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Exploring the impact of the introduction of School Nurses in the Social Inclusion Team for a Multi Academy Trust in the South West – a pilot study

Project Evaluation Report

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Abstract

School nurses are responsible for coordinating a team to deliver public health services for school aged children throughout the year. The fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions' to improve children and young people's health and wellbeing (DH, 2012; DH and PHE, 2014 p. 6). This reports on the evaluation the impact of the deployment and integration of school nurses in a Multi Academy Trust social inclusion team (SIT) using three sources of data, interviews, pupil data and team feedback. Overall, this study has the potential to demonstrate how integrating school nurses into the social inclusion team could holistically benefit students, families, and the educational community within the Multi Academy Trust.

Introduction

The core public health offer for all children is identified in the guidance published by Office for Health Improvement and Disparities (OHIP) (2023a) on Commissioning health visitors and school nurses for public health services for children aged 0 to 19. (Figure 1). The healthy child programme 'provides place-based services and works in partnership with education and other providers where needed. The universal reach of the healthy child programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes' (OHIP 2023a).

Figure 1: Core Public Health offer for all children (Office for Health improvement and disparities 2023a) The core public health offer for all children includes:
child health surveillance (including infant physical examination) and development reviews
child health protection and screening
information, advice and support for children, young people and families or carers
early intervention and targeted support for families with additional needs
health promotion and prevention by the multidisciplinary team
defined support in early years and education settings for children with additional and complex health needs
additional or targeted public health nursing support as identified in the joint strategic needs assessment, for example, support for children in care, young carers, or children of military families

The pilot study to integrate the school nurse service into a Multi Academy Trust (MAT) social inclusion team specifically sought to explore how this model of working may enhance the following:

1. early intervention and targeted support for families with additional needs
2. health promotion and prevention by the multi-disciplinary team
3. defined support in early years and education settings for children with additional and complex health needs
4. information, advice and support for children, young people and families or carers (both through direct work with children and families but also through whole school approaches working with MAT/school leadership teams.

Project Outcomes

The aim of the pilot to implement school nurses into a MAT social inclusion team has led the impact evaluation to focus on 4 aspects, pupils, health staff, trust staff and wider implications as possible outcomes from the project:

Focus on pupils

1. Enhanced pupil Well-being: The presence of school nurses within the Social inclusion team could lead to improved overall well-being for pupils, as they receive more targeted health support, guidance, and earlier interventions.
2. Increased Engagement and Uptake: Pupils and parents might show greater engagement with school health services due to the integrated approach, resulting in improved attendance, participation in school activities, uptake of health-related programs and increased accessibility.
3. Effective Early Identification: The integration of school nurses into the Social inclusion team may enable early identification of health and well-being issues among pupils, allowing for more timely interventions and support.
4. Improved Transition to Secondary School: The collaboration between school nurses and the Social inclusion team could facilitate smoother transitions for pupils moving to secondary school, ensuring continuity of care and addressing potential challenges.
5. Support for Vulnerable Pupils: Vulnerable and marginalised pupils may experience improved support through the combination of social inclusion strategies and health

services, addressing their holistic needs.

Focus on School Nurses

1. Collaborative Learning and Skill Sharing**:** School nurses collaborating with the Social inclusion team could lead to shared learning, skill exchange, and cross-disciplinary professional development, enriching the support provided.
2. School Nurse Integration & Impact: School nurse integration may influence health conversations, policy, understanding among education staff, and service utilisation.

Focus on Trust staff

1. Efficient Resource Allocation**:** The study might reveal optimised resource allocation within the Multi Academy Trust by identifying areas where health services can work with greater synergy with social inclusion efforts.
2. Informed Policy Development: Insights gained from the study might inform policy development that prioritises holistic well-being in educational settings, influencing future decisions about the roles of school nurses and Trust staff, policy, whole school approaches and the use of health resources.
3. Data-Driven Decision-Making: The introduction of school nurses within the social inclusion team could lead to more informed decision-making, driven by data on student health trends and needs.
4. Challenges Identification: The study might identify challenges related to resource management, interdepartmental communication, and role clarity, prompting adjustments for smoother implementation.

Wider implications

1. Enhanced Parent Engagement**:** Parents may become more actively involved in their children's education by understanding the comprehensive role of school nurses in supporting student health and well-being.
2. Potential for Scale-up: Positive outcomes could encourage the Multi Academy Trusts to expand similar models to other schools within the region or beyond, promoting well-being-centred education that builds capacity and links to established training and governance arrangements,

within existing school nursing services, rather than directly recruiting independent practitioners.

Review of literature

Health and wellbeing the Regional context

One of the drivers for the project was challenges faced for children's health in the local context. In December 2022, the Office for National Statistics (ONS) released mid-year estimates (MYE) of the population for 2021. The Child Health Profile (Office for health Improvement and disparities, 2023b) profile provides a snapshot of child health in areas across the UK. In Devon the health and wellbeing of children is mixed when comparing local indicators with England averages. The data can be used to identify public health interventions aimed at improving child health at a local level and help to help local government and health services improve the health and wellbeing of children and tackle health inequalities. There are some areas where intervention would benefit e.g., the rate of child inpatient admissions for mental health conditions at 179.3 per 100,000 is worse than England. The rate of self-harm (10 to 24 years) at 640.0 per 100,000 is worse than England. And others where Devon children are above national averages e.g., compared with the England averages, this area has a lower percentage of children in Reception (19.5%) and a lower percentage in Year 6 (31.3%) who have excess weight (OHID, 2023).

The health behaviours in young people survey (PHE, 2016) identified that in Devon 87.0% of children reported their general health as excellent or good, which is similar to the England average of 85.0%. The proportion of children who have a long-term illness, disability or condition is similar to the England average. 17.3% engage in three or more of the risky behaviours they were asked about, which is similar to the England average of 15.9%.

The 'no child left behind' report (PHE, 2020a) supports directors of public health, working with their local partners, to inform coordinated approaches to reduce the number of children who are vulnerable to poor health and wellbeing and to take action to mitigate risks of poor outcomes.

Public Health England (PHE) intends to promote action with partner organisations across sectors to ensure that every child grows up healthy, safe and able to achieve their full potential, regardless of where they live or their family circumstances (PHE, 2020b).

Poverty and socio-economic disadvantage are major determinants of educational outcomes in England. DFE social mobility index (2016) identified that coastal areas and industrial towns are

becoming real social mobility cold spots. Many of these areas perform badly on both educational measures and adulthood outcomes, giving young people from less advantaged backgrounds limited opportunities to get on. There are only two out of 36 regions in the southwest in the top 20% for social mobility. There are 5 identified as cold spots in the bottom 20%, including West Somerset 324/324 and Torridge 307/324. In addition, the Indices of Deprivation (2019) provide a set of relative measures of deprivation for small areas (Lower-layer Super Output Areas) across England, based on seven domains of deprivation. The domains were combined using the following weights to produce the overall Index of Multiple Deprivation:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Torridge, North Molton, Milton and Tamarside are amongst the 30% most deprived, Bideford East, and Northam and are amongst the 20% most deprived and Barnstable and Ilfracombe East are amongst the 10% most deprived neighbourhoods in the country. Exploring the drivers of social mobility e.g., conditions of childhood or educational opportunities and quality of schooling (Social Mobility Commission, 2022) helps us understand where we are doing well, and where we need to improve. Addressing vulnerability offers substantial opportunity to reduce inequalities and improve health and wellbeing outcomes for the most vulnerable children. A report by Buttle UK (2020) indicated that the impact of COVID has added greater challenges and that vulnerable families had been disproportionately impacted experiencing high levels of job loss, furlough, ill-equipped to access education and more likely to access foodbanks than those in higher income brackets.

Educational Attendance and Special educational needs regional context

Two types of absence are recorded in the national school census, overall absence and persistent absence. The Department for Education (DFE) (2023a) defined overall absence refers to children who are absent for authorised and unauthorised reasons, this includes children who are absent with a positive COVID case – but does not include children who are isolating but have not had a confirmed

positive case, for example as a contact, where as persistent absence is where pupils miss 10% or more of their possible sessions. This includes absence with a positive COVID case. 10% of sessions translates to around 7 days of absence across the autumn term. Figure 2 compares regional absence rates for both overall absence and persistent absence. The South West is above England rate for overall absence and persistent absence.

Figure 2: Absence rates by region 2022/23 Autumn and spring terms combined (DFE 2023a)

	2022/23 Autumn and spring term	
	Overall absence rate	Percentage of persistent absentees - 10% or more sessions missed
North East	7.7%	22.4%
North West	7.1%	20.7%
Yorkshire and The Humber	7.5%	21.9%
East Midlands	7.2%	20.4%
West Midlands	7.4%	22.2%
East of England	7.3%	21.1%
South East	7.3%	21.1%
South West	**7.6%**	**21.9%**
Inner London	7.0%	21.6%
Outer London	6.8%	20.1%

Within the South West Figure 3 illustrates local authority figures, Devon is above the south West averages for both overall absence and persist absence and has the 7th highest absence rates in the region. The area where the pilot study took place includes schools over the county border in Somerset which has higher still rates of absence.

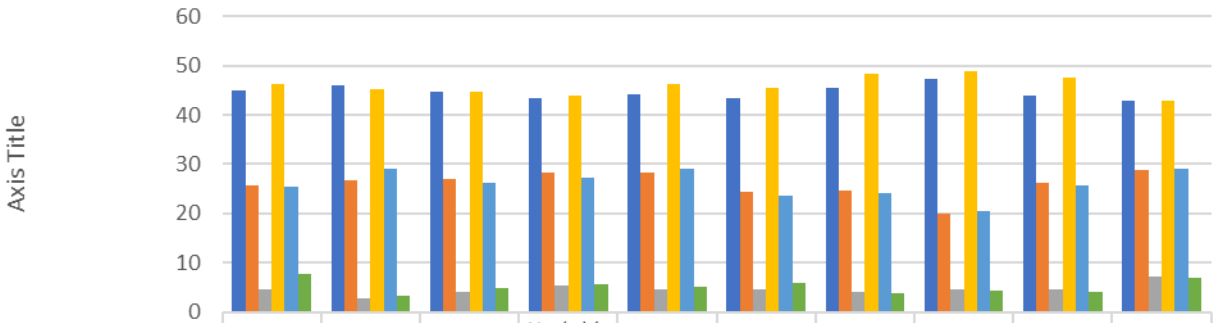
Figure 3: Absence rates by local authority in the South West for 2022/23 Autumn and spring terms combined (DFE 2023a)

	2022/23 Autumn and spring term	
	Overall absence rate	Percentage of persistent absentees - 10% or more sessions missed
Torbay	8.6%	25.3%
Bristol, City of	8.3%	24.9%
Cornwall	8.0%	24.5%

Plymouth	8.1%	24.4%
Somerset	8.0%	23.0%
Dorset	7.8%	22.2%
Devon	**7.8%**	**22.1%**
Swindon	7.3%	21.5%
North Somerset	7.3%	21.2%
Bournemouth, Christchurch and Poole	7.3%	20.6%
Gloucestershire	7.2%	20.2%
Wiltshire	7.0%	19.3%
Isles of Scilly	6.7%	18.8%
South Gloucestershire	6.8%	18.8%
Bath and North East Somerset	6.8%	18.6%

Levels of Special Educational Needs (SEN) is a key regional key issue that earlier intervention could support and influence in addition to Public Health Needs. In 2018 the local area was inspected by the Quality Care Commission and OFSTED where the increasing rates of referrals to health services and the increase in the complexity of children and young people's needs was noted. This is a national picture with the total number of Education, Health and Care (EHC) plans continuing to increase (DFE 2023b). In the South West between 2021 and 2022 there was an increase of 12% of new ECHPs for pupils aged between 5 and 19. The highest proportion of these plans (42.9%) being in the 5 to 10 age group. This compared to the national increase in the same period of 7.3%. There are regional similarities in patterns of new EHC plans indicated in figure 4 with the 5-10 age range but interesting to note that the South West has the highest percentage increase for the 16-19 age group suggesting missed identification or late identification earlier in their school experience.

Figure 4: % of new EHCPs between 2021 and 2022 by region and age group



	England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	England	South East	South West
2022 Age 5 to 10	44.9	46.1	44.8	43.5	44.1	43.5	45.5	47.3	44	42.9
2022 Age 11 to 15	25.7	26.7	27	28.4	28.3	24.3	24.7	19.9	26.1	28.8
2022 Age 16 to 19	4.7	2.8	4.1	5.3	4.6	4.5	4	4.5	4.6	7.3
2021 Age 5 to 10	46.2	45.2	44.8	43.9	46.4	45.4	48.3	48.8	47.6	42.8
2021 Age 11 to 15	25.5	29.1	26.2	27.2	29	23.5	24.2	20.5	25.8	29.1
2021 Age 16 to 19	7.8	3.4	4.8	5.6	5.2	5.8	3.8	4.3	4	7

Exploring the SEN2 data (DFE 2023b) in more detail Figure 5 compares the percentage of children and young people assessed during the calendar year for whom it was to issue an EHC plan. The South West and Devon has seen an increase in number of children assessed for EHC plans with a higher than national percentage increase. The percentage of children being awarded an ECH plan has increased significantly since 2021 for Devon which now has above the national average of successful applicants for ECH plans.

Figure 5	**Devon**		**South West**		**England**	
	2022	2021	2022	2021	2022	2021
Number of children and young people assessed for whom a plan was issued and those for whom one not issued	1,068	960	7,556	6,625	72,695	66,083
Percentage increase in people assessed for EHC plans 2021-2022	11.24%		14.5%		10%	
Percentage of children and young people assessed for whom EHC plans were made for the first time during the calendar year	95.2%	87.3%	94.0%	92.7%	94.1%	94.5%

The challenges facing the local area for SEND provision is highlighted in the recent Joint local area SEND inspection in Devon (Ofsted and CQC 2018) and subsequent reinspection in 2022, the effectiveness of

the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014 was deemed to have significant weaknesses. Key areas for improvement related to communication with families and weaknesses in early identification and support, specifically autism spectrum disorder (ASD) but equally applies to other needs.

'Poor communication is contributing to the frustration and anger many parents feel. In addition, professionals working in education, health and care do not have a clear understanding of their roles and responsibilities. As a result, too frequently there is a blame culture in the local area rather than one where professionals talk and work together to find solutions' (Ofsted and CQC, 2018. P.2)

Responding to the challenges the County councillors have given the new leaders the mandate to make change and there is a strengthened ambition that Devon becomes a place where children and young people with SEND thrive (Ofsted and CQC, 2022). Despite this ambition 'the strategy does not systematically tackle the widespread dissatisfaction felt by parents, carers, children, young people and, frequently, staff' (Ofsted and CQC, 2022. P.3).

The pilot project of integration of school nurses in to a multi academy trust is an illustration of how leaders from the health system and education system are committed to a fundamental change in approach showing a greater willingness to change and to work in partnership.

School Nursing Service

A second driver for the project came from the School Nurse Review by Devon County Council in 2022, which was part of an annual review of the service specification and revised National commissioning guidance (PHE, 2021) for public health nursing. School Nurses are qualified registered nurses with additional graduate and post graduate qualifications in Public Health Nursing. They lead the delivery of the Healthy Child Programme, a framework for universal and targeted approaches to address children and young people's health and wellbeing.

The programme, whilst led by School Nurses, supports collaborative work and integrated delivery. School nurses are responsible for coordinating a team to deliver public health services for school aged children throughout the year. The fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions' to improve children and young people's health and wellbeing (DH, 2012; DH and PHE, 2014 p.6). Figure 6 identifies the role of the school nurse which identifies the responsibility to work with both '*individuals and a population, which may mean providing services on behalf of a community or population without having direct contact with every individual in that community*' (RCN, 2021, p.5).

Figure 6: The Role of School Nurses
To utilise their clinical judgement and public health expertise to identify health needs early, determining potential risk, and providing early intervention to prevent issues escalating.
To undertake a 'navigating role' to support families through the health and care system.
Work with/in schools to provide a key link between health, education and wider children's and young people's services, providing guidance and support on a range of health-related issues.
Use a needs assessment to determine targeted interventions which can be met within the service or the need for more specialist interventions that require referrals or clear signposting
Leadership and support of the healthy child programme.
Provide universal support, and due to close relationships with families/carers and community settings, are key in supporting the early help system, which encompasses early intervention and the Supporting Families programme.

School nursing service models across the UK differ in structure but all have a similar focus. Figure 7 illustrates PHE's 4–5–6 model for school nursing (PHE, 2016b), based on four levels of service, five health reviews for school-aged children and six high impact areas

Figure 7: 4–5–6 Model for school nursing in England (adapted from PHE, 2016b)	
4 Level of the school nursing service	• Community • Universal • Universal plus • Universal partnership plus
5 **Health reviews**	• 4–5year health needs assessment • 10–11year health needs assessment • 12–13year health needs assessment • School levers-post 16 • Transition to adult services
6	• Building resilience and

High impact areas	• Supporting emotional Wellbeing • Keeping safe, managing risk • Reducing harm • Improving lifestyles • Maximising learning and Achievement • Supporting additional health Wellbeing needs • Seamless transition • Preparing for adulthood

In 2021 School & Public Health Nurses Association (SAPHNA) published a vision for the School Nursing Service (SNS), the rationale behind why such a vision was required and recommendations for how it could be achieved.

> '*Our Vision is for School Nursing to be a vital partner within an integrated system; to maximise the potential of every child and young person and to reduce the health consequences of poverty and inequalities that arise in childhood and that can continue through adolescence and into adulthood. To work in partnership with children and young people to co-produce and deliver first class services that are responsive to their needs. To focus on the prevention of ill health, protection against risk and disease and promotion of healthy behaviours so our children and young people can be the healthiest in the world and we build a healthy and prosperous future population*. (SAPHNA, 2021, p.8)'.

This vision comes at a time the school nursing service is challenged with significant and continued reductions in the number of School Nurses employed full-time in many parts of England. The Department of Health and Social Care hold funding responsibility for SNS and Local authorities are required to secure continuous improvement in the School Nursing service with a level of flexibility to ensure that services were responsive to local needs. According to the school nurse review (Devon County Council, 2022) school leaders felt that the school nurse service was an irreplaceable offer for schools, however, it 'needs to deliver appropriate level of support taking into consideration: Geographical differences and rurality of Devon. North Devon has some of the poorest communities in Devon and lowest social mobility.' (p.12)

To enable the SAPHNA vision to be enacted a new model for School Nursing in England (Figure 8) represents a continuum of need for most children and young people. Proportionate universalism and personalised response provide a service that is universally accessible to all, however, offers additional help for those who need it most.

Figure 8: New model for School Nursing in England (SAPHNA, 2021, 9.14)

Key to delivery, is providing services which meet the needs of children and young people, whilst considering national and local priorities. In Devon the school nursing service is small in comparison to the school age population (23.9 whole time equivalent (wte), the average number of school age children to school nurses in the Southwest is 4081, in Devon it is 5422 (Office of Health and Improvement & Disparities, 2021). Within Devon there has been a lack of consistency of the offer and concern that more rural areas such as North Devon are not receiving the same quantity of service. Due to the geographical distribution of children and young people across Devon and the number of schools and children and young people each School Nurse supports, there can be variation in provision, especially for those in more rural areas. At the time of the pilot this was especially the case in North Devon which impacted most on the face to face aspect of service delivery, where there was a higher rate of vacancies at that time. However, the School Nursing Service is available to all children and young people of school age resident in Devon and/or attending state maintained primary, secondary, academy and special schools in the Devon Local Authority area regardless of Local Authority home postcode (Devon County Council, 2022), and delivered through a range of approaches:

- *'A skill mix team (school nurses, staff nurses, health visitors, and community health workers).*

- *Locality teams coordinated via a locality hub as the primary point of contact into the service.*
- *Duty practitioners' triage and respond to contacts into the service daily via phone, text and email.*
- *Assessment and support provided in a range of settings including families' own homes, local community or primary care settings, and via digital options.*
- *A clinic delivery model in community settings including secondary schools.*
- *Relationship building and communication with other services, including named nurse for schools and other services/networks.' (Devon County Council 2022, p.7)*

Prevention, promotion and early intervention

In 2013 the local government became responsible for funding and commissioning a number of preventive health services, including smoking cessation, drug and alcohol services, and sexual health; this shift towards a more localised approach to public health protection was reinforced in 2015 when local government also took responsibility for early years support for children such as school nursing and health visitors (Powell et al., 2021).

In 2018 the Department of Health and Social Care launched its vision document 'prevention is better than cure' in which it stated :

> *'Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven.'* (DoHSC 2018, p.4)

Realising local authorities' potential as leaders in local health improvement was a significant driver in the vision whilst recognising the importance of working together to tackle root causes of poor health and enabling people to take personal responsibility. The health and social care system has an important role to play in terms of:

- picking up problems earlier;
- stopping them from getting worse by providing the right care in the community, and putting more people in control of their health; and
- supporting the whole person - across mental and physical health - not just treating symptoms.

Early help and early intervention are forms of support aimed at improving outcomes for children, at any stage in a child or young person's life, from the early years right through to adolescence, or preventing escalating need or risk. EIF (2021) suggests that there are many different forms of early intervention citing examples such as home visiting programmes to support vulnerable parents, school-based programmes to improve children's social and emotional skills, and mentoring schemes for young people who are vulnerable to involvement in crime.

PHE (2020a, p.8) suggest 3 areas of intervention to address poor outcomes for children

- primary prevention – interventions to address the root causes of vulnerability, tackling health inequalities and the wider determinants of health
- early intervention – interventions to support children and their families
- mitigation – ensuring services help to reduce the negative impact of circumstances and experiences and build resilience (tertiary prevention)

The common thread between different definitions is their focus on the importance of early support for children and their families, to improve children's later life chances, health and wellbeing.

Ofsted (2022) suggests that schools have a 'particularly important' role in relation to early help. As well as school nurses providing support, the DFE (2020) suggests that schools 'are in a position to identify concerns early, provide help for children, and prevent concerns from escalating' and 'all staff should be prepared to identify children who may benefit from early help. PHE (2021b, p.5) suggests a key focus for visiting and school nurse service is increased emphasis on personalised care, professional and clinical judgement and the cost-effectiveness of early intervention.

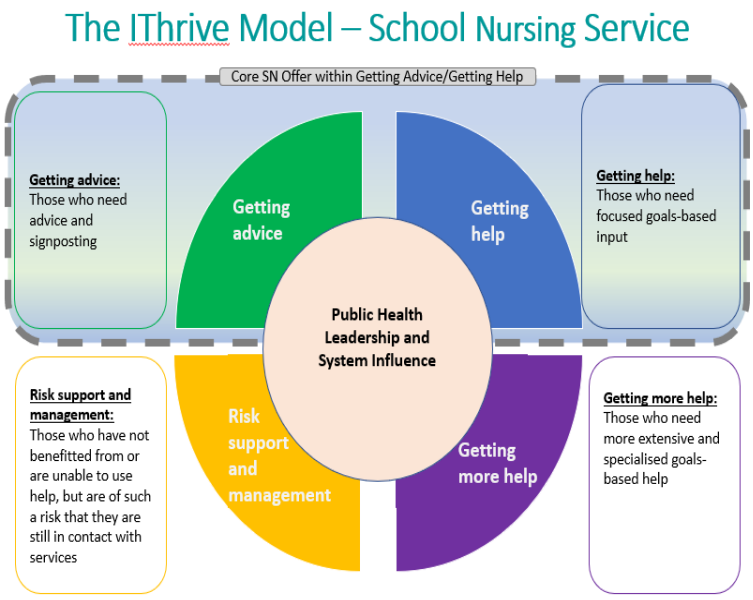
> *'Health visitors and school nurses utilise their clinical judgement and public health expertise to identify health needs early, determining potential risk, and providing early intervention to prevent issues escalating. Utilising the specialist public health nurse skills provides return on investment, including cost effectiveness and maximising the benefits for parents, children and young people.'*

IThrive and Normal Magic Single Session Approaches

The School Nurse service has developed the use of the ithrive model and normal magic to support the focus on early intervention and working with children, young people and families on the changes they wish to achieve in a way that builds on their strengths and empowers personal responsibility. The iThrive model (Wolpert et al., 2019) was used as a framework to map existing practice in several key

areas where there is evidence that the school nurse role can make a difference to the health and wellbeing of school age children and young people. Figure 9 identifies four aspects of the iThrive model, getting advice, getting help, getting risk support, and getting more help which supports a shared language and understanding across the system. The iThrive model focuses on early intervention and prevention and is used within the school nursing service to offer advice, guide evidence-based interventions, map, and signpost to the wider system of support that is available in the local area.

Figure 9: the iThrive Model – School Nursing Service (Devon School Nursing Service, 2022)



The intervention pathways that encompass the School Nurse offer within these strands and which align to the high impact areas for school nursing, are:

- Leadership
- SEND
- Safeguarding
- Children with medical conditions
- Mental health
- Sexual health and relationships
- Sleep
- Healthy weight
- Transition
- Substance misuse
- Continence

Normal Magic was introduced in 2018 within a mental health and wellbeing pathway co-developed with CAMHS colleagues that aligned to a funded early help for mental health project in Devon. It has since developed into an independent mental health service based in Devon which continues to work with the service to support and evolve the use of Normal magic as a way of working with children, young people and families and reflecting on how our own wellbeing and approach to the interaction cab impact on the experience and outcomes. Normal M.A.G.I.C. (2023) is an independent mental health service based in Devon. Normal M.A.G.I.C. is a strength-based model designed to support the connecting of ones' thoughts, feelings and behaviours with one's internal and external world. The team use an eclectic and complimentary bundle of quality 'ingredients', all with their own evidence base and feedback of effectiveness. These ingredients make up the detail behind Normal and M.A.G.I.C. designed to flex and become a bespoke fit for anyone who connects with it (Figure 10). Normal M.A.G.I.C Normal Magic is designed by bringing evidence from research and practice together to form a unique framework that can be used to inspire and guide individual approaches to mentally healthy living, it aims to:

- To encourage our own help and resolution seeking
- To bring a positive experience to those seeking help and resolution around us
- To identify and build a plan based on existing strengths

Figure 10: The ingredients of Normal Magic
Normal –seek to identify, validate, celebrate and love the diversity of uniqueness of our individual norms, it is a reminder to identify the help seekers Normal (which then guides Frequency, Intensity, Duration, Onset and Strengths (FIDOS)).
M - Me
A - Active listening
G - Generate help and resolution
I - Inspire and be Inspired.
C - Compliment

Teacher Workload

The National Education Union advocate that education professionals are best placed to understand the specific challenges faced by their communities, and how this might impact their access to education.

Excessive workload has a huge impact on teachers' health, safety and wellbeing and undermines teachers' ability to teach effectively. Teacher workload and working hours are significant factors affecting teacher retention: workload is frequently cited in surveys of ex-teachers as one of the main reasons why they left the profession (DFE, 2017). Research suggests that job satisfaction is one of the key factors associated with teacher retention (Bamford and Worth, 2017) and the extent to which teachers feel their workload is manageable is a significant factor associated with their job satisfaction (Lynch et al., 2016; Sims, 2017). In 2018 the DFE introduced the school workload reduction toolkit a series of practical resources for school leaders and teachers to help reduce workload, the aims were the toolkit would help leaders and teacher:

- identify workload issues in their school
- address workload issues in their school (such as feedback and marking)
- evaluate the impact of workload reduction measures.

Despite this introduction the 2019 teacher workload survey (DFE) found that Teachers and middle leaders said they still felt they spent too much time on planning, marking and data management, alongside general administrative work. The Education Development Trust (2020) identified that Teacher designed interventions significantly reduced teacher time conducting the targeted tasks, i.e. approaches to marking and feedback, lesson planning, managing pupil data, internal communications, and lesson observation and monitoring.

Building Community

All Specialist Community Public Health Nurses (SCPHN) practitioners must demonstrate competencies across 4 areas which includes influencing policies affecting health and stimulating awareness of health needs, in addition to searching for health needs and facilitating health-enhancing activities (NMC 2004). School Nurses work across many partnerships, collaborating with other professionals to improve the health and wellbeing of children and young people. Building community is essential as it ensures services are provided in places accessible to children throughout the year and undertake wider health promotion and protection activities through engagement and collaboration (RSN, 2021). School nursing teams are part of the wider multi-disciplinary and multi-agency approach to promoting and protecting the health and well-being and preventing ill health of children and young people. School Nurses and their teams are in a unique position to build trusting and enduring professional relationships with children and young people throughout their time in education to enable them to become confident and healthy adults (PHE, 2021). Supporting the delivery of consistent and concise

health and wellbeing information is the concept of Make Every Contact Count (MECC) which encourages individuals to engage in conversations about their health at scale across organisations and populations. This evidence-based approach draws on best practice around the most effective interventions and changes of behaviour. School nurses are central in supporting and enabling place-based and whole school action to address health inequalities by using their skills with the wider health and care system and their trusted relationships with other partners. Central to this building of relationships is the school nurse role at the crucial interface between children, young people, families, communities and schools. The Office of Health Improvement and Disparities (2023b) introduced the 'You're Welcome' quality criteria with 8 standards and associated quality criteria section 7 of which focuses on linking with other and identifies 3 essential aspects that emphasise the importance of building community:

- the service is part of local networks with good links and active partnerships to a range of other projects, organisations and services working with young people, including integrated care systems
- the service supports young people's access to education, training and employment, for example, through flexible appointment times, which are longer where needed, and scheduled to fit with young people's school, college or university timetables where possible
- the service provides information about other local services for young people. All staff are familiar with local service provision and arrangements for referral

The Context for the Pilot project for School Nurses to be responsive and visible within settings

The Multi Academy Trust

Alumnis Multi Academy Trust (MAT) comprises of 9 primary school based in North Devon, Torridge and East Devon between Holsworthy to the West and Tiverton to the East, some sitting on the North Devon Coast Areas of Outstanding Natural Beauty (AONB) which covers 171 square kilometres e.g., Wollacombe others in small rural villages e.g., Dolton. The smallest school has a pupil population of 34 and the largest a population of 242. All the schools are Church schools, the Church of England Partnership with Exeter Diocesan Board of Education (EDEN) ensures that all are working cohesively within a deeply Christian ethos. The vision is to enable all to flourish and empower those to lead and serve local, national and global communities. Alumnis Trust has been designated as one of sixteen

Regional Character Hubs across the UK in partnership with The Association for Character Education (ACE) a Community of Practice that shares some of the country's most innovative and effective character education pedagogies.

Alumnis MAT aspires to enable all within our trust to be 'Inspiring Changemakers' through:

- Hubs of like-minded schools sharing a vision of equity and excellence as standard.
- Exciting education frameworks and systems of the highest standard that reach everyone through informed research, innovation and scholarship.
- Outstanding approaches to collaboration; strengthening and diversifying the workforce.
- Powerful professional learning; everyone a leader with shared responsibility.
- All trust schools to be recognised locally and nationally for the exceptional quality of education provision.
- A clear civic duty with educational narrative aligned to community stakeholders.

Social Inclusion Team

Alumnis social inclusion team forms a multi-agency approach that is integrated within the school community. The Social inclusion team work across the Alumnis Multi-Academy Trust and is available to staff, pupils and families where they can listen and signpost when appropriate. The Social and Inclusion officers address the needs of children who require support to overcome barriers to learning both inside and outside the school in order to achieve their full potential. They have four key roles and responsibilities across the trust, safeguarding, inclusion, attendance and reporting, in each area they work in partnership and in contact with families of pupils ensuring support is coordinated with the school, families and outside agencies. One the key outcomes of the Social Inclusion Team from the four key roles is to increase pupil and parental engagement in classrooms to impact pupil progress, reinforcing no child left behind. The school nurse (SN) service works in partnership with Alumnis Trust to strengthen communication and support while remaining employed by Devon County Council within the wider School Nursing Service. The Social inclusion team comprised of 2 social inclusion officers and 2 school nurses (band 5 and band 6). This project had 0.8 wte school nurse hours allocated to it for a total of 1029 pupils (78 of whom were outside Devon), therefore working to 1141.2 pupils per wte.

The Schools

Alumnis Trust is an expanding trust and currently comprises of 9 primary schools Figure 11 provides key information about each of the schools based on DFE data in 2021/2022, the shaded boxes indicate above National average.

Figure 11 School	age	Size and gender split% Girls:Boys	Pupils with SEN ECHP	Pupils with SEN support	Pupils eligible for FSM	Pupils whose first language is not English	Overall absence	Persistent absence	OFSTED Grade
Alumnis 1	2 - 11	116 38.79:61.21	3.45%	11.21%	24.27%	0.90%	7.2%	18.3%	2
Alumnis 2	4-11	42 40.48:59.52	2.38%	14.29%	26.19%	0%	6.4%	17.9%	2
Alumnis 3	2-11	105 49.52:50.48	0.95%	11.43%	10.98%	0%	8.6%	18.5%	1
Alumnis 4	2-11	34 52.94:47.06	8.82%	5.88%	39.29%	2.90%	11.1%	17.4%	3
Alumnis 5	2-11	164 42.68:57.32	3.05%	14.63%	29.23%	0.60%	7.4%	19%	2
Alumnis 6	2-11	38 50:50	10.53%	5.26%	24.14%	0%	8.7%	40.6%	2
Alumnis 7	2-11	210 47.14:52.86	2.86%	12.86%	6.67%	0.5%	4%	8.2%	2
Alumnis 8	4-11	78 42.31:57.69	0%	14.10%	6.41%	0%	2.9%	-	2
Alumnis 9	2-11	242 52.89:47.11	1.24%	11.98%	11.88%	0%	6.6%	18.4%	1
National averages		49.07:50.93	2.27%	13.02%	25.5%	21.21%	6.3%	17.7%	

Data collection Tools

Reflecting a mixed method approach, this evaluation aimed to assess the impact of an school nurse integration using a range of qualitative and quantitative data in Figure 12 below

Figure 12: Research tools	Description
Interviews	20-60 minute semi structured interviews: 2 school nurses (band 5 and band 6), 2 social inclusion officers, 2 head teachers, 1 teacher, 1 SENCO and 1 Director of Education for Alumnis Trust.
Pupil Data	Analysis of existing Pupil data attainment on reading, writing and maths, progress, CPOMS entries and attendance data. 27 pupils were identified at the start of the pilot. Of the 27 a full set of data was available for 21 pupils.
Informal internal feedback	Provided by the school nurses involved in the project to the Devon SN Professional Lead and Southern PHN Service Development Manager

Analysis of quantitative data involved basic descriptive statistics comparing early intervention and post intervention pupil data. The analysis of qualitative data involved thematic coding, which is an effective approach to research when finding out something about people's views, opinions, knowledge, experiences or values from a set of qualitative data. The researcher closely examined the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly. Using a deductive approach the data was explored with some preconceived themes we expected to find reflected there, based on theory or existing knowledge. The research analysis following a six step approach outlined in Figure 13 below.

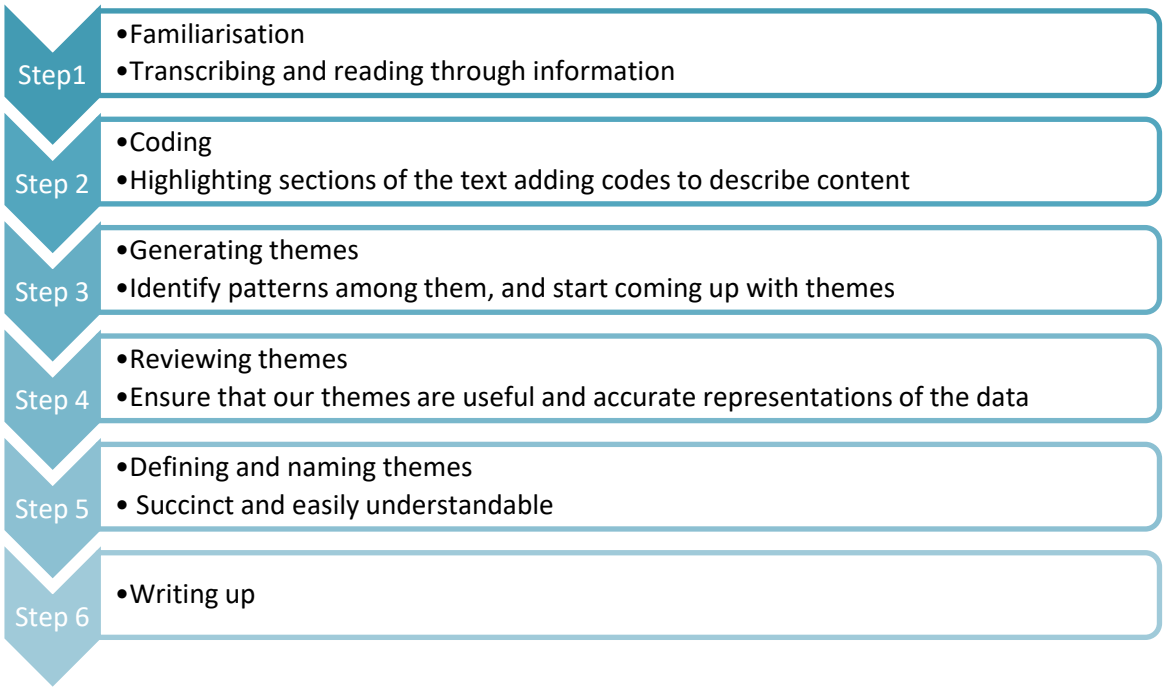


Figure 13: Six step research analysis model

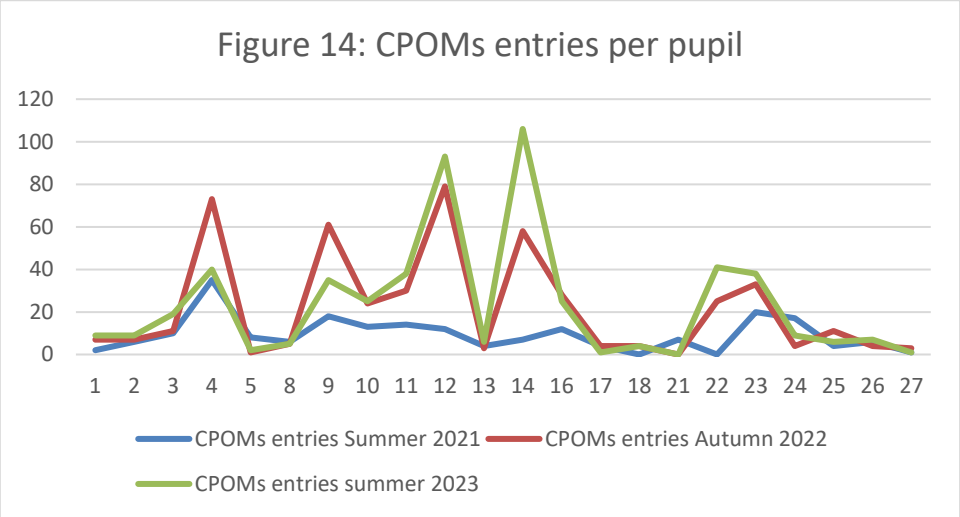
Key stakeholders were required to sign a memorandum of understanding (MOU) which outlined key responsibilities, roles and obligations. Before data collection could begin, ethical approval was sought from the university. Prior to the interviews staff were asked to read an information sheet and sign a consent form giving their voluntary informed consent. All research was carried out in accordance with appropriate ethical guidelines (BERA, 2018).

Results & Discussion

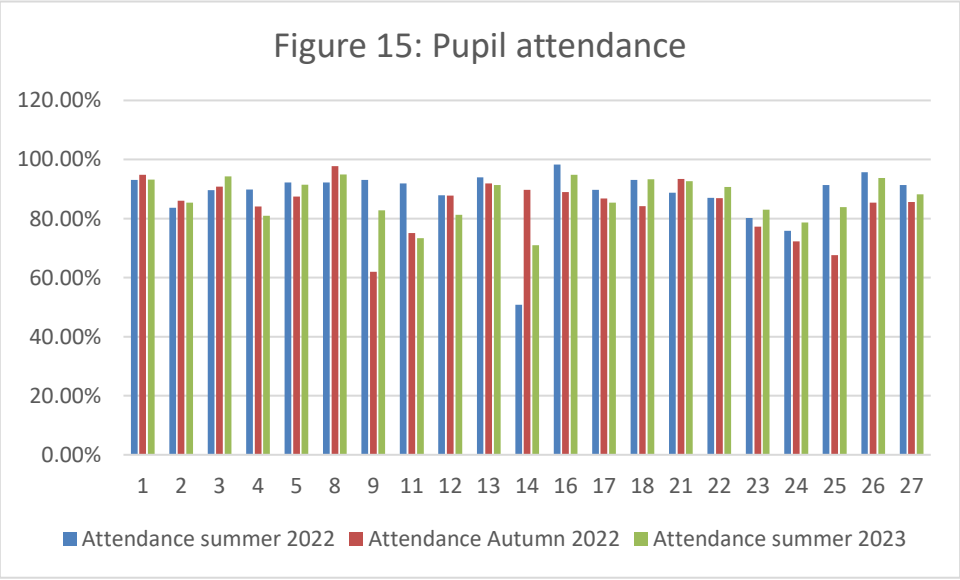
This project's aim was to evaluate the impact of the school nurse's introduction within Social Inclusion unit of the Multi Academy Trust schools in North Devon. The findings from this study evidence the substantial impact of integration of school nurses into the social inclusion team (SIT) for the multi academy trust and the impact this had for the staff at the trust, the social inclusion team and the pupils they worked with. Wider impacts were also seen linked to processes, communication approaches and building community. In this next section, the report provides an outline of the key results before providing a series of recommendations.

Pupil data identified a significant increase in the number of interventions registered on the CPOMS system across the 9 schools in the MAT. Over the timescale of the project there was an increase from 206 in the summer term of 2022 to 475 in the Autumn term of 2022 and 519 in summer 2023. Figure

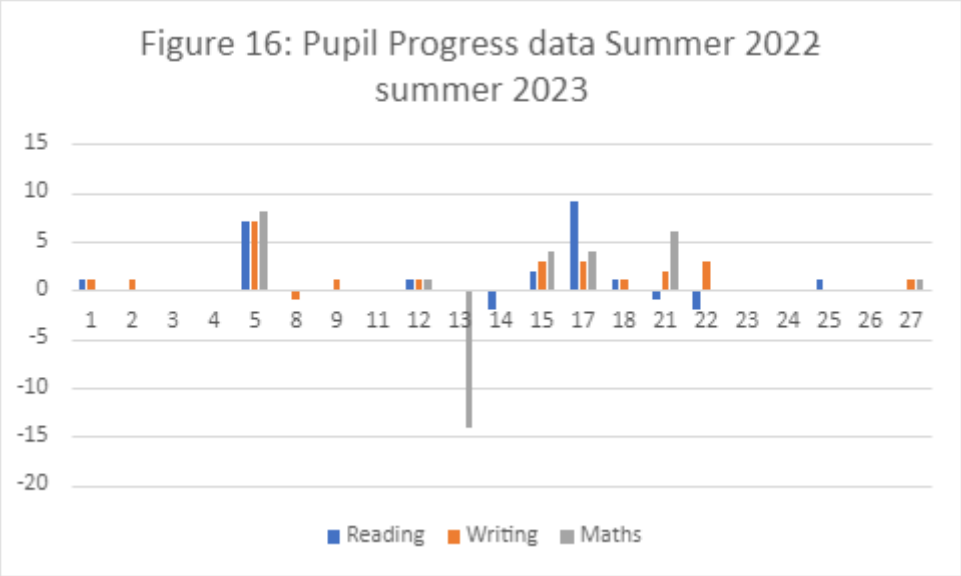
14 illustrated this per pupil. Where CPOMS data was available for the pupils 14/21 pupils had an increase on interventions with some very significant additional support.



Pupil attendance data (Figure 15) shows variation for pupils with some pupils' attendance improving and some pupils' attendance going down. The average attendance for the group in summer 2022 was 88.09% this reduced to a group average of 84.57% in the Autumn of 2022 and rose again to a group average of 86.87% by summer 2023. Where attendance data was applicable between Summer 2022 and Autumn 2022 9/21 pupils had improved attendance and between Autumn 2022 and summer 2023 this went to up to 11/21.



Pupils progress data (Figure 16) shows some incremental positive changes over the time of the project for seven pupils in reading, eleven pupils in writing and six pupils in mathematics with between 1 and 9 points changes and a negative change for 5 pupils in the same measures between Summer 2022 and Summer 2023.



In steps 1, 2 and 3 of the analysis process the first interview and informal feedback analysis revealed 10 initial themes of the school nurse, early identification, working with family, multidisciplinary working, benefits for pupils, iThrive model, share IT systems, impact for schools, Normal Magic Single Session Approaches and participant's perceptions/feelings.

The school nurse

The widest theme within the interviews included participants' perspectives on the benefits of having a school nurse within MAT and their work. Within this theme participants particularly emphasized the importance of the school nurse in terms of their presence during the triage meetings and dealing with the referral process. Since the introduction of the SN the referral process was much quicker, and thanks to the SN's knowledge of the range of support available within Devon region, pupils always received the best support possible.

In addition, participants acknowledged the SN as a vital bridge between schools and external stakeholders, which supports networking within MAT. School nurses have a medical expertise and so can identify the need from the medical point of view. Also, they are able to provide families with resources and holistic advice and signpost them to appropriate services if needed. All participants

interviewed thought that having a school nurse within their organisation was invaluable as it impacted positively on pupils, families as well as staff.

Early identification

Participants indicated that early identification is key in terms of the pupils' access to education. If the problem is identified early, the situation does not get so traumatic and better progress as well as successful transition to secondary is maintained. This can also have an impact on pupils' mental health, wellbeing, and engagement in their learning. Also, another benefit of early identification is that children get used to adults being involved with their family from an early age and aren't scared.

Early identification also allows monitoring the child's needs and therefore less interruptions to their access to education and increased opportunity to reach their full potential. As the school nurse has medical expertise, they are able to spot issues, which supports even earlier identification thus appropriate support and earlier access to education.

It is important for the staff to have good relationships between them as participants indicate that good relationships between the staff help enable early identification, this is identified in the internal feedback.

> '*Having both of you **** part of the SIT Team has given me great insight and understanding of how to support families and young people from a health point of view, referrals and signposting to different agencies that are available which professionally has opened my eyes, so thank you.*'
> Internal feedback

Working with family

Within this theme participants revealed their perspectives on the importance of collaborating with the whole family and supporting positive relationships between educators and families.

It was discussed during the interviews that 'some families have special needs too' - these need to be identified so that access to education and appropriate support for the child is maintained.

Working with families from an early age of the child appears to be like 'partnership' for some participants which helps build positive relationships and trust. Also, the introduction of the school nurse caused a consistency in professionals, which is helpful for building positive relationships as well. Participants revealed that when trust is built the family is more honest, which has a positive impact on the child as well as maintaining appropriate support.

> '*Parents have also given feedback that you have been approachable and really understood their needs and been supportive – many people had been unaware of the role of school nurse due to not being in schools as much before the project*.' Internal feedback

Being in regular contact with family has also positively impacted communication between school and families, which is particularly helpful for example, when chasing the child's attendance.

When the school nurse is present families feel like their concerns are valued and in general, participants noted that families appear to be more comfortable when the nurse is involved. Also, when hearing a voice from the medical background parents appear to be more confident in making decisions and SN can reassure them and provide with appropriate resources/signpost. When families receive support, it addresses the issues of the child which in turn improves the situation in classroom and impacts teacher's workload.

Multidisciplinary working

The interview narratives revealed that multidisciplinary working has a huge impact as it enables professionals to make decisions collectively and notice issues that might otherwise evade detection. Also, it allows different professionals to bring different kinds of support which impacts the referral process and supports the progress of the child. It is also helpful in terms of work balance and sharing workload as the members can support each other and share knowledge and experience. Internal feedback added to this perception the closer working relationship with the schools enabled staff to approach the practitioners more and developed an increased awareness of how schools' function and their limitations in what they can offer in support and possibilities.

Multidisciplinary working allows professionals to learn about successes and challenges of each other's services which allows wider conversations and bringing sharing expertise from different fields. Professionals share their knowledge and collectively work together towards maintaining the best possible support for the child which, according to the interviews, is beneficial for the children involved. This is exemplified in the internal feedback.

> *'You have both been a dream to work with, collaborating well as a team, problem solving effectively together in triage and bringing a well-rounded and extensive health related view to our cases which has in turn had a positive impact on pupils within Alumnis'*

Benefits for pupils

There have been a wide number of benefits for children that have been discussed in relation to the introduction of the SN in MAT schools. Firstly, pupils benefit from receiving early educational healthcare plans which improve their progress and attainment as they receive the right support. Also, participants noted that many pupils involved with the school nurse benefited from improved attendance. In addition, the availability of SN for pupils to seek help when needed proves to be exceedingly advantageous, involving a range of benefits that significantly enhance their progress. However, sometimes the progress is not measurable and is measured by very small steps, for example, the child is more engaged in learning.

There are wide benefits connected to the introduction of SN especially in terms of access to public health, integrated supervision and planning. Specifically, the SN was able to help a child suffering from sensory issues and/or child with ADHD to improve their progress. Also, a child who recently experienced bereavement benefited from being involved with SN who helped him with transition to secondary schooling. Other examples encompassed a situation where the SN was able to help one child with anxiety and home situation; and a pupil who was home educated collaborated with the nurse who helped him to return to full-time schooling and increase motivation and engagement. In addition, by applying the Normal M.A.G.I.C. approach, the SN was able to help quite a few school refusers. By providing support and holistic advice on e.g., portion sizes, SN helped one overweighted child to lose weight and also, supported his mother with mental health issues. The list of benefits for children involved is extensive and all the examples prove that pupils who work with SN make better progress and in general, their situation improves.

Also, participants revealed that previously the children were stuck on long waiting lists and their situation usually exacerbated; however, after introduction of SN children receive timely help which brought various benefits to them. When working with SN children become aware of their needs, which improves their life chances and enables them to reach their full potential. This was exemplified in the internal feedback.

> *'Having you make up part of the Early Help TAF meetings and offer advice and guidance from a health point of view has been amazing for our families – I'd like to note **** where you gave specific advice and guidance which has had a positive impact of on his health and he's come back after the Easter Holiday's like he's lost weight.'*

iThrive model

Some participants discussed that iThrive model supports a graduated response as it is looking at ways to support the needs of the child and maintain progress. It was used in TAF meetings where if some case is marked as higher priority, they pull evidence together and put more support and then review again. Educators expressed that iThrive model was helpful for them in terms of gaining confidence and putting things in place before the start of referral; and say that it was beneficial to bring this model in other areas of practice in education too.

However, two participants revealed that they perceive iThrive model as an addition to other models that are already used within MAT, and they find it overwhelming. They suggest that the iThrive model should be incorporated with the graduated response to support the workload of the teachers. Another participant thinks that they haven't used this model as much as they could have, and another hasn't heard about iThrive model at all. Thus, there's some capacity in terms of improvement of incorporating this model within MAT.

Shared IT systems

The shared IT systems has been also discussed within the interviews. In general, shared IT systems were beneficial for multidisciplinary working as everyone can share information which enables all information to be in one place and shared with everyone. It allows professionals to see a whole chronology of what support has been implemented and what has been done. Participants say the shared IT system works smoothly and cut workload as they do not need to repeat conversations with each member.

However, there also have been some challenges discussed within the interviews. One participant finds it challenging to distinguish what they can put in the record as a health professional, as some issues may be confidential. Another participant revealed negative perspectives on having to write up a lot of records which they find a bit time-consuming. In addition, duplication of the information in the records is also a challenge that participants encountered, as while there was shared use of the education system there was still a requirement to use health system and therefore for School Nurses there was a duplication. Internal feedback supported this assertion identifying the geographical spread of the MAT and some of the IT interfaces did add some practical challenges and inefficiencies.

Impact on schools

The introduction of the school nurse has brought positive impacts that extend beyond the spheres of pupils and families, encompassing the broader scope of school institutions as well. It enabled

practitioners to access trainings and information previously inaccessible. Consequently, this improvement in their learning expanded their understanding of health-related aspects, facilitating a more appropriate utilisation of the school nursing service.

After the introduction of SN, health and wellbeing became a high priority within the schools and prompted contemplation of future parent workshops focused on health & wellbeing tailored to health and well-being education. In one school they confirmed that they had established a day each year that is dedicated to health and wellbeing where there are various activities to support the staff's wellbeing. In addition, the schools have started to plan on improving their operational approaches by implementing non-class-based SENCOs into their structure.

The school nurse was recognised within the school, which made them approachable and instrumental in relationship-building. Participants expressed that after the introduction of SN the relationships and communication within the school environment improved, fostering a more cohesive and collaborative work culture. Also, teachers were able to discuss concerns with the school nurse, which is a factor that equips them with a sense of assurance and confidence when engaging with parents and pupils.

The presence of SN has also had an impact on the way social inclusion team works as well as on managing the referral process that was much quicker than previously. One of the participants confided that now the nurse's absence during triage meetings prompts their team to think about the perspectives the nurse might offer if present.

Normal Magic Single Session Approaches.

The concept of the Normal Magic Single Session Approaches was also one of the points of discussion during the interviews. Participants shared how they had used this technique to provide assistance to pupils and families dealing with mental health challenges. Notably, the social inclusion team was highlighted for employing this approach to support pupils dealing with anxiety or school refusal. Additionally, participants expressed that fragments of this approach were integrated into various aspects of their offer, underscoring its versatility and applicability. Participants affirmed that they had received training in Normal Magic Single Session Approaches, enabling them to provide first line advice on bladder and bowel management as well as sleep-related issues. However, one participant revealed that they think this technique has not been established fully yet. Furthermore, another participant confided that they had not engaged in Normal Magic Single Session Approaches and was unfamiliar with the concept of this method. Hence, this aspect presents a potential avenue for improvement.

Participants perceptions/feelings

Broadly, participants expressed a strong affinity for this operational approach, attributing significant influence on its implementation, impacting pupils, families, educators, and nurses alike. The teaching staff expressed that the school nurse will be really missed and regretted the inability to have a permanent public health nurse within their team. The invaluable nature of the school nurse's contributions was recognized, with a consensus on the potential loss should the previous way of working be reinstated. From the nurses' perspective as well, favorable feedback emerged, highlighting the positive implications of this integrated approach over a segregated one. In general, SN is greatly missed, and participants expressed a desire for a more extended on-site presence.

One aspect that came across from the informal feedback was linked to the resource implication for the school nurse service. Based on 2021 figures the school nurse service was working to every wte school nurse covering 10 schools for band 5 and 12.37 for band 6 school nurses. In terms of number of children and young people per wte this would be 3,488 pupils per band 5 and 4,301.5 per band 6. School nurses felt that this project shows what could be achieved if resourced further as the school nurse service were working at 12.5 schools per wte (17.7 per wte if B6) and 4,360 pupils per wte (6,157 per wte B6), so almost resourced to a level 3 times greater than what they would have at full capacity based on current 2022 funding. They felt that additional funding or a review of the resources required for this model of working would be needed but acknowledge that current capacity is impacted, even within the current service funding, by vacancies which the service is working hard to resolve.

In Step 4 of the analysis process the themes were reviewed and narrowed down to 4 main themes aligned to the most commonly occurring aspects of the iThrive model, Leadership, Special Educational Needs and Disabilities, Safeguarding and Mental health.

Leadership

The interviews identified the role of the school nurse as a vital bridge facilitating communication amongst various organisations and healthcare professionals. This function assumes particular significance in networking and substantially impacts on the referral process. The school nurse is equipped with knowledge and complex understanding of the spectrum of services available within Devon which is helpful for securing the best packages and support for pupils to access education and reach their full potential. Importantly, these functions align seamlessly with the overarching vision propagated by the School and Public Health Nurses Association where in the school nurse is positioned as 'a vital partner within an integrated system; maximizing the potential of every child and responding to their needs' (SAPHNA, 2021, p.8). Information from the informal feedback supported this as they felt more responsive and visible within the settings and to referrals

Moreover, their capacity to access health records together with their medical expertise uniquely situates them to identify latent concerns that might otherwise be missed. The result of this enhanced efficiency is evidenced by the increased rate of referrals captured during this year, which have been managed in a shorter time in comparison to the prior period.

The literature review explored the impact of excessive workload on teacher's health and wellbeing which connects to job satisfaction and teacher retention (Bamford and Worth, 2017; Lynch, et al., 2016; Sims, 2017). Interviews revealed that the school nurse positively impacts the workload of the teachers as they play a role of a vital member of TAF meetings and are able to talk to families, provide resources and signpost. Participants described school nurse as being approachable to parents and able to provide them with holistic advice to empower autonomous decision-making. Notably, the presence of school nurse has gained appreciation from involved educators, who acknowledged having an accessible resource to consult diverse issues with and receive a reassurance on how to approach young people. This has been instrumental in instilling confidence within the staff contributing to enhanced pedagogical approaches which leads to mitigating risks and ensuring that every child can grow up healthy and safe (PHE, 2020b).

The literature determined that the fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions' to improve children and young people's health and wellbeing (DH, 2012; DH and PHE, 2014, p.6). In accordance with this, interviews revealed that school nurses are able to deliver sessions on social & emotional health and wellbeing to different groups of children and promote positive relationships. They approach pupils in informal ways, for example, while having lunch with them, which significantly contributes to building trust and pupils being more open to receiving support.

In addition, the data gained revealed that the presence of a school nurse covers advantageous implications in terms of supporting schools in refinement of school health policies and the customization of individual healthcare plans. Concurrently, this engagement fosters a reciprocal process, where in the school nurse acquires insights into the dynamics of the schools. Internal feedback supported this with the team feeling that working with the schools in this way, and with the capacity this created, enabled additional areas of involvement which included the review and amendment of the trust health policy, information sharing of relevant training and resources (e.g., ASC), building communication links with appropriate staff and a pack to share for the induction sessions with new families joining the schools.

Special educational needs and disabilities

Early identification of special educational needs and disabilities (SEND) is one of the core aspects of the school nurse offer (RCN, 2021). This was confirmed in interviews by a number of participants who believe the school nurse has the ability to look beyond the presenting behaviors and identify where the need is from the medical point of view. This capability assumes pronounced significance, particularly with regard to the early identification of SEND, thereby enabling the timely initiation of suitable interventions. In short, it is enormously helpful to have SN in team while working collectively towards maintaining the right support for the child.

According to RCN (2021) one of the school nurse's roles is to undertake a 'navigating role' to support families through the health and care system. This was also referred to by participants during the interviews, who expressed that often 'families have special needs too' (participant 1). School nurses are able to support this and work with whole families, not just the child. This aspect carries significance due to its potential to identify the family needs thereby enabling the provisioning of suitable support. This, in turn, improves the well-being and progress of the child as well as the situation in the classroom.

Participants within this project reported that working with families from an early age of the child can be described as a 'partnership'. In addition, the consistency in professionals has facilitated building relationships and trust between practitioners and families. This holds particular value in terms of fostering an environment that allows families to be more honest with staff members and can be helpful when obtaining parental consent (parents are not that reluctant when trust is built).

> *'When relationship with family is maintained, the trust is built, and you get far more out of the family…they're more honest.' (Participant 1)*

The insights gathered from the interviews underscored the positive experiences of children engaged with the school nurse, which is evident in their improved progress. The narratives illuminated specific examples where the nurse's support held pivotal significance, particularly for children experiencing challenges encompassing anxiety, bereavement, complex home situations as well as school refusal. One pupil previously undergoing home education, who, through collaboration with the school nurse transitioned successfully into full-time schooling.

In general, it was reported that pupils benefit from receiving early educational and healthcare plans which are necessary for enabling their access to education, transition to secondary schooling and the realization of their fullest potential. Central to this paradigm is the early identification of SEND, which affords the continuous monitoring of individual needs and the provision of consistent support.

In addition, beyond quantifiable metrics, the benefits for pupils sometimes are not measurable but clearly observable – e.g., children come to school happier, or they engage in activities more often.

> *'Peer supervision, discussion of cases and possible referrals, and clarification on the SN role through the social inclusion hub triage process added value to both the work SN's then undertook but also the support that other members of the team, including school staff, provided. This led to more appropriate referrals being received and this encompassing a wider variety of early help advice and support including - emotional wellbeing, school refusal, diet, healthy weight, health care plans, sleep, toileting.'* Internal feedback comment

Safeguarding

According to SAPHNA (2021, 9.14) the new model for School Nursing in England comprises of three components: Universal Reach, Personalized Response and Specialist Support.

Universal Reach

Supporting healthy lifestyles, promoting positive relationships and ensuring that the child's perspective is acknowledged are important aspects of the SN offer that falls under Universal Reach component. The interviews elucidated the SN's approachability, rendering them accessible to both parents and children. Moreover, the SN engages with adults involved instilling reassurance in their interactions with children. However, the SN role is reciprocal, as it empowers children to seek assistance from a trustworthy source when required. This is helpful in regard to building trusting and enduring professional relationships with children to support them in becoming confident and healthy adults (PHE, 2021).

Personalised Response

The SN not only supports the cultivation of positive relationships and the propagation of healthy lifestyles among all children within the community but also occupies a central position in facilitating the early identification of areas requiring intervention. The SN initiates a proactive approach that proves instrumental in mitigating the escalation of challenges to traumatic extent. Additionally, the SN comes up with innovative solutions, as they have knowledge of the scope of available resources within Devon. This collective endeavor maintains timely and tailored help for pupils necessitating supplementary support to reach their full potential.

Specialist Advice

This component of the model is related to children with more complex/significant needs who need support from services working together (SAPHNA, 2021). The interview discussions prominently underscored the role of the school nurse in fostering a networked environment within the Multi-Academy Trust, facilitating connection of diverse professionals to offer varied forms of support. This collaborative environment not only enables collective decision-making but also increases the capacity to identify latent concerns that might otherwise evade detection. This enables the social, health and education elements to be situated within a singular location, which proves advantageous for staff, parents, and most significantly the children involved. In addition, it is helpful in terms of building community, which is essential for wider health promotion (RSN, 2021).

For example, the school nurse demonstrated significant impact when assisting one overweighted child, while concurrently supporting the child's mother who coped with mental health issues. Following the implementation of tailored support, an enhancement was observed in both child's attendance as well as active involvement. The holistic advice provided by SN, encompassing factors such as portion sizes, contributed to achieving positive outcomes, notably manifesting in the child's weight reduction – an achievement that elicited favorable medical progress as well.

> *'Having you make up part of our triage has also been invaluable to springboard ideas and ask from a health point of view what additionally can be done to support families and young people – this was also for families you hadn't supported'.* Internal feedback.

Mental Health

School nurses play a crucial role in fostering a positive cultural environment surrounding mental health and overall well-being. This contribution is effectively manifested through the conduct of targeted sessions focusing on social and emotional health and wellbeing across diverse pupil groups. This is also supplemented by offering timely telephonic guidance on specific matters such as bladder and bowel issues, as well as sleep-related concerns.

The significance of early identification is reflected in its potential to avert adverse consequences. If issues are not identified early, they can affect engagement, mental health, and overall well-being. Conversely, proactive detection of concerns at an early stage mitigates the challenges and prevents them from exacerbation to traumatic extents. The school nurse's medical expertise significantly underpins the formulation of early educational healthcare plans, thus bolstering the holistic support system.

Reflective of participant experiences, thanks to the school nurse's profound understanding of innovative pathways that are on offer within Devon, they were able to maintain the best support for children. This pursuit involved signposting families to appropriate services, providing them with resources and holistic guidance.

In addressing mental health issues among pupils, the SN employs a Normal M.A.G.I.C. approach. This refers to a strength-based model designed to support the connection of feelings and behaviors with individual's internal and external world; and can be particularly helpful in the context of addressing mental health issues. This approach acknowledges the small steps that contribute to mentally healthy living.

> *'Sometimes the progress is not measurable as they are very small steps (e.g., the child comes to school happier, or is more engaged in activities).' (Participant 1)*

The application of a Normal M.A.G.I.C. approach is noted in instances involving dealing with anxiety or school refusal. In addition, the interview narratives revealed that they 'use bits and pieces of Normal M.A.G.I.C. everywhere' (Participant 1) and specified other areas where the school nurse's engagement profoundly contributes to the mental health support. Instances encompass a child with sensory issues, whose progress and engagement tangibly improved under the nurse's guidance. Additionally, the nurse played a crucial role in helping a bereaved pupil with transition to secondary schooling.

Conclusions

The introduction of school nurses within the social inclusion team of the Multi Academy Trust has demonstrated promising potential. The Trust has distinctively prioritised professional teams that essentially wrap around its schools. The alignment of the SN / Social Inclusion Team with the teaching team has, through early intervention, significantly impacted on no child being left behind. Notably, it shows promise in providing effective support for pupils with health needs within the school environment, thereby improving attendance and fostering inclusion. Furthermore, this approach facilitates the early identification of a range of health and developmental needs, including those related to SEN, SEMH, and SLCN. The increase in interventions has been supported by the diverse methods of identifying these needs, which extend beyond relying solely on education staff referrals. While more evidence is required to fully ascertain the impact on successful transition to secondary education, initial indications from staff perspectives suggest positive outcomes and predominantly due to the building of trust and relationships with families. Similarly, a more comprehensive assessment over time is necessary to gauge the approach's influence on crucial outcome measures such as attainment, and progress for students, whilst improvements were identified these have been incremental. Importantly, feedback from both trust staff and social inclusion personnel suggests that this integrated model improves access to school nursing support. Additionally, it effectively supports the collaboration of multi-disciplinary teams within the MAT, fostering valuable relationships across primary and secondary care.

This innovative approach to collaboration supports school nurses and their teams in efficiently coordinating and delivering public health interventions for school-aged children. By integrating school nurses more directly within the school structure, the impact on health conversations across the school community is enhanced, resulting in improved awareness of health implications within policy and practice. Moreover, this model fosters a heightened understanding of the school nurses' offerings among education colleagues, leading to more appropriate and effective utilisation of their services. Additionally, through this approach, children gain a clearer understanding of the role of the school nurse, leading to increased referrals and uptake rates. The collaboration of interdisciplinary teams consisting of school nurses, social workers, and social therapists is particularly transformative, as it revolutionises the way these professionals approach and manage referrals. By tapping into their diverse skill sets, they are better equipped to find innovative solutions that cater to the holistic needs of pupils.

While the impact of earlier identification and support on successful transition to secondary school remains uncertain, a deeper exploration through comparisons of children with similar needs from previous years could provide valuable insights. Teachers' perspectives indicate that this approach has not only positively impacted their workload, redirecting it to a broader support system, but also enhanced their understanding of the school nurse's role in supporting vulnerable children. Alongside this initiative Alumnis Multi Academy Trust's People Strategy shapes their commitment to our workforce, by building the right teams together they aim to be collectively transformative. This collaborative method of working has effectively aligned with the Multi Academy Trust and school nurse service's focus on prevention, promotion, and early intervention, showing promising potential for integrated supervision and planning. The integration of leadership conversations has been instrumental in shaping comprehension of health and well-being within both the school community and the broader community context. This emphasis on leadership has notably improved the capacity for cohesive discussions and understanding of health's influence on school policy in particular relating to the role and responsibilities of the SENDCO. Parents and families were reported to have greater trust and confidence in the support available for their child, however further efforts are needed to better inform parents about the role of school nurses and the services they offer. Additionally, the benefits of accessing shared IT systems, such as CPOMS, have been apparent in streamlining communication and coordination although more thought needs to be taken to address some of the challenges of shared IT systems.

The pilot comprised 7 primary schools which increased to 9 during the pilot whereas at full trajectory the school Nurse service would be looking at 12.5 schools per school nurse which would include at least one secondary setting, this would address the continued tracking of pupils at the point of transition. However, the pilot study was successful as the school nurses were working with a third of the number of children, they would be expected to under full trajectory, across the 9 schools there was a population of 1,066 children. Based on full trajectory the school nurse service would be expected to support schools with 4,125 children and young people per SCPHN practitioner or 3,344 per practitioner across whole SN workforce, if the social inclusion hub model is replicated in other trusts additional funding into the service would be needed to enable the benefits to be transferred to other settings/networks, or alternative approaches would need to be explored. These might include family hub models and locality-based education support teams working to support SEND improvement and transformation.

Recommendations

Based on the findings of the study exploring the impact of introducing school nurses into the Social inclusion team within a Multi Academy Trust in the South West, the following recommendations are suggested, the brackets indicate who would be responsible for taking the recommendation forward the Multi Academy Trust (MAT), the school Nursing team (SNT) or both:

1. **Implement Integrated Support Model**: Based on the observed positive outcomes, we recommend formalizing the integration of school nurses within the social inclusion team. This integrated support model should be structured to address both health and social well-being needs of students, embedding iThrive into a single model (Both).
2. **Prioritise Early Identification**: The study indicates that early identification of health and well-being issues significantly benefits students. Therefore, we recommend establishing systematic processes for early identification, assessment, and intervention to ensure timely support and where necessary the adaptation on Trust policies to reflect this (Both).
3. **Enhance Parent Engagement**: The study highlights the potential of improved parent engagement through a comprehensive understanding of school nurses' roles. We suggest developing informational resources and interactive sessions to educate parents about the role of school nurses in promoting student health and well-being (Both).
4. **Form Cross-Disciplinary Professional Development**: Building on the collaborative learning and skill-sharing observed, we propose establishing cross-disciplinary professional development opportunities for both school nurses and the Social inclusion team. This can strengthen their collaboration and enrich their combined support efforts and be expanded to include wider education support services such as inclusion teams, educational psychologists, social, emotional and mental health (SEMH) teams, Communication and interaction teams (Both).
5. **Develop Transition Support Protocols**: The pilot has only involved primary schools, so it is unclear on the impact on transitioning to secondary school, we advise creating comprehensive protocols to ensure smooth transitions for students from primary to secondary schools. These protocols should outline collaborative steps between school nurses, the Social inclusion team, families and secondary schools. Establishing longitudinal data would help build an evidence base (MAT).

6. **Incorporate Findings into Policy**: The study's insights should be used to inform the development of comprehensive policies that prioritize student well-being in educational settings. These policies can set the framework for integrating health and social support strategies (MAT).
7. **Evaluate Scalability**: Considering the potential for positive outcomes, we suggest conducting a feasibility assessment for scaling up the integrated model to other similar educational systems. In doing this explore further ways of resourcing the SN service to provide the capacity to work with school and families in this way including linking into existing provision rather than outsourcing to independent services (SNT).
8. **Continuous Monitoring and Evaluation**: Establish a system for ongoing monitoring and evaluation to track the sustained impact of integrating school nurses within the Social inclusion team. This will allow for adjustments and improvements based on evolving needs and challenges (Both).
9. **Foster Collaboration Across Multi Academy Trusts**: The success of the integrated model could inspire collaboration between Multi Academy Trusts in implementing similar approaches and exploring alternative approaches for MATS without a social inclusion team. We recommend sharing the study's findings and best practices to foster cross-institutional learning (Both).

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