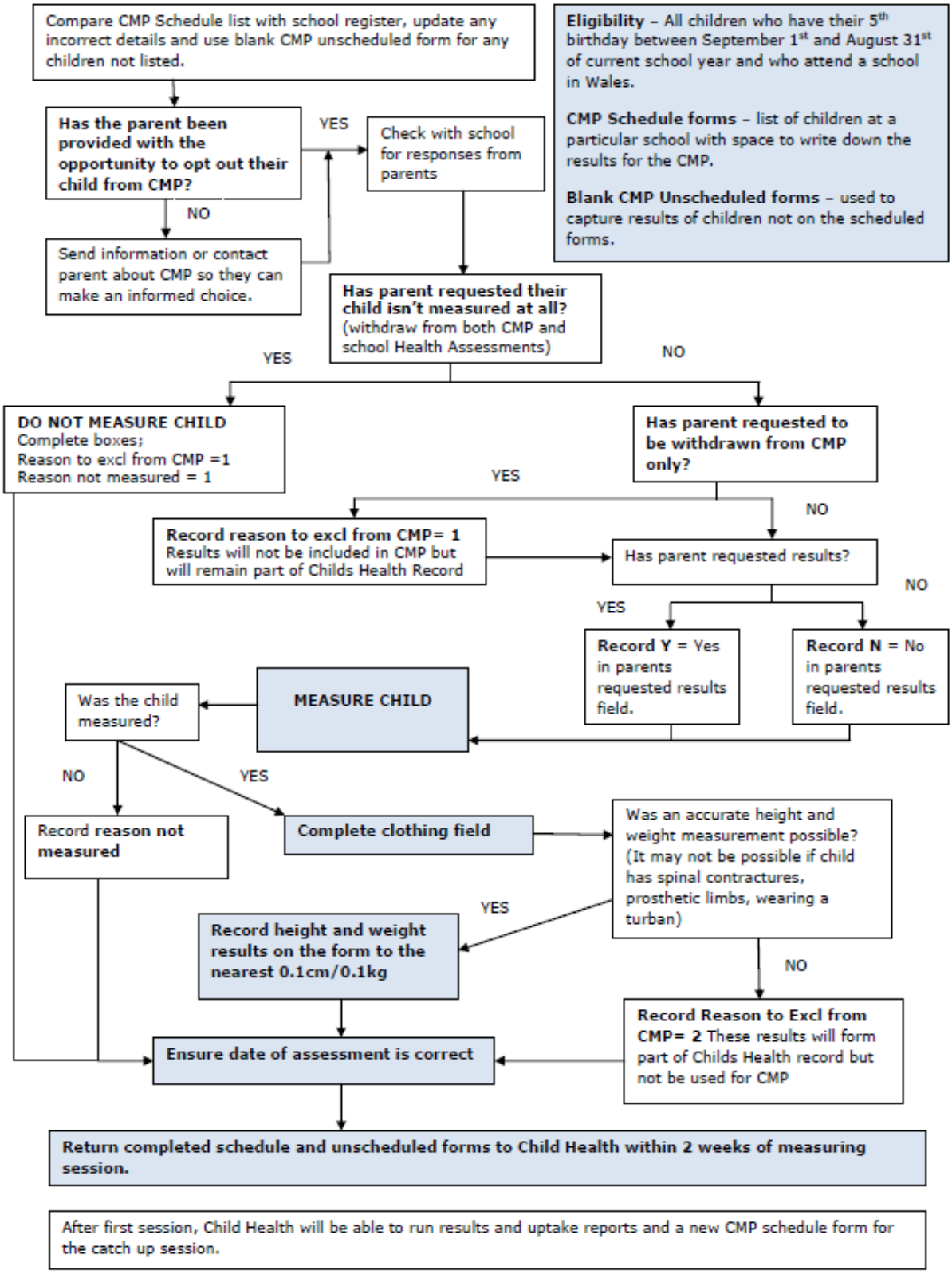
3 - Gym Clothes

4 - Heavy Clothing

5 - Other

APPENDIX 3

Process for completing Child Measurement Programme (CMP) for Wales



APPENDIX 4 CALCULATING BMI

Body Mass Index (BMI) is a ratio between height and weight. The formula for calculating BMI is the same regardless of age, race or gender.

Body Mass Index (BMI) = Weight in kilograms divided by height in meters squared, BMI = (weight (kg) / [height (m)]^2)

BMI is not a direct measure of body fat**,** but may be an indicator of obesity, however it should be taken into consideration alongside other measurements such as body fat, or waist measurements.

Clinical and epidemiological definitions of overweight

There is a difference between the Clinical and the Epidemiological thresholds of child BMI relating to assessing normal growth. For clinical assessment, the clinical ranges and definitions of overweight/ obesity must always be used.

Clinical Ranges – Used by clinicians for clinical assessment.

Epidemiological Ranges are used for population reporting.

CLINICAL Child BMI Centile Classifications	**BMI Centile Range**
Underweight	Below 2nd BMI Centile (children may be healthy at this Centile)
Healthy Weight	Between 2nd and **90th** BMI Centiles
Overweight	Between **91st and 97th** BMI Centiles
Very Overweight (Obese)	At or **above 98th** BMI Centile (doctors call this clinically obese)
EPIDEMIOLOGICAL BMI Centile Classifications	**BMI centile range**
Underweight	Below 2nd BMI Centile (children may be healthy at this Centile)
Healthy Weight	Between 2nd and **85th** BMI Centiles
Overweight	Between **85th** and **95th** BMI Centiles
Very Overweight	At or **above 95th** BMI Centile

Due to differences in clinical and epidemiological BMI Centile classification, there is a risk that parents of children who have a healthy weight may be told their children are overweight or obese. For example a child with a BMI on the 89th Centile for their

age and gender is within the healthy clinical weight range, but would be classed as overweight according to the epidemiological classification.

Inaccurate results letters can cause distress to parents, and create negative publicity around the CMP.

To reduce this risk, the National Child Health Database uses look up tables for the UK 1990 children's BMI Centile thresholds to determine BMI Centile. All reports run from National Child Health Database, including the template feedback letters, are based on the clinical classifications for children's BMI Centile.

BMI CENTILE THRESHOLDS for intervention vary with age and gender. Please read the guidance on the centile charts, and follow the instructions printed on the reverse. The Centile charts recommended for use are those provided by the Royal College of Paediatrics and Child Health and for this age group, are based on the UK90 reference range.