

UNIVERSITY OF DERBY

AN ACTION RESEARCH
INVESTIGATION INTO HOW SCHOOL
NURSING EVOLVED TO IMPROVE THE
SEXUAL AND MENTAL HEALTH OF
SCHOOL CHILDREN BETWEEN 1999
AND 2018 TO MEET THE CHALLENGES
OF THE MODERN WORLD

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An action research investigation into how school nursing has evolved to improve the health of school children to meet the challenges of the modern world.

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Preface

This critical appraisal is original and contains independent work by the author, Patricia Day. The publications contain original works by the author, Patricia Day, as well as co-authored works as named in the publications.

Publications attached in a separate hard copy document.

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My work is based on my community of practice. I am immensely grateful for the participation and support from children, young people, parents, teachers, and colleagues in my research.

Abstract

Introduction: School nursing has evolved over the last 120 years from ensuring children were healthy for potential military service, to a holistic approach for dealing with the psychological and sexual health issues facing the school age population growing up in the 21st century. This critical appraisal spans a twenty-seven-year professional career in school nursing and lecturing in public health nursing. This will demonstrate the significant impact of the presented ten publications on the school nursing profession and their influence on the design and delivery of the School Nursing Service.

Aims: The aim of this critical appraisal (CA) is to examine research from the perspective of a school nurse which addresses the needs of children and young people, particularly in relation to mental and sexual health. This will demonstrate how the findings from the cited research have positively impacted on the national health agenda and have been implemented as best practice in England.

Methodology: The CA develops across five interlocking areas of action research linked to the author's professional practice. These areas are sexual health; improving decision making; targeted mental health interventions; support for the mental health of whole families; adaption of Motivational Interviewing principles for the practice of community practitioners. The core theme of the research is service improvement. N=10 publications are explored, which addresses these areas. Reflection on practice as a school nurse identified the designated research topics.

Findings: The author's publications have led to the adoption of sexual health education and clinical practices in one third of English secondary schools. Additionally, it has led to an evaluation of the correlation between young people's sexual health and mental health, as well as highlighting the impact school nurses have in tackling these issues.

Impact: The setting up of a sexual health clinic in an English secondary school was identified as an exemplar by government advisers, and the evidence from its provision was utilised to support the implementation of similar clinics around the country. In addition, a mental health intervention, devised by the author, was cited as an example of a successful strategy by various researchers. Furthermore, the author's research into Cognitive Behavioural Therapy and Motivational Interviewing demonstrated that school nurses play a significant role in supporting young people at risk of mental health problems.

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Chapter 1: Introduction

This Critical Appraisal (CA) explores the impact of presented publications on school nursing and influence on current practice. The work spans twenty-seven-years, between 1999 and 2018, in school nursing and public-health nurse lecturing. Impact is evidenced through academic papers and professional influence on design and delivery of the school nursing service.

Since 2018, the author has published a further five articles on related themes. In addition, a systematised literature review has been included to review progress in the last five years.

1.1 Aims and Objectives

The CA aims to examine research from the school nurse perspective, addressing children's and young people's needs, particularly relating to mental and sexual health.

The CA objectives are to:

1. Analyse the school nurse role in addressing health inequalities.
2. Integrate evidence for school nurse interventions into preventative, sustainable and mainstream initiatives.
3. Evidence how collaborative community work embeds public health programmes focussing on wellbeing and prevention.
4. Appraise the research impact on developing and educating school nurses.

The CA develops across five interlocking action research (AR) areas linked to the author's practice (see fig 1). The core theme is service improvement. Ten publications are explored which address these areas. Reflection on the author's school nurse practice identified designated research topics. Research impact on health promotion and service development, and dissemination through citations of these publications, are identified in national and international programmes. The CA considers how findings have been implemented as best practice.

Not all the publications are explicitly identified as following the action research methodology. They are, however, underpinned by action research. In the early years of research, the author did not have the opportunity to reflect on what methodology was being used. The main driving force for undertaking the research was the urgent need to make critical improvements to school nursing practice.

Conceptual Framework

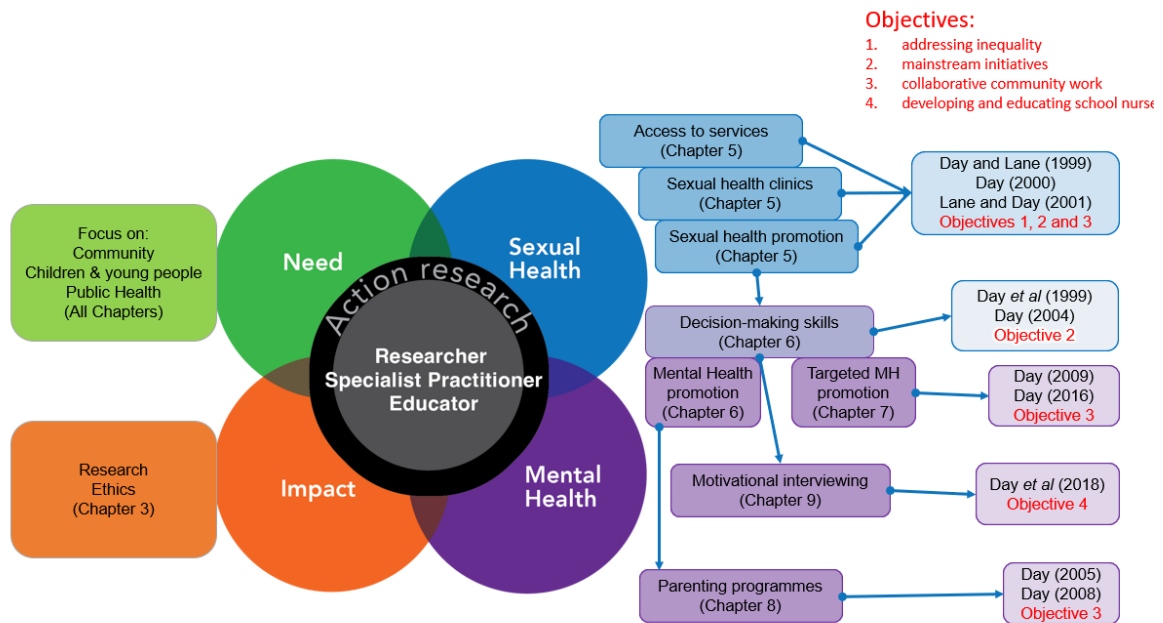


Figure 1 - Conceptual Framework

1.2 Research Impact

The author's impact on school nursing practice has been achieved through dissemination of research within teaching and learning roles, empowering current and future generations of practitioners to evaluate and change their practice. Colleagues and students regard the author's school nursing and teaching as innovative and visionary. Dissemination of the research led to the author receiving the Vice Chancellor's award for inspirational teaching at Sheffield Hallam University (SHU) in 2020 based on public health student feedback. The published research reviewed within this CA helped transform the school nursing role to more effectively meet children and young people's needs.

Disseminating findings allows practitioners and service users to integrate new knowledge in delivering improved outcomes for clients. The National Institute for Health and Care Research (NIHR, 2019, p.1) states "effective dissemination is simply about getting the findings of your research to the people who can make use of them, to maximise the benefit of the research without delay".

Examples of dissemination include the author setting up a sexual health clinic on a school site, which was identified as an exemplar by the Teenage Pregnancy Independent Advisory Group (TPIAG, 2008) and cited as evidence to support similar clinics (Richardson-Todd, 2006, p.43). A mental health intervention, 'Stop, Think, Do', researched and developed by the author was cited as a successful strategy by Whitby and Miller (2009, p.10) and Tunnard, Ryan and Kurtz (2005, p.65). The author's

research into using Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI) is cited as evidence that school nurses can play a significant role supporting young people with mental health risks (Bulmer and Webster, 2016, p.294; White, 2018, p.515).

AR focuses on “knowledge of practice for personal and social wellbeing” (McNiff, 2016, p.26). It promotes change, improves practice, and is a continual process. This reflects the author’s perspective that clients are equal participants in research which must focus on their needs (Day, 2004, p.162; Day, 2016, p.94). Adolescents are ‘not doing as well as they could; with high mortality, morbidity and inequality’ (Department of Health (DH), 2013, p.3). To make a difference to their wellbeing, children and young people must be central to the research process. Through collaborative practice, clients are empowered to create their ‘own knowledge bases’ to tackle barriers faced in their lives (Hersh, 2014, p.125). The ‘knowledge base’ provides young people with tools to make choices which will improve their life chances.

AR creates a spiral: planning, acting, observing, reflecting (McNiff, 2013, p.56; Maltby et al, 2010, p.163). The author’s practice stimulated investigation and practice refinement throughout the author’s clinical and academic career, instigating ongoing action reflection cycles. AR reflects the author’s belief that clients are equal collaborators in service improvement within practice-based settings, reflecting the values required to deliver high quality service.

Practice generates research and reflection on its impact (Day, 2004, p.162). This means leading and delivering practice innovation.

The CA begins the reflective narrative with sex education, resulting in three papers (Day and Lane, 1999; Day, 2000; Lane and Day, 2001). The research led to adopting sexual health education and clinical practices in one third of English secondary schools (Emmerson, 2008). Reflecting on these programmes developed by the author, it became evident from talking to young people about their sexual behaviour that risk taking was due to emotional and psychological issues. This prompted evaluating correlations between young people’s sexual health and mental health.

Three key mental health areas were considered, because existing evidence showed these make the greatest impact on improving mental health outcomes (Petersen, 1995b p.21; National Institute for Mental Health in England, 2008; DfES, 2003, p.39).

Improving decision-making skills for young people (Day, Murphy and Cooke, 1999; Day, 2004). Researchers used the author’s development of the Traffic Light programme to justify and develop initiatives to support young people with challenging mental health issues (Tunnard, Ryan and Kurtz, 2005, p.65; Nott, Chapparo and Heard, 2008, p.670).

Targeted mental health interventions. Some students presented with specific complex mental health needs. The author used AR to trial targeted school-based interventions. Research demonstrated CBT as a preventative mental health strategy, not simply to treat diagnosed disorders. It also led to disseminating MI as a therapeutic communication tool underpinning all consultations (Day, 2009; Day, 2016).

Supporting whole families in improving their mental health. Action researching parenting programmes led to disseminating a modification of the Webster-Stratton 'Incredible Years' (1991) parenting programme into mainstream practice. "Coping with our kids" (Day, 2005) developed practical group-based sessions for school nurses to disseminate to parents. This made the programme universal, accessible, and deliverable by community practitioners through group work (Day, 2008). This addressed limitations of parenting programmes, criticised for not considering group dynamics and processes, as a force for personal change, growth, and development (Trevithick, 2012, p.101).

The author recognised MI as a key tool for mental health interventions. It involves consultation based on empowerment, collaboration, and equality, encompassing the values and philosophy of public health nursing (Shinitzky and Kub, 2001, p.181). It has universal application to therapeutic communication with clients. Traditional consultations focussed on experts giving advice and making decisions. Psychological approaches to behaviour change are effective in lifestyle related issues but must be taught and practised (Miller and Rollnick, 2013, p.384). As a university lecturer and researcher, the author promoted MI as a tool to be taught to all community practice nursing students (Day *et al.*, 2018). This action research resulted in the MI programme becoming part of the integrated curriculum for university students across health and social care disciplines. MI principles were integrated into the daily practice of school nurses and fourteen other practitioner groups. Research is on-going to understand how MI shifts the power balance from practitioner to client.

1.3 A brief history of school nursing

School nursing emerged from concerns about recruits' fitness in the Boer War (1899-1902) (Kelsey, 2002). School nurse numbers increased to improve school children's health. School life provided opportunities to ensure healthy development and is still recognised today (Public Health England (PHE), 2021a).

Before 1990, school nursing focussed on medical inspections and treating head lice, coughs, colds, and verrucae (Hall, 1989). School nurses weighed, measured, and tested vision and hearing. Elements survive in screening work today. General child health improvements by the 1990s negated

routine medical inspections. School nursing needed to adopt a holistic emphasis on children and young people' evolving needs (Hall and Elliman, 2006, p.86).

School nursing now represents health in schools (Court Report, 1976, pp.147-148). School nurses are children's service leaders. School nursing was formally recognised when Specialist Community Public Health Nursing became a separate part of the Nursing Register (UK Statutory Instruments, 2004). They are vital advocates for promoting children's health, enabling children to achieve their potential in school. National Institute for Health and Care Excellence (NICE) guidelines require primary schools adopting "a 'whole school' approach to children's social and emotional wellbeing" (NICE, 2008, p.8) and secondary schools implementing "an organisation-wide approach to promoting the social and emotional wellbeing of young people" (NICE, 2009, p.9).

Modern world pressures cause stress for children and young people, affecting wellbeing. This includes sex education and mental health. Emerging needs were not adequately addressed by the school nursing service. Reshaping the role to make a difference to sexual health promotion and emotional wellbeing has become the focus of the author's work (Wright and Thurtle, 2008, p.133-149).

Chapter 2: Research methodology

2.1 Action Research

The author's research emerged from wanting to improve practice through understanding the underpinning evidence and philosophy. The main driving force for undertaking the research was the urgent need to make critical improvements to school nursing practice. Some of the published papers do not explicitly identify themselves as following AR. They are, however, underpinned by action research. In the early years of research, the author did not have the opportunity to reflect on what methodology was being used. The identification of the method as being AR has only emerged due to the author's reflection on the work undertaken.

AR was selected because it reflects the author's practitioner/researcher identity and conviction that public health nurses must base interventions on social justice, collaboration, early intervention, and prevention. This dovetails with AR values (McNiff, 2013, p.28). Power sharing in AR is explicit, aligning with commitment to equity in public health (Littman et al, 2020, p.277). Within this paradigm practice generates research.

AR requires ontological and epistemological thinking.

Ontology is how we view ourselves. AR reflects beliefs in partners as co-creators of knowledge, embracing diversity and differing values. It reflects attitudes of compassion, acceptance, and commitment to learning from others. It is being proactive, acting for social benefit (McNiff, 2017, p.49). The author embraces this philosophy and commits to reducing health inequalities; demonstrated through work in sexual and mental health (Lane and Day, 2001; Day, 2004). The author has witnessed circumstances affecting children's and young people's futures and strived to prevent negative outcomes.

Epistemology is studying what we know and how we know it. Action researchers view knowledge as "something they do, a living process" (McNiff, 2013, p.29). Knowledge is dynamic, generated by people from their experiences. This means understanding experiences to gain new experiences, resulting in practice evolving to meet participants' needs. Maintaining momentum in AR involves being person-centred and adapting to ensure shared decision making (Radbron et al, 2021, p.18).

Some research methodologies are inappropriate to the author's work or synthesis of research with practice. Several involve academically observing individuals and groups. Examples of these types of study include phenomenology, which involves observing how participants understand their environment, and ethnography, which is an observational study of society. These do not align with the author's work, which is based on interventions in practice, not on observation.

Cohort and case-control studies, e.g., randomised control trials, were inappropriate because school nursing requires interventions to be universal (PHE, 2021a).

Grounded theory generates a theory of a phenomenon, 'grounded' in analysis of, and immersion in, data to identify codes and themes (Charmaz, 2006). It requires researchers to be immersed in practice (Maltby et al, 2010, p.54) but remain detached from those under observation. It lacks AR's commitment to the philosophy that clients are co-producers and equal collaborators in research.

As a practitioner/researcher, the author constantly reflects whether their practice can provide greater health benefits (McNiff, 2013, p.92). The author's research focusses on improving practice through innovation. The author's practice is dynamic, focussing on health promotion and service improvement. AR is practitioner research (McNiff, 2013, p.23), learning through action, reflection, and discovering from past/current practice to improve future practice (Anderson and Herr, 2009, p.155; McNiff, 2013, p.36).

Kurt Lewin developed an AR theory as a spiral of steps: planning, acting, observing, and reflecting (McNiff, 2013, p.56) which together form its taxonomy. The cycle was enhanced to show ongoing action-reflection cycles (McNiff, 2013, p.56).

The cycle shows synergy between action and research. Researchers are both actor and observer/reflector on the action's impact. Applying these cycles focusses on looking, thinking, and acting through the lens of participants (Stringer, 2007, p.8-9). Each cycle triggers subsequent cycles (Maltby et al, 2010, p.164).

AR is underpinned by autonomy, independent thinking, and accountability (McNiff, 2016). AR's essence is collaboration with others to improve practice (McNiff, 2016, p.72). Partnership working is integral to the author's research, involving collaboration with school students as well as other agencies that support young people in schools. These include teachers, school support staff, parents, mental health nurses, youth workers, GPs and doctors working in sexual health, and school nurse colleagues (Lane and Day, 2001).

Reflective practice is integral to AR (McNiff, 2013, p.23). Practitioners must step away from their immediate work, thinking systematically about what they are doing and why. Schon's (1983) reflection on action helps practitioners make sense of "confusing messes incapable of technical solution, allowing them to be understood and the complexity of different opinions and judgements to be embraced" (Schon, 1983. p.42).

The action reflection cycle model underpins the author's practice and research. AR generates knowledge in action, for action (McNiff, 2017, p.217).

Evaluation needs to show improvement in an identified criterion. This could be quantitative, e.g., improved services and measurable outcomes, or qualitative, e.g., awareness, understanding, education or empowerment. AR has historically been strongly associated with qualitative research (Marti, 2015) and is reflected in the “emphasis of AR on “hearing voices” of participants” (Marti, 2015). However, there is still a requirement for the action researcher to measure the impact of action in numeric terms. Qualitative data show “how values can be lived out in practice” (McNiff, 2013, p.109), providing richer pictures of the meaning of improvement.

However, AR has limitations (Livingston and Perkins, 2017, p.63). Insider bias impacts researchers embedded within the practices being researched. Bias results from researchers’ emotional and professional investment in the intervention’s success. Researchers risk seeing and promoting positive aspects of interventions but ignoring or belittling negative aspects. Action researchers must be aware of this and should begin with critical self-examination (Chandler and Torbert, 2003). The author used reflective practice and clinical supervision, which are embedded in the Code of Conduct for nurses (NMC, 2018, p.10). Researchers aware of their core values are likely to recognise potential bias in interpreting results. This enhances understanding of influences on health (Hufford, 1996), and heightens commitment to acting for social change (McNiff, 2017, p.28).

The author’s practice generates research and publications; beginning by reflecting on what happens in practice. Where research leads to innovations in practice, it is critical these become widely adopted.

The author’s practice evolved to align with AR principles. Consequently, the author concentrates on children’s and young people’s expressed needs, not those identified by health professionals, e.g., height and weight measurement (OHID, 2022). This involves remaining close to children and young people in their environment. The author runs a drop-in service for teenagers with emotional issues in a secondary school, spending time listening to young people’s stories and reflecting these experiences back to them, while also delivering health promotion in classrooms and teaching sex education.

AR requires focus on one aspect of the whole (McNiff, 2013, p.92). This aligns with complexity theory which sees a part as encompassing the whole. Engagement with a section of the project facilitates deep understanding which can be transferred to other areas (Mackewn, 2013, p.621).

In sexual health, the author initially targeted the high levels of UK teenage pregnancies (Social Exclusion Unit, 1999). This started with improving sex education in schools, progressing to develop sexual health services to meet teenagers’ needs. In mental health promotion, the author began with a framework of working in schools, improving young peoples’ emotional literacy and problem-

solving skills. This evolved by incorporating specialist therapies in classroom based mental health programmes. The author's mental health practice led to an interest in using therapeutic communication to underpin practice. Training in MI enabled development of a universal approach to consultations with families.

Addressing health problems reinforces the author's belief that these result from inequalities in resources and life opportunities. Poverty is the major determinant of unplanned teenage pregnancy. Deprivation and lack of opportunity leads to generational cycles of ill health (Marmot, 2010, p.37).

AR has strong ethical foundations (Zeni, 2009, p.257; McNiff, 2013, p.25). In nursing it requires adherence to professional standards of prevention of harm, maintaining confidentiality, informed consent, honesty, integrity, and participants' right to withdraw (McNiff, 2016, p.93).

Commitment to participatory research and learning from others is fundamental, leading to "morally informed action" (McNiff, 2013, p.113). The author's research findings are rooted in young people's responses to learning opportunities in health programmes. Without their participation there can be no research outcomes and, therefore, no service improvement. Involving clients as equal partners is core to the author's practice and beliefs as a public health nurse.

2.2 Ethical Considerations

The main client group for school nurses is school age children. All but one publication involves AR with school aged children. Ethical considerations are central to planning and seeking agreement for research. Safeguarding and consent must be addressed. It is critical to demonstrate that research will not risk harm to children, and their potential health benefit is the primary research aim. Where programmes were part of the statutory curriculum, teachers, 'in loco parentis', provided consent. Where external agencies commissioned research (Day, Murphy and Cooke, 1999), individual parental consent was required. Work with school aged children requires robust ethical frameworks due to participant age. Both school and NHS clinical governance standards must be fulfilled (Felzmann, 2009; DH, 1998).

Health promotion in schools must be authorised by senior teachers, school governors and the school nursing service. For each project, preparing and implementing research followed the four principles of biomedical ethics: non-maleficence, beneficence, autonomy, and justice (Beauchamp and Childress, 2001). These principles underpin the Nursing and Midwifery Council (NMC) Code of Conduct (NMC, 2018).

Non-maleficence requires no harm to patients or clients. This means considering whether service delivery takes account of all client group characteristics, allowing for vulnerability, disability, lack of understanding, and ensuring client needs are not ignored or negated by delivery. Benefits must

outweigh risks to all clients by ensuring evidence-based delivery. In sex education, 'Fraser guidance' requires practitioners ensure young people understand advice given and advise them to seek support from parents and guardians (Faculty of Sexual and Reproductive Healthcare (FSRH), 2007, p.27). The impact of not providing contraception or treatment on their physical and mental health must be considered (FSRH, 2007, p.27). Evidence for what works in preventing teenage pregnancy was reviewed to ensure proposed practice was safe (NHS CRD, 1997).

Beneficence is doing good to others. Researchers must demonstrate that delivery will provide positive benefits, not just no harm risk, to client groups. For instance, in developing sex education initiatives, the research plan ensures NICE guidelines, which state that good sex education and access to local services protect young people from risk to their sexual health, are followed (NHS CRD, 1997, p.9).

Autonomy recognises clients' rights to make rational informed decisions for themselves. In research, clients must be sufficiently informed about the proposed service to allow them to decide to be involved. With school children, teachers, 'in loco parentis', make informed decisions on pupils' behalf. This applied to delivering whole class sessions, but young people were given the choice about whether to access services. 'Loco parentis' consent has practical limitations, although teachers have agreed to the research, the children have not necessarily bought into the programme, so could be reluctant to engage. This requires additional effort by practitioners to listen to pupils' concerns and negotiate mutual approaches.

Justice requires researchers be fair and equitable in treating clients. Researchers must identify positive health outcomes benefitting disadvantaged client groups. This is true of the author's research.

Ethical considerations varied according to type of project undertaken:

For health promotion projects (Day and Lane, 1999; Day, 2009; Day, 2016), senior teachers responsible for Personal, Social and Health Education (PSHE) reviewed proposals. The teacher responsible had to be present during each session involving pupils.

A proposal to deliver a new service (Lane and Day, 2001) required several approval layers. Sheffield School Nursing service and Sheffield Health Authority Family Planning service confirmed their support. School Governors, Head Teachers, Parent Governors, and senior teachers responsible for PSHE provided formal ratification.

Formally funded research projects required formal Sheffield District NHS ethical approval, demonstrating adherence to patient safety, data protection, consent protocols, and safeguarding (Day, Murphy and Cooke, 1999; Day, 2004; Day, 2005).

The final publication (Day *et al.* 2018) was based on research undertaken in SHU, requiring university ethics committee approval.

2.3 Conclusion

Following rigorous ethical approval procedures for each research programme, the author became proficient in planning and executing ethical frameworks for future research which streamlined this aspect of the work. This was shown in the ethical agreement for research into using CBT in classrooms to strengthen emotional wellbeing (Day, 2009, p.131). The aim has been to shape services around children and young people's needs, ensuring they are equal participants in care.

Chapter 3: Key themes in evolving practice

Reflection on the author's evolving practice has identified four key themes.

3.1 A spirit of inquiry

This is central to the work of the author, who is inquisitive, avoiding accepting the status quo in work environments. The author seeks to understand evidence for current practice (McNiff, 2016, pp.54-55). This often identifies no underlying evidence, or evolving circumstances means that evidence is no longer valid or relevant.

Initially, the author's role involved health assessments on reception aged children, eye tests, hearing tests and assisting community paediatricians with medical examinations. Preventative elements of school nursing comprised classroom health promotion lessons.

The school nursing workforce lacked a range of skills and qualifications. Routine work could not be delegated, absorbing school nurse time. School nurse activity was not focussed on meeting families' real health needs. There was little opportunity for autonomous practice (Baptiste, 2005, p.400). Emerging government policy focus on health inequalities, and their impact on population health, provided a new context for preventing ill health (DH, 1999a). Key government policy, e.g., 'Making a Difference' highlighted school nurses as leaders in public health to help in the reduction of inequalities and social exclusion (DH, 1999b, p.62). This supported the author's work in transforming the role.

The author reflected on school nursing practice. Routine work did not justify qualified nurse input as this could be performed by support staff (Hall, 1989). The author and a colleague presented this model at managers' meetings and asked teachers, parents, and young people what they wanted from school nursing (Day and Lane, 1999, p.260; Day, 2000, p.40). Early innovations in practice were recognised by a report for Sheffield Primary Care trusts, which identified an inappropriate skill mix (Michie, 1999, p.12). While routine screening work did not require senior school nursing staff involvement, public health and development work required higher expertise and skill. The report recommended changes to school nursing structure (Michie, 1999, p.12). The author's research, and practice, helped transform school nursing in Sheffield to effectively meet families' needs. This included: changing the approach to sex education (Day and Lane, 1999, p.260), delivering a problem-solving programme (Day, Murphy and Cooke, 1999), parenting programme (Day, 2005), and several mental health initiatives (Day, 2009; Day, 2016).

3.2 Adopting a public health philosophy focused on meeting needs.

Undertaking the Specialist Community Public Health Nursing (SCPHN) Bachelor of Medical Science (BMedSci) degree proved pivotal. Awareness of public health principles transformed the author's practice. Reflecting on children and young people's real needs brought awareness that school nursing was not addressing them. Health problems like malnutrition and infectious diseases had dwindled (While and Barriball, 1993, p.1205), replaced with lifestyle related health challenges. Forty years ago, evidence existed on drug and solvent abuse (Diamond *et al.* 1988), alcohol abuse (Plant, Peck and Samuel, 1985), smoking (Dobbs and Marsh, 1985), teenage pregnancies (Royal College of Obstetricians and Gynaecologists, 1991), and suicide (Hawton, 1982) amongst young people. School nursing required radical changes to tackle risks to young people's health. The author committed to transformational practice through prevention, early intervention, and health promotion. The research publications in this CA demonstrate this. The author considers the core of school nursing to be health promotion to improve population health based on children and young people's needs.

3.3 Teaching others

The author educates two distinct groups: school age children and health practitioners. Experience in practice with children-initiated evidence-based health promotion programmes (Day, 1999; Lane and Day, 2001; Day, 2009). The author's publications demonstrate that the starting point for these health programmes is delivering sex education to school children in classrooms (Day and Lane, 1999). As a lecturer on the SCPHN degree course the author is motivated to teach current and aspiring practitioners, and their supervisors, about the school nurse's transformative role. The author considers the quality of their teaching to university students is validated by being rooted in practical experience and underpinned by related research and theoretical frameworks, e.g., Beck's cognitive model (Beck, 1967). The author received six Faculty and three University Inspirational Teaching Awards and is the first nursing lecturer to achieve the Vice Chancellor's Award for the author's teaching. The author's teaching has influenced many school nurse graduates to improve practice across West and South Yorkshire, Humberside, Lincolnshire, and East Midlands. This was validated in a research study (Day *et al.* 2018).

3.4 Research and publications

The author's research and publications originated in practice, and stem from focussing on meeting health needs, examining evidence, and delivering innovation in practice. The author aims to contribute to transforming school nursing and commits to ensuring their work record persists through publication. School nursing lacks published research. Existing research focusses on

individual service activities, rather than the scope and range of school nurse practice. Studies of practice tend to be published within a narrow range of professional journals. Keyword searching uncovers published work on children's health rather than on school nurse practice itself (Debell and Tomkins, 2006, p.5). This gap has been addressed by disseminating the author's research.

Chapter 4: Sex education

4.1 Impact

These publications (Day and Lane, 1999; Day, 2000, Lane and Day, 2001) were ground-breaking for school nursing, leading to sexual health education and clinical practices becoming adopted within one third of English secondary schools (Emmerson, 2008). The impact has been to:

- Recognise the leading role school nurses can play in delivering Sex and Relationship Education (SRE) in schools,
- Acceptance that school nurses can extend their practice to ground-breaking work, e.g., dispensing emergency contraception,
- Show traditional perceptions of school nursing are obsolete.

4.2 Article: Sex education: lessons to be learnt from going Dutch (Day and Lane, 1999)

4.2.1 Analysing the author's role

This began with delivering sex education in secondary schools. Public health nursing requires an understanding of population health through epidemiology, enabling practitioners to target health needs. Adopting an epidemiological approach to public health nursing involves examining data relevant to population health. The author worked in schools with high teenage pregnancy rates. This impacts outcomes for teenagers and their babies. Most leave school without qualifications, and employment options are limited. The disadvantage spiral often repeats for their children (Cook and Cameron, 2020, p.311).

The author realised traditional sex education did not meet young people's needs. Those attending school drop-ins reported risky behaviour and unawareness of their options. UK sex education was found to be ad-hoc and inadequate (Nathan, 1993; Hudson and West 1996; Formby et al, 2010, p.426). The author identified a need to learn a more effective educational delivery from other countries (Reinders and Doordjuijn, 1996; Kirby, 2002).

4.2.2 Research Outcomes

AR involves examining data and considering improvements. The author and a school nursing colleague investigated the Dutch model for sex education, aiming to facilitate changes to improve young people's outcomes. They visited the Netherlands through a travel scholarship. Findings were incorporated in a secondary school SRE programme and published (Day and Lane, 1999). The research identified the Dutch emphasis on negotiating skills, self-esteem and assertiveness, and the need for on-going research into young peoples' knowledge of, and attitudes to, sex. The immediate impact was incorporating interactive discussion in sex education lessons. Rather than focussing on

contraception methods, the aim was helping young people explore their feelings within relationships. This approach only provided half the solution. The author's subsequent research showed the need to supplement education with practical support.

Adopting the Dutch SRE model is justified by evidence that it is effective. In 1999, the UK teenage birth rate (30 per 1000) was six times the Dutch rate (Day and Lane, 1999, p.259). The Dutch model was based on detailed research; there had been two national studies in the previous eight years, with four-yearly iterations planned (Day and Lane, 1999, p.260). The Dutch programme emphasises a spiral curriculum with topics revisited to reinforce learning; introducing concepts from an early age; and teaching communication and negotiating skills (Reinders and Doordjuijn, 1996).

4.2.3 Professional Impact

Support for school nurses in delivering SRE has been obtained from their collaborative work in co-ordinating programmes (Day and Lane, 1999; Moyses, 2009; Jones, 2008). This is cited in analysis of health promotion by school nurses across the UK (Moyse, 2009, p.331).

The author's research is cited in a literature review of SRE provision for young people outlining "a school health nurse-led, evidence-based practice intervention" (Jones, 2008, pp.35-40). Jones (2008) cites the author as demonstrating the contrast between SRE in the UK and the Netherlands, where the Dutch approach allows educators to offer confidential advice without fear of censure (Jones, 2008, p.37). Jones (2008) considers the UK approach: allowing parents to withdraw children from SRE to be "ethically questionable" (p.37). Jones (2008) uses the author's research to argue school nurses have a "significant role in enabling multidisciplinary collaborative working" (p.38).

4.3 Article: School nurses and contraception (Day, 2000)

4.3.1 Analysing the author's role: Initial research

In addition to school nursing, the author is a sexual health practitioner and understands how sexual health service provision can be more accessible to young people by providing services within their local community, e.g., school. Young people encountered in SRE lessons did not access existing centralised services, demanding accessible sexual health services (Day, 2000, p.40). AR involved delivering an intervention and monitoring young people's reactions. It prompted further research, demonstrating local access to services was necessary for young people to have healthy relationships (Lane and Day, 2001).

4.3.2 Research Outcomes

Empowering young people by providing local services to encourage greater uptake was critical. The author's research (Day, 2000) showed sexual health programmes were more effective in increasing contraception use when combining education with access to contraception (Day, 2000, p.39). This conclusion was supported by other researchers' findings (Fullerton *et al.* 1997, p.103). The author advocated for school nurses to be able to dispense emergency contraception.

4.3.3 Professional Impact

This proposal led to developing a school based contraceptive service, the subject of the author's next research publication (Lane and Day, 2001).

4.4 Article: Setting up a sexual health clinic in a school (Lane and Day, 2001)

4.4.1 Analysing the author's role: Implementation

This step was innovative for young people's sexual health services. Funding was obtained to establish the first sexual health service in a youth club called 'Spires' on a school site.

4.4.2 Research Outcomes

This publication describes the drop-in clinic (Lane and Day, 2001). The clinic's rationale reiterates a model offering young people choices about their sexual health, and local access to services (Lane and Day, 2001). A male youth worker provided a positive role model for young men, using an informal approach. On average, thirty students accessed the service weekly.

This new collaborative venture with the youth service involved consultation with young people, parents, teachers, governors, sexual health services, and GPs. Robust clinical supervision by the family planning service guarded against insider bias influencing outcomes.

4.4.3 Professional Impact

Lady Tumim, TPIAG chair, visited the clinic, highlighting it as a model of excellent practice. She complemented the "safe and welcoming environment", stating "the success of the project is also due to your exemplary multi-agency approach to the work" (Tumim, 2000). TPIAG continued to highlight the importance of such clinics, welcoming increased onsite health advisory services in schools and colleges "which we know young people like and use" (TPIAG, 2008). The clinic featured on BBC television (*Watchdog Healthcheck*, 2001) and in the USA (*ABC News*, 2001).

A drop-in clinic was established in a youth club at an Ipswich school (Richardson-Todd, 2006). This was a similar model to 'Spires' in Sheffield (Lane and Day, 2001), which is cited by Richardson-Todd as evidence young people need skills to make decisions about their sexual health and access to

services when they need them (2006, p.43). The Ipswich clinic expanded to include a wider multi-agency team including Connexions worker, health visitor, counsellor, drug and alcohol worker, youth worker and police officer. However, the purpose to improve sexual health in teenagers remains the same and the services offered mirror 'Spires'.

A wider review of strategies for linking child health and education, and challenges for schools in improving their students' health (Healey, 2004), used the author's research as an example of promoting health by "making school nurses available for families, advice on healthy eating, sexual health, contraception and mental health" (Healey, 2004, p.5).

This practice model in young people's sexual health services has been widely disseminated. Since the author's article was published (Lane and Day, 2001), school nurses delivering emergency contraception became an accepted norm. Periodic position statements by the Royal College of Nursing (RCN, 2018) endorse the practice. NICE (2007) includes school clinics in its network for vulnerable young people who do not regularly attend primary care or community health services. Less traditional settings are needed for these young people. Education, training, employment, and youth services are important in pointing young people to sexual health services (NICE, 2007). NICE guidance has been reported in UK media (*Daily Mail*, 2008; *ITV News*, 2014).

4.5 Limitations

Formal evaluation techniques, e.g., focus groups, questionnaires, and surveys would have given a more robust underpinning to the author's research into sex education. This could involve systematically obtaining a clear picture of students' knowledge, before and after, demonstrating improvement and value of lessons.

Initially, the drop-in focussed on delivering sexual health services. It became evident young people attending benefited from a broad education in relationships, provided through group activities and discussion. Despite the success of this wider focus, the service became labelled as a Sexual Health Clinic. Much of the external focus was on this aspect, ignoring the benefits of incorporating all aspects of relationship education into this service (Formby *et al.* 2010, p.430).

4.6 Conclusion

The author's AR identified poor adolescent sexual health outcomes, resulting from teenage pregnancy, and the criticality of prevention in improving outcomes. Identical themes are apparent in recent evidence on prevention of teenage pregnancy (PHE, 2018).

SRE helps young people make healthy sexual choices (Lindberg and Maddow-Zimet, 2012).

Unplanned teenage pregnancy is associated with receiving sexual knowledge from sources outside school (Wellings *et al.* 2013, p.1811). Renewed emphasis on SRE quality raised the profile within

school curriculums (Hadley, Ingham and Chandra-Mouli, 2016, p.5). NICE guidance identified its role in improving public health through reducing sexually transmitted infections (STIs) and unplanned pregnancies, promoting healthier relationships by teaching young people how to identify abusive behaviour, and educating young people about their rights in relationships (POSTnote, 2018). In 2020, relationships and sex education became statutory in English secondary schools, and relationships education in English primary schools (Department for Education, 2019). This is a major step forward in raising SRE's profile in schools, endorsing the author's practice, and that of many other school nurses.

The Teenage Pregnancy Strategy's success demonstrated what works (Social Exclusion Unit, 1999, pp.68-89). Over 10 years, teenage conceptions fell by 13%, preventing 42,000 unwanted conceptions (ONS, 2020). SRE and local access to contraceptive services mitigates poverty's impact, which is still a major factor in teenage pregnancies. Half of teenage conceptions occur in the 20% most deprived wards (Frances, 2011). Gains are still being made in teenage sexual health despite government cuts. This is unlikely to continue without extra funding.

The value of linking sex education to sexual health services remains evident in national policy. The Health Development Agency emphasises that SRE combined with contraceptive services delays sexual activity, preventing teenage pregnancy (HDA, 2004, p.1). Government guidance states that education and school based sexual health services reduces STIs and teenage pregnancies (DfES, 2007a and 2007b). A pilot showed high uptake and acceptability, particularly for young men (Salmon and Ingram, 2008, p.21). School based sexual health services normalise and respect young people's sexual identity, enhancing choice and decision making, which protect sexual health (Formby *et al.* 2010, p.424). School based contraceptive services are recommended as key for teenage sexual health (NICE, 2014).

Provision remains patchy due to lack of funding and demands on the school nursing workforce (Formby *et al.* 2010, pp.426-427). A survey of English secondary schools revealed a quarter to a third had established school based sexual health services (Emmerson, 2008). Sexual health services covered a range of institutions, but with wide local and regional variations in distribution (Emmerson, 2008).

Accessibility influences young people attending sexual health clinics (Goodman *et al.* 2007). Teenagers living in poverty are more likely to attend local, community based sexual health services than centralised mainstream services (Olsen *et al.* 2012, p.443). The author experienced this when working in disadvantaged communities. Suggestions to travel to city centre services attracted derision (Lane and Day, 2001). Poverty is a major determinant of teenage pregnancy, so services

should be situated in deprived communities (Jerome, Hicks and Herron-Marx, 2009, p.355). Young people's choices are also determined by service quality, comfortable environments, and ability to meet their needs (Hogben *et al.* 2004, pp.916-917). These principles were embedded in the interventions the author delivered. This work addresses the first three objectives: addressing health inequalities; preventative and sustainable mainstream initiatives; and collaborative community work.

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Chapter 5: Mental health: improving decision-making skills

5.1 Impact

AR into improving decision-making skills led to the author's work on 'Stop, Think, Do' (Day, Murphy and Cooke, 1999; Day, 2004) becoming the model for a protective mental health strategy, enhancing young peoples' resilience and coping capacity.

5.2 Article: Traffic light lessons: problem solving skills with adolescents (Day, Murphy and Cooke, 1999)

5.2.1 Analysing the author's role

In line with Sherwin (2019), the author recognised the importance of school nurses' potential to impact on young people's mental health. Lack of feelings of control, self-efficacy, decision-making skills, and confidence were recurrent themes (Day, 2004, p.160) also identified in AR into developing primary school children's emotional literacy (Day, 2002). The need for emotional language was demonstrated by children finding difficulty articulating their feelings, leading to externalising behaviour (Day, 2002, p.22; Humphrey et al, 2010, p.514). This resulted in research by the author and a colleague into reducing young male suicide (Day, Murphy and Cooke, 1999, p.322). In the 1990s, mental health issues had less attention than today and were not a government policy priority (DH, 1999a). Young men were reluctant to approach mental health services and express their feelings. Recent campaigns like 'Time to change' (2021) highlight mental health discrimination. Royal family members and celebrities have openly discussed men's mental health, e.g. *A Royal Team Talk: Tackling Mental Health* (2019).

5.2.2 Research Outcomes

The research project, a collaborative project between school nursing and Child and Adolescent Mental Health Services (CAMHS), aimed to strengthen young people's decision-making skills (Day, Murphy and Cooke, 1999). The author and a colleague won a travel scholarship to Australia to observe a clinical psychologist's work, identified as blueprint for a potential programme in UK schools (Petersen, 1995a). Results were published in 'Traffic light lessons: problem solving skills with adolescents' (Day, Murphy and Cooke, 1999). A four-week programme was designed to teach young people decision-making skills (Day, Murphy and Cooke, 1999). This was based on known issues facing young people, e.g., bullying, family relationships, peer pressure, smoking, and alcohol. The programme employed various techniques, including games, quizzes, role plays, group work and classroom discussions to engage participants. Young people enjoyed these activities. Using traffic lights to match the problem-solving framework proved popular.

Evaluation comprised two elements:

- Pupil-centred outcomes mapped changes in attitudes towards problem-solving. This showed “statistically significant changes in attitude” which evidenced greater sense of ownership in approaching problem solving (Day, Murphy and Cooke, 1999, p.323).
- Systematic reflection considered: teaching aids; teaching strategies; problem-solving framework in other school settings; multi-professional working; and course duration.

Most criteria outcomes were positive but recommended an increased duration from the four sessions possible in this project. This is necessary to fully acquire problem-solving skills (Day, Murphy and Cooke, 1999, p.324). A clinical psychologist supervised programme delivery, challenging researcher’s potential insider-bias in the evaluation.

5.3 Article: Is teaching problem solving to young people a way of preventing teenage suicide? (Day, 2004)

Following the AR iterative spiral of steps (McNiff, 2013, p.56), the author revisited the 1999 research in a follow up article (Day, 2004).

5.3.1 Research Outcomes

This involved systematically investigating effectiveness of the ‘Stop, Think, Do’ programme (Day, Murphy and Cooke, 1999) in teaching coping mechanisms. The article described the AR principles followed (Day, 2004, pp.162-163) focussing on problem solving and improvement, using a questioning and participatory approach (Meyer, 1993; Carr and Kemmis, 1986). The investigation showed the project’s evolution since 1999. It followed the AR cycle to adapt to lessons learnt, e.g., lowering age of participation. Programme evaluation attempted quantitative (measuring locus of control) and qualitative (questionnaires, diaries) assessments. Quantitative measures showed limited changes in locus of control, probably due to short programme duration. Qualitative findings provided more material to assess the programme’s value, demonstrating how children use the programme to develop strategies to cope with bullying and their relationships with others (Day, 2004, p.176).

The research publication considered whether the programme should target a few children or offer a universal programme, suggesting further research to identify those children who would gain most from the programme. Results from initial questionnaires could be used to “identify those whose externalisation exceeded the mean plus one standard deviation, and then do a concentrated programme with them” (Day, 2004, p.175). This approach might have implications for who should deliver such targeted interventions, as school nurses and classroom teachers must focus on whole school populations.

5.3.2 Professional Impact

The author disseminated outcomes through publications (Day, Murphy and Cooke, 1999; Day, 2004), attending the International School Nurses' conference Cardiff 2000, and educating Sheffield school nurses. As a university lecturer, the author trains Sheffield school nurse practitioners to use the programme in the trust's Pathways of Care. The author received Health Action Zone, Sheffield Southeast Primary Care Trust (PCT) funding for disseminating 'Stop, Think, Do' which has become a core offering within school nursing in Sheffield as one of the care pathways (0-19 Sheffield Service, 2019).

Other researchers have used the Traffic Light programme to justify and develop initiatives to support young people with challenging mental health issues.

A study into mental health provision for young offenders highlighted traffic light lessons as an effective intervention (Tunnard, Ryan and Kurtz, 2005, p.65). Problem-solving skills training shows evidence of reducing antisocial behaviour and mental health problems (Tunnard, Ryan and Kurtz, 2005, p.62). The programme, 'Stop, think, act, reflect' focusses on reducing offending behaviour, substance misuse and violence (Tunnard, Ryan and Kurtz, 2005, p.45). 'Stop Think Do' (Day, Murphy and Cooke, 1999) has been used to teach young people skills they lack, including communication, relationships, and self-awareness (Tunnard, Ryan and Kurtz, 2005, p.65). The positive impact of this is demonstrated through pre and post psychometric testing, self-report evaluation forms, attendance records, and improved literacy (Tunnard, Ryan and Kurtz, 2005, p.65).

Nott, Chapparo and Heard (2008, p.670) cite the author's research into 'Stop, Think, Do' as a basis for developing Perceive, Recall, Plan, and Perform (PRPP) Intervention which extended the programme "for use with children and adolescents with intellectual disability, self-harm tendencies, impulsivity and anger management issues" (Nott, Chapparo and Heard, 2008, p.670). PRPP was adapted into a processing strategy, 'Stop, Sense, Think, Do'. Prompts are provided to use information in decision making and task completion. Cognitive dysfunction reduced in clients with brain injuries (Fish et al. 2007, p.1326). Patients learnt to apply 'stopping, sensing/attending', 'thinking' and 'doing' strategies to everyday decisions. Confused and agitated clients in early-stage brain injury showed marked improvement in cognitive function (Nott, Chapparo and Heard, 2008, p.679).

Software programmes, e.g., 'eKidTools', deliver interventions for young people with disabilities who have emotional and behavioural issues (Whitby and Miller, 2009). This occurred within mainstream settings in the USA. These tools increased teachers' behaviour management skills, reducing referrals to behaviour support specialists. One chosen initiative was 'Stop, Think, Do' (Day, Murphy and

Cooke, 1999). A case study presents a student with attention deficit hyperactivity disorder. Impulsive behaviour resulted in going off track, work not completed, and aggression towards teachers. A cueing system signalled use of 'Stop, Think, Do', allowing the student to self-manage behaviour. Less angry outbursts fostered better coping strategies and trust in the teacher (Whitby and Miller, 2009, p.9). This student stated, 'This is the best behaviour programme I have ever done' (Whitby and Miller, 2009, p.10).

5.4 Limitations

Although the author's research methods effectively evaluated immediate impacts of improving decision-making skills, further study is needed to measure long-term impact on participants' decision-making skills. The research identified that girls tended to move their locus of control more towards internalisation, while boys moved theirs more towards externalisation. The author acknowledges further research is required to explore the significance of these differences. This should examine whether the differences persist over time and, if so, how to address this by tailoring the programme (Day, 2004, p.168). A comparative study of schools according to deprivation indices would provide further impact evidence.

The author was unable to pursue this line of enquiry, however, others have picked up use of 'Stop, Think, Do' as part of their research framework into this topic (Nott, Chapparo and Heard, 2008; Whitby and Miller, 2009; Tunnard, Ryan and Kurtz, 2005).

5.5 Conclusion

Mental health is a priority in children and young people's health (Longfield, 2021). Mental health services integrated within schools provide opportunity for improved mental health and educational attainment (Fazel, Hoagwood, Stephan and Ford, 2014).

When the research programme began in 1999, mental health issues were not a government policy priority (DH, 1999a). This programme represents a major shift in addressing mental health within school nursing services, changing the emphasis in school nursing to encompass mental health promotion (Day, Murphy and Cooke, 1999). In the 1990s, school nursing had started to include health promotion, adapting to evolving children and young people's needs. Incorporating mental health into the service was a significant additional aspect. This addresses objective 2, preventative and sustainable mainstream initiatives.

Approaches to tackling mental health issues in schools described in these publications, were cited as best practice examples by other researchers (Tunnard, Ryan and Kurtz, 2005; Nott, Chapparo and Heard, 2008). Despite greater recognition of the importance of young people's mental health,

medical professionals and those advocating for children argue that much more needs to be done (Longfield, 2021; Marmot et al, 2020).

Chapter 6: Mental health: targeted interventions

6.1 Impact

The author's AR on targeted mental health interventions (Day, 2009; Day, 2016) has:

- Demonstrated CBT as a preventative mental health strategy, not just treatment for diagnosed disorders,
- Disseminated MI as a therapeutic communication tool underpinning all consultations.

6.2 Article: The use of CBT to strengthen emotional wellbeing (Day, 2009)

6.2.1 Analysing the author's role

Universal approaches to mental health promotion have most impact when combined with targeted interventions. This meets the needs of children and young people with severe disorders (Weare and Nind, 2011, p.64). Successful mental health promotion programmes depend on children and teenagers engaging (O'Reilly *et al.* 2018, p.660), and taking account of their expressed needs (Hall and Elliman, 2006, p.27). The researcher values their involvement throughout the process and supports them in articulating their needs (Coughlin, 2018, p.144).

6.2.2 Research Outcomes

In children's mental health promotion, nurses are key to identifying initial issues and early intervention (Silva *et al.* 2020). Holistic care delivered by school nurses encompasses psychological and physical needs and promotes mental health through psychoeducation within a safe environment. Promotion of resilience, problem solving skills, and healthy relationships, is effective (Day, 2009, p.132). The author's article reviewed CBT's effectiveness in treating mental health disorders, considering its potential utilisation to strengthen young people's emotional wellbeing in school classrooms. There was no prior evidence for CBT's effectiveness in classrooms, so the author's approach was experimental (Day, 2009, p.131).

The author conducted two lessons with teenagers, exploring how they could identify signs of, and take steps to prevent, low mood and anxiety using CBT principles. The author concluded that CBT lessons showed positive results in terms of acquired knowledge. Young people found lessons "fun, enjoyable, interesting and serious" (Day, 2009, p.132). This inspired further AR into using therapeutic communication in working with young people, resulting in four research articles on using MI (Day, 2013a; Day, 2013b; Day, 2014; Day 2016). The evidence for its use is rooted in the work of clinical psychologists, across a range of lifestyle related issues affecting young people (Naar-King and Suarez, 2011).

6.2.3 Professional Impact

CBT is regarded as first choice for treating anxiety and depression, phobias, and OCD (Blenkiron, 2022; NICE, 2019), and recommended for social anxiety disorder in children and young people (NICE, 2013b). No record of harm was found at any follow up measure (Sheffield *et al.* 2006, p.76). Long term interventions, including cognitive and life skills, have lasting impact (Botvin, 1997). Learning CBT principles enabled their incorporation in a preventative mental health promotion strategy. As a result of the author's research, this has been embedded in the education of future school nurses (PHE, 2021b; Clarke et al, 2021) and in the author's work in schools.

An integrated review identified this publication among fifteen articles describing nursing interventions promoting children's mental health, demonstrating their important role in mental health education programs (Silva et al. 2020, p.1). The author's article is described as a qualitative and descriptive study providing evidence of "Early detection mental health problems of children and adolescents, encouraging them to talk more about their feelings" and encouraging emotional well-being in young people (Silva et al. 2020, p.5).

An RCN funded study into nurse-led interventions in children and young people's mental health found many different interventions being used. CBT was considered a routine and effective intervention by respondents and was recommended as a first line treatment (Turner et al, 2022). NICE endorse CBT as a universal intervention for all school children (NICE, 2022, p.10).

6.3 Article: Motivating Teen Spirit: early mental health intervention (Day, 2016)

6.3.1 Research Outcomes

This article explores examples of a practitioner combining CBT and MI strategies to alleviate early symptoms of depression or anxiety in teenagers and support them in building resilience (Day, 2016, p.94). MI techniques include listening for change talk, the subtle clues that teenagers reveal (Day, 2016, p.95). The article uses scenarios with example dialogue to show likely development and outcomes of discussions between adolescent and practitioner.

The article suggests school nurses are potentially the only health professionals able to intervene early in the growing mental health crisis amongst adolescents (Day, 2016). MI assists in engaging teenagers in strategies to strengthen their resilience (Day, 2016). The author used evidence that children and young people have experienced the fewest mental health improvements in the last 50 years, based on the Chief Medical Officer's Annual Report (DH, 2013, p.154). School nurses are

increasingly recognised as the workforce who should implement these interventions (DeBell, 2006; Haddad et al, 2010; Priyjmachuk et al, 2011; Day, 2016).

6.3.2 Professional Impact

Researchers cited the author's article as evidence that school nurses should be centrally involved in supporting young people's mental health.

Bulmer and Webster (2016) investigated how young people wanted to access school nursing services, concluding that school nurses are "instrumental in promoting the health and well-being of future generations". The author's research conclusion that school nurses have "the skills and knowledge to intervene early to address the mental health crisis" is referenced to support their assertions (Bulmer and Webster, 2016, p.294). Forkuo-Minka, Kennedy and Work (2018) explored "the importance of encouraging young people to participate in school nursing", referencing the author's research in considering why young people do not widely use school nurse resources. They cite the author's observation that challenges in getting teenagers to take care of their health "may be attributed to many young people developing a sense of identity (self-worth) and learning to cope with life issues." (Forkuo-Minka, Kennedy and Work, 2018, p.279).

Motamedi (2016) challenges the assertion that school nurses are 'best placed' to provide early mental health interventions. Motamedi agrees in principle with the author that school nurses are "increasingly relied upon to implement early interventions" (Motamedi, 2016, p.511), but is concerned about practicality of delivery given the lack of training for school nurses, insufficient staffing ratios, and attitudes of national government (Motamedi, 2016, p.512). The author's finding that "children and young people have experienced the least improvements in mental health care" (Motamedi, 2016, p.510) is used to support these concerns.

In 2018, a School and Public Health Nurses Association position statement on school nursing's potential to impact on the prevention agenda and mental health outcomes concluded that government should support the "physical and mental health of children and young people through well-resourced school nursing services" (White, 2018, p.515). The author's research is cited as evidence school nurses can "identify and support young people who are at risk of having problems with their emotional health and wellbeing", offering "emotional support and education" (White, 2018, p.515).

The author was cited as demonstrating the effectiveness of school nurse training to address mental health and emotional wellbeing among school children, this was used to justify a programme in Tower Hamlets (Abbott et al. 2019). This intervention resulted in greater understanding of families'

mental health needs, and tolerance of complex behaviours associated with emotional issues (Abbott et al. 2019, p.439).

6.4 Limitations

Further school nurse practitioner training would enable wider integration of psychological approaches into practice. The research used a classroom-based approach in school environments. It would be beneficial to expand the research by using validated tools to track detailed attitudinal changes resulting from this intervention (NHS Digital, 2017; Richardson et al, 2010). More in-depth studies would potentially provide evidence for wider dissemination of MI and CBT as health promotion tools.

6.5 Conclusion

CBT has the best evidence base for any mental health intervention due to low relapse rates (Blenkiron, 2022; NICE, 2019). Research demonstrates CBT can be delivered as an upstream mental health promotion strategy (Barrera, Torres and Munoz, 2007; Griffiths, 2012) and the publications reviewed in this chapter show this can be adopted in schools. This addresses the third objective, collaborative community work. CBT principles are used to help children recognise and combat symptoms of depression and anxiety. This approach received positive responses from students (Day, 2009, p.132). When MI is delivered in conjunction with CBT, improved effectiveness is observed (Day, 2016).

These publications were an early exploration of how these techniques could be used in schools, but the conclusions recognised further studies would confirm the long-term impact. The main impact of this research has been its use by other researchers as evidence that school nurses should play a major role in promoting mental health programmes in school environments (Bulmer and Webster, 2016; White, 2018; Abbott et al. 2019).

Chapter 7: Mental health: supporting whole families

7.1 Impact

The author's AR in parenting programmes (Day, 2005; Day, 2008):

- disseminated a modified 'Incredible Years' intervention into mainstream practice,
- provided an innovative group work-based approach,
- addressed criticisms that parenting programmes do not consider group dynamics and processes as forces for personal change, growth, and development.

7.2 Articles: 'Coping with our kids': A pilot evaluation of a parenting programme delivered by school nurses' (Day, 2005), 'Providing the best for our parents: a systematic review' (Day, 2008)

7.2.1 Analysing the author's role

Innovatively adapting mental health interventions for whole school approaches is central to the author's research. Through face-to-face contact with children, young people, and parents, the author realised the extent of mental health issues in families. Lack of resilience and coping strategies, and low self-esteem, impacted children and young people's wellbeing more than other health needs. Within an AR paradigm, action was needed (Day, 2005, p.46).

Teaching parenting skills is an important part of the author's work. Parenting strongly influences children's thinking and behaviour (Dadds *et al.* 2015, p.1312). Overly critical or controlling parenting is linked to child and adolescent depression (McLeod, Weisz and Wood, 2007, p.997). Critical parents focus on children's defects, they can be controlling and lacking emotional attachment.

Overprotective parenting risks anxiety disorders by placing restrictions on children due to fear (Rapee, Schniering and Hudson 2009, p.317). Calm, consistent parenting, emphasising problem solving and behavioural experiments, mitigates these effects (Cartwright-Hatton *et al.* 2011, p.250).

NICE recommends parenting programmes as first line interventions for conduct disorders in children aged 3-11 years (2013a, p.9). Reducing harsh, inconsistent parenting, and promoting more positive parenting is attributed to the 'Incredible Years' programme (Webster-Stratton and Reid, 2003, p.138), using a partnership approach with parents to improve parent-child relationships. Parents learn behaviour management skills, e.g., 'Rules, Rewards and Consequences' becoming involved in role modelling and problem solving. This programme shows sustainable effects on child conduct

problems (Bywater *et al.* 2009). Child conduct disorders showed sustained improvement in randomised controlled trials of the intervention (McGilloway *et al.* 2012).

7.2.2 Research Outcomes

The first article (Day, 2005), describes content, delivery, evaluation, and dissemination of a practical, simple parenting programme based on Webster-Stratton and Reid's work (2003), adapted for group work in schools (Day, 2005). It is a rare mental health preventative intervention specifically involving school nurses (Haddad, Butler and Tylee, 2010, p.2473). "Coping with our kids" developed as a brief intervention, disseminated throughout Sheffield schools (Day, 2005). This was central to a seven-year mental health promotion strategy. The author and a colleague developed the five-week course in response to the effect of mental health disorders on family life. Professor David Hall ensured outcomes were objective and statistically significant. This mitigated the potential for researchers to be swayed by emotional and professional investment in the intervention's success.

The evaluation identified that groupwork effectively helps parents improve relationships with their children in practical and meaningful ways (Day, 2005, p.57). Even after four sessions, parents moved from feeling powerless and frustrated to having hope for their future relationship (Day, 2005, p.57).

The second article, (Day, 2008), validated the groupwork approach by conducting a systematic review to identify effective parenting programmes. Research covered individual and group parenting interventions (Day, 2008, p.125). A qualitative approach measured the programme's value from parents' perspectives. The advantage of qualitative research is that it can capture parent's thoughts and feelings to "show the 'tears' that are missing from quantitative studies" (Selikoff, 1991). The research used Noblit and Hare's (1988) metasynthesis framework, which uses pattern matching between texts and searches for key metaphors (Day, 2008, p.126), concluding that the best approach depends on parents' individual needs. Some require intensive home visiting support, others benefit from group work, where a "sense of belonging can be long lasting and deeply empowering" (Day, 2008, p.132).

7.2.3 Professional Impact

"Coping with our kids" emphasises group work where parents develop commitment and motivation to strengthen their parenting skills. Children's behaviour improved with significant impact on children's wellbeing.

Parenting education had previously been the domain of clinical psychologists and behavioural support teachers, rather than school nurses. This programme showed that school nurses could

deliver parenting programmes, complementing their evolving mental health promotion with children and young people.

Researchers have identified this as an exception to the norm, citing the author's research as considering group dynamics and processes "as a force for personal change, growth and development" (Trevithick, 2012, p.101). This contrasts with most programmes designed for parents, and for children and young people presenting 'difficult' or 'challenging' behaviour which risk "being superficial in their efforts to change attitudes and behaviour" (Trevithick, 2012, p.101). Haddad, Butler and Tylee (2010, p.2473) considered this one of few examples of school-based mental health preventative and clinical interventions that specifically involve school nurses, in an article investigating "the mental health aspects of their role" (2010, p.2). Raines and Dibble cite the author, advocating "a collaborative relationship with parents/guardians to facilitate the student's maximum development" (2011, xviii) and as an example of "more mutual aid techniques, such as family, group, or pair therapies" (2011, xviii).

7.3 Limitations

For the "Coping with our kids" research, lack of a longitudinal study means long-term benefits to parents and children have not been evaluated. Citations of this research demonstrate this group work approach to parenting programmes needs further promotion to become a mainstream part of early schooling.

The main limitation of the systematic review was identifying programmes that community practitioners could deliver. Only fourteen studies were identified involving mainstream interventions, as opposed to clinical settings. This article lacks citations. It is listed amongst studies not considered due to lack of retrieval in a "systematic review of reviews" on the socioeconomic value of nursing and midwifery (Caird et al, 2010). Systematic reviews may be less relevant than the primary research content of other articles considered in this CA to other researchers.

7.4 Conclusion

The recent refocus on parenting programmes is due to increasing mental health issues in young people (Marmot et al 2020, pp.55-56). The author's research demonstrated that school nurses could deliver life-changing short parenting programmes in mainstream settings. Evaluation showed that after only four groupwork sessions the intervention was effective in helping parents improve relationships with their children (Day, 2005, p.57).

Parents considered groupwork critical in providing them with the mutual commitment and motivation to strengthen their parenting skills (Day, 2005, p.57). The importance of group dynamics in embedding parenting is recognised by other researchers, who cite this article as an example of how this approach can be effective (Haddad, Butler and Tylee, 2010; Raines and Dibble, 2011; Trevithick, 2012).

One additional advantage in school nurses delivering this initiative is that they are regarded as a non-stigmatising, universal service, there to support all children (PHE, 2021b, p.26). This may make parents more prepared to participate than if other agencies offered the programme. This addresses the third objective, collaborative community work.

Chapter 8: Motivational Interviewing: A framework for community practitioners

8.1 Impact

The author's AR into developing an MI framework for community practitioners has integrated MI principles and disciplines into daily practice of school nurses, and other health and social care practitioners. This is transformational, shifting the balance of power in consultations from practitioner to client.

8.2 Article: 'Putting new therapeutic communication skills into public health nursing practice: the student experience' (Day et al., 2018)

8.2.1 Analysing the author's role

The author identified interconnected key themes within their work, but realised an overall framework would strengthen it. This came from MI, which encompasses the values and philosophy of public health nursing (Miller and Rollnick, 2013).

The MI Framework components are:

- Spirit: the philosophy of MI, autonomy, collaboration, and evocation.
- Principles: 'roll with resistance', 'express empathy', 'develop discrepancy', 'support self-efficacy'.
- Micro skills: Open-ended questions, affirmation, reflection, summary.
- Change talk: desires, abilities, reason, need.
- Commitment: commitment, activation, taking steps.
- Behaviour Change.

(Miller and Rollnick, 2013; Messina, 2001)

The author's work culminated in developing a universal approach to therapeutic communication with adolescents. The author's advanced proficiency in MI enabled the education of students on the SCPHN programme, school nurses, and health visitor practitioners in using MI to change behaviour. Anecdotal evidence from former students suggests this training has a positive impact on consultations conducted by school nurses and health visitors in the region (Day *et al.* 2018, p.4).

The author has taught MI to SCPHN students for ten years, providing MI techniques to enable its daily use. MI became a central part of the SCPHN course at SHU and is unique in emphasising developing skills in therapeutic relationships. MI was the key theme in the 'Behaviour Change' (2013-2018) module and the 'Developing Therapeutic Relationships with Clients' (2018-2021) module on the SCPHN programme. The modules include various teaching materials and methods.

Students' knowledge and skills are assessed through Objective Structured Clinical Examinations (OSCEs), consistently demonstrating high standards of achievement. Module evaluation demonstrates high levels of student engagement. Students report changes from a traditional practitioner lead instructional model, to a client-led partnership approach, in supporting clients' health behaviour.

8.2.2 Research Outcomes

This article, written with a university colleague, developed its research design, and analysed findings from, focus groups. Other colleagues conducted focus groups to capture students' experience, avoiding potential bias. Contributions are detailed in Appendix B.

The article examines the impact completing a module on behaviour change has on practice with one student cohort. The module teaches consultation skills in behaviour change and MI (Day et al, 2018, p.2). Focus groups were held six months after module completion. Eleven SCPHN students attended, exploring their views and perspectives about engaging with clients and utilising behaviour change skills in practice.

Due to their participation in the module, students had started applying an MI-based approach to consultations in practice. This demonstrates the AR cycle from education, to simulation, to practice, as illustrated by student feedback. Previously, students' consultations with clients involved simply disseminating unsolicited advice, telling clients what to do. Following MI workshops, focus shifted to client-led interactions using a range of communication skills and techniques to promote behaviour change (Day *et al.* 2018, p.4).

The module stimulated changes in consultation techniques by offering experiential learning, including role play, and using OSCEs to reinforce learning. The article identifies the strength of OSCEs "in developing student learning through immediate feedback on skills essential to real-world settings" (Day et al, 2018, p.6).

8.2.3 Professional Impact

MI's potential to shape consultations in health and social care has been adopted within the pre-registration curriculum at SHU. Practitioners using MI as a central tool in client consultations is taught in the integrated curriculum to 1,400 students from fourteen health and social care disciplines including social workers, learning disability nurses, midwives, operating department practitioners, radiotherapists, and paramedics. The module 'Collaboration for Individual and Community Wellbeing' teaches MI principles. There is high engagement with the module. Students have reported that using MI has a positive impact in getting clients to engage with health

behavioural change. The impact of this teaching is under evaluation. The head of research in nursing and midwifery at SHU commissioned a research project with the 2021 student cohort to evaluate MI teaching's impact on students' consultation approach.

8.3 Limitations

This study was limited to a small student cohort, conducted before completing the SCPHN course. It acknowledges further research is needed into "the longer-term impact of the communication skills of practitioners and if their adoption of MI approaches is sustained" (Day *et al.* 2018, p.6). Client perspectives, and evidence of long-term changes in client behaviour, needs investigation.

8.4 Conclusion

This AR has validated and promoted integrating MI principles and disciplines into daily practice of school nurses and fourteen other health and social care practitioner groups. This addresses the fourth objective, developing and educating school nurses.

This has been transformational in re-distributing power from practitioner to client.

This research is currently in the investigative stage and is on-going. The teaching programme is continuing and is increasing in reach with a local trust commissioning training for all their SCPHN practitioners.

Chapter 9: Systematised literature review into further enhancements of service provision since 2018

9.1 Introduction

The CA reviews a set of publications between 1999 and 2018. Since 2018 the author has published a further five articles on related themes:

- Should school nurses embrace new therapeutic approaches to enhancing emotional wellbeing? (Day, 2019).
- School nurses' role in supporting transgender young people (Day, 2020).
- Extending the Scope of Health Visiting and School Nursing Practice Within a 0–19 Service (Peckover *et al*, 2020).
- Report on a scoping review of nursing interventions for young people's psychological wellbeing (Turner *et al*, 2022).
- Improving the health of ethnically diverse children and young people in minority groups (Day, 2023).

This chapter examines whether, and to what extent, the service has developed in the ensuing five years. A systematised review has been conducted to identify progress in sexual and mental health in the school nursing profession since the papers presented in the CA were published. Systematised reviews “attempt to include one or more elements of the systematic review process while stopping short of claiming that the resultant output is a systematic review” (Grant and Booth, 2009, p.102). Systematised reviews are typically conducted by post-graduate students “in recognition that they are not able to draw upon the resources required for a full systematic review (such as two reviewers)” (Grant and Booth, 2009, p.102-3).

The systematised review is based on the research question: *To what extent has there been further enhancement of the service provision in sexual and mental health in the school nursing profession since the author's action research?* The research question focuses thoughts and efforts, assisting in developing a framework to guide the researcher (Cormack and Benton, 2000, p.79).

9.2 Method

The systematised review used Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page *et al*, 2021). Data Extraction was undertaken by the author.

The study used the Mixed Methods Appraisal tool (Hong *et al*, 2018) for qualitative research which includes questions that consider potential bias by the researcher, and how they addressed it.

Coding and thematic analysis was undertaken according to Braun and Clarke's guide to thematic analysis (2006).

The search used the key words and Boolean operators described in table 1 below.

"School Nurses" OR "school nurs*"	AND	"sex education" OR "sex ed" OR "sexual health" OR CBT OR "cognitive behavioural therapy" OR "motivational interview*" OR parenting OR decision-making OR problem- solving	AND	"united kingdom" or uk or britain or scotland or england or wales or "northern ireland"
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Table 1

The search was limited to peer review publications within the range 1st January 2018 to 31st December 2023. The databases CINAHL, MEDLINE, PsycINFO, SCOPUS and Web of Science were searched.

The initial search identified eighty-two publications. Of these, sixty-three were removed before screening as they were deemed irrelevant based on the title subject. The remaining nineteen publications were screened by evaluating the publication's extract against defined inclusion and exclusion criteria (see table 2).

Inclusion Criteria	Exclusion Criteria
Studies related to school nursing practice.	Not UK based.
Studies related to sexual health, mental health, or decision-making.	No evidence of research content. News items.

Table 2

Screening removed a further eleven publications, leaving eight publications for retrieval and detailed analysis. A PRISMA flow diagram illustrates the selection process (see figure 2).

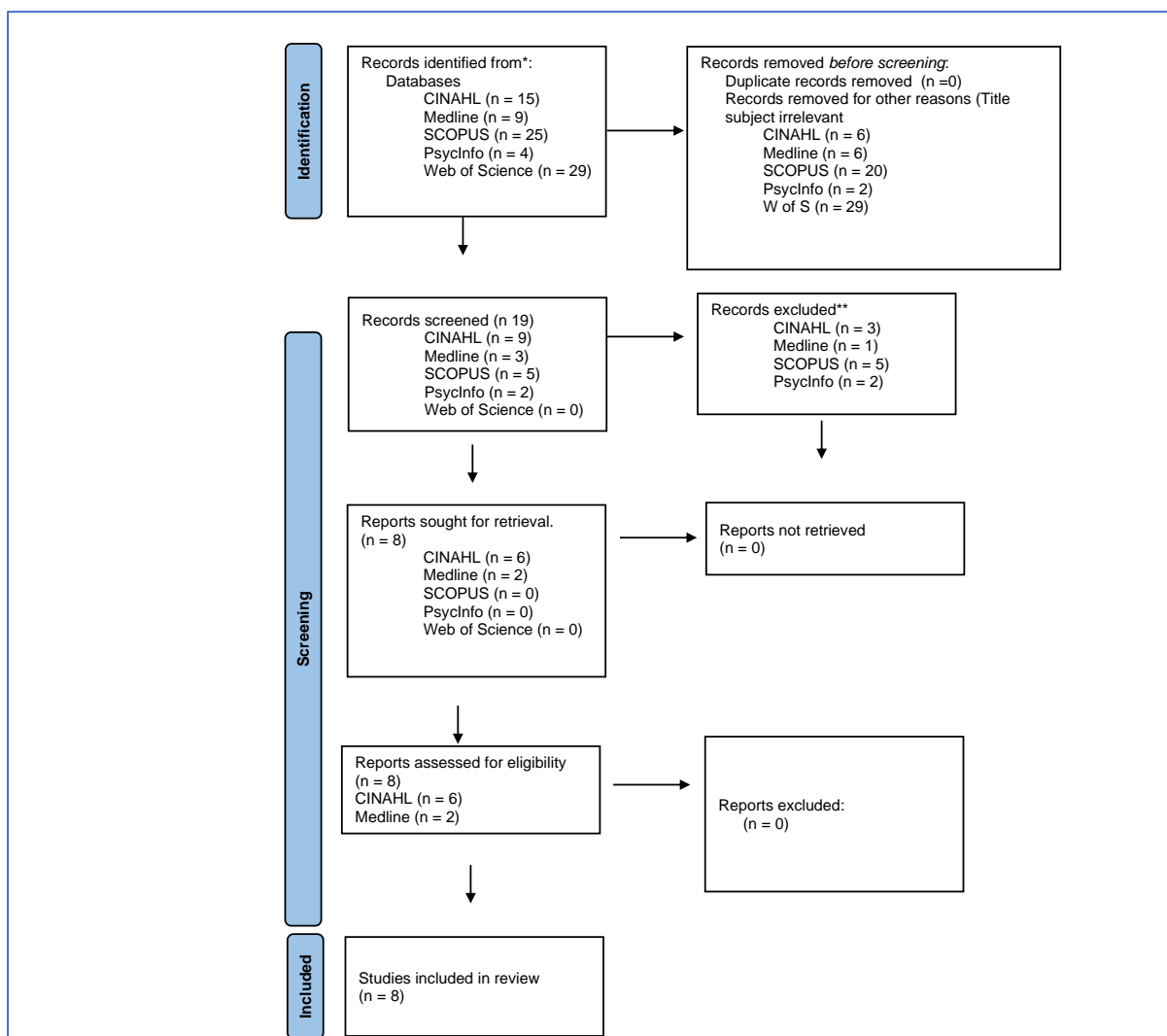


Figure 2 PRISMA flow diagram (Page et al, 2021)

The eight publications were reviewed by a detailed read of the full-text publication. Each publication was analysed using the Mixed Methods Appraisal Tool (MMAT) for mixed, quantitative, and qualitative research. This tool evaluates whether there is a clear research question and analyses the findings against the research question. It also includes questions that consider potential bias, i.e., accounting for confounders, and the risk of non-response bias (Hong et al, 2018).

The eight publications reviewed were evaluated against the criterion: *Are there clear research questions?* (see table 3). This identified that five had clear research questions, one did not, and in two cases it was not clear from the article. The areas of practice researched broke down into sexual health (six publications) (Aranda et al, 2018; Beech and Sayer, 2018; Nichols, 2018; Duncan, 2019; Sisson and Wilkinson, 2019; Epps, Markowski, and Cleaver, 2023), and mental health (one publication) (Turner et al, 2022). In the eighth publication (Wales and Sayer, 2019), there was no specific practice area as the article was an investigation into the use of a text messaging service

between school nurses and young people. However, this study did identify that young people have highlighted emotional and sexual health as the key topics in communications with school nurses.

Characteristics of included studies

Source (1st Author, year)	Clear research questions?	Study Design	No. of participants	Setting	Study Aims
Wales, (2019)	Can't tell	Transcript analysis and survey	Conversations with YP (n=191) SNs surveyed (n= 15)	Schools in 2 London boroughs	To analyse a school nurse led bi-directional text messaging service
Beech (2018)	Yes	Referral transaction analysis and survey	Referrals analysed (n=46) SNs surveyed (n=8) School staff surveyed (n=9)	Schools in 1 London borough	Explore the role and activities of the school nursing service in sexual health
Aranda (2018)	Yes	Focus Groups	Focus groups (n=15) YP (n=74)	Schools, colleges and youth centres in a South of England local authority	To explore the experiences, views and preferences of YP re. school-based sexual health and SN
Turner (2022)	Yes	Scoping Literature review and 2 part Delphi study	Studies included (n=18) Nurses responding (n=244)	UK wide	To understand nurses' role in promoting children and YP's mental health and emotional wellbeing
Duncan (2019)	No	No study design	n/a	n/a	An overview of contraceptive methods for YP
Nichols (2018)	Can't tell	No study design	n/a	n/a	Do nurses know how to respond to teenage pregnancy?
Epps (2023)	Yes	Rapid literature review and narrative synthesis	Studies included (n=9)	North America (n=5), Australia, UK, Ireland, Netherlands	To identify the impact of non-inclusive sex education on LGBTQ YP.
Sisson (2019)	Yes	Integrative literature review	Studies included (n=25)	USA (n=15), Australia, Greece, Sweden, Hong Kong, Brazil, Denmark, Japan, UK	To explore what influences YP when deciding whether to receive the HPV vaccine

Table 3

Table template adapted from <http://toolkit4mixedstudiesreviews.pbworks.com/w/page/66103031/Toolkit%20for%20Mixed%20Studies%20Reviews>

(Pluye, Hong, and Vedel, 2016)

Generating initial codes and identification of themes followed the thematic analysis guidance described by Braun and Clarke (2006). Initial coding identified 47 initial codes; these were grouped into two main subject areas:

- Sexual Health and Relationships (n=31),
- Mental Health, Decision-making, and Emotional wellbeing (n=16).

The codes were then analysed to identify themes by grouping the codes into related topics. Initially, six themes were identified: Health Need, Participation, School Nurse profile, School Nurse Training Needs, Service Requirements, and Interventions (see tables 4 and 5).

Grouping the codes against these initial themes led to further refinement as it became apparent that there was insufficient data to support some themes, and codes corresponded closely across more than one initial theme (Braun and Clarke, 2006, p.16). Colour coding in tables 4 and 5 corresponds to the final four themes. Some of the initial codes were found to not match any of the final themes, so have been left uncoloured. The blank initial codes were either simple statements of fact or too specific to the subject of the individual publication e.g., the HPV vaccine.

This resulted in four themes:

- Roadblocks to effective delivery of school nurse provision,
- School nurse training needs,
- Young people's needs and participation,
- Delivery of proactive interventions.

(See table 6)

Sexual Health and Relationships n=31

Need	Participation	SN Profile	Training	Service Requirements	Interventions
Inclusive sex education n =2	Hetrocentric SRE n=1	SNs able to provide accurate information n=1	SNs have received training to support YP sexual health needs n=1	Need for a mixture of single-gender, mixed gender group conversations and 1-1 sessions n=1	
Alienation from mainstream SRE n=1	YP participating in research n=2	SNs are key contributors to sexual health education n=2	Training for SNs needed n=6	Need to develop positive cultures, as well as systems, processes and practices that fully support diverse, non-normative understandings of sexual health n=1	
The majority of texts received by SNs relate to Sexual health n=2		SNs viewed as trusted professionals n=1	Although trained, SNs lack confidence in delivering support n=1	Service needs to switch from reactive to preventative n=2	
YP want contraception, and STI testing services n=2		SNs fundamental to promotion and delivery of HPV vaccine n=1		Involve YP in service design n=2	
Promoting healthy relationships n=3		SN's role and specific input to sexual health promotion appears invisible to YP n=1		SNs should ensure discussion should include parents where appropriate n=1	
Informal sources of sex education n=2		Need to raise profile of SNs with other agencies n=1		Incorporate contraception etc into drop-in clinics to aid preventative approach n=1	
Fear of promoting immoral or risky behaviour n=3		Perceived lack of SN resource n=1		Gaps and regional differences n=2	
Risk of STIs n=3				SN service underutilised n=1	
Risk of pregnancy n=4					
School staff not perceiving sexual health to be an area of need n=1					
Addressing risky sexual behaviour n= 1					

Table 4

SN = school nurse, YP = young people

Mental Health, Decision-making and Emotional Wellbeing n=16

Need	Participation	SN Profile	Training	Service Requirements	Interventions
Emotional health is the most common type of query being received from YP and the topic SNs feel least confident in responding to n=1	Participation of parents n=1	The nature of an SN role is likely to be more proactive and educational n=1	Training in therapeutic interventions would strengthen the input of SCPHN practitioners n=1	Provide counselling about emotional implications of sexual activity n=1	Nurse-led early interventions addressing the MH and emotional wellbeing needs of YP were being extensively utilised n=1
It is important for SNs to feel confident in supporting YP with emotional health concerns n=1	Inequalities exist in delivery of interventions n=1		Nurses should be able to train in effective models for YP's mental health and wellbeing n=1	A third of existing services for YP are inadequate n=1	
Understand what influences decision-making in YP n=1					
Emotional Wellbeing significant factor in sexual health n=2					
Factors influencing decision making n=1					
Mental health issues in YP reached crisis level n=1					
Covid has increased demand n=1					
YP emotional wellbeing is suffering n=1					

Table 5

Final four themes.

Roadblocks to effective delivery	SN training needs	YP's needs and participation	Delivery of proactive interventions
SN's role and specific input to sexual health promotion appears invisible to YP n=1	SNs have received training to support YP sexual health needs n=1	YP want contraception, and STI testing services n=2	Need to develop positive cultures, as well as systems, processes and practices that fully support diverse, non-normative understandings of sexual health n=4
Need to raise profile of SNs with other agencies n=1	Training for SNs needed n=6	The majority of texts received by SNs relate to Sexual health n=2	SNs are key contributors to sexual health education n=2
Perceived lack of SN resource n=1	Although trained, SNs lack confidence in delivering support n=1	YP participating in research n=2	
Gaps and regional differences n=2	Training in therapeutic interventions would strengthen the input of SCPHN practitioners n=1	involve YP in service design n=2	Incorporate contraception etc into drop-in clinics to aid preventative approach n=1
SN service underutilised n=1	Nurses should be able to train in effective models for YP's mental health and well-being n=2	Inclusive sex education n =2	
School staff not perceiving sexual health to be an area of need n=1		Need for a mixture of single-gender, mixed gender group conversations and 1-1 sessions n=1	Service needs to switch from reactive to preventative n=2
Inequalities exist in delivery of interventions n=1		Emotional health is the most common type of query being received from YP and the topic SNs feel least confident in responding to n=1	Provide counselling about emotional implications of sexual activity n=1
Informal sources of sex education n=2		Understand what influences decision-making in YP n=1	
Fear of promoting immoral or risky behaviour n=3		YP emotional wellbeing is suffering n=1	

Table 6

9.3 Results

9.3.1 Roadblocks to effective delivery of school nurse provision

Four of the publications (Aranda et al, 2018; Beech and Sayer, 2018; Turner et al, 2022; Epps, Markowski, and Cleaver, 2023), identify some sort of roadblock or obstacle to school nurses delivering service. Two of the studies (Aranda et al, 2018; Beech and Sayer, 2018), were specifically focussed on understanding the current provision of sexual health services and education, and the role of school nurses. The third study (Epps, Markowski, and Cleaver, 2023), investigated sex education for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people, while the fourth (Turner et al, 2022), looked at interventions for young people's psychological wellbeing.

One study (Beech and Sayer, 2018), surveyed school nurses and school staff. This study identified most roadblocks including:

- School nurses' lack of profile with other agencies,
- Lack of resources to deliver effective services,
- The service being underutilised,
- School staff not perceiving sexual health to be an area of need in their school,
- Lack of consistency in delivery of service.

The second study focussed on sexual health provision (Aranda et al, 2018). It surveyed young people for their perceptions of sexual health and school nursing. The main roadblock identified in this study was the invisibility of the school nurse service to young people.

The third study investigated the sex education experiences of LGBTQ young people (Epps, Markowski, and Cleaver, 2023). This study started from the premise that sex education in schools is "predominantly heterocentric. Consequently, lesbian, gay, bisexual, transgender, and questioning young people have reported feeling excluded." (Epps, Markowski, and Cleaver, 2023, p.87). The roadblocks identified were:

- LGBTQ young people were reliant on informal sources outside school for their sex education.
- Perceptions among those delivering services that discussing same-sex relationships with young people is "promoting immoral or risky sexual experimentation" (Epps, Markowski, and Cleaver, 2023, p.88).
- Regional differences in how well sex education is inclusive of LGBTQ young people's needs.

The fourth study investigated provision of nurse led interventions for young people's psychological wellbeing (Turner et al, 2022).

The findings of this study were generally more positive about provision than those focused on sex education. However, the issue of inequalities in provision of the service was identified, concluding that programme delivery is "heavily dependent on the skills of individual practitioners" (Turner et al, 2022, p.93).

9.3.2 School nurse training needs

One article, focussed on contraceptive services for young people (Duncan, 2019), does not mention training. This leaves seven that mention or discuss training to some extent (Aranda et al, 2018; Beech and Sayer, 2018; Nichols, 2018; Sisson and Wilkinson, 2019; Wales and Sayer, 2019; Turner et al, 2022; Epps, Markowski, and Cleaver, 2023).

Two of the studies that mention training imply that school nurses are sufficiently trained, and it is other school staff that require the training (Aranda *et al*, 2018; Epps, Markowski and Cleaver, 2023). It is notable that these studies did not engage with school nurses in their investigation. From their description of methods, one involved a survey of young people's experience of SRE and school nurse services (Aranda *et al*, 2018), and the other was a literature review based on young people's experiences of SRE (Epps, Markowski and Cleaver, 2023).

The remaining five studies, (Beech and Sayer, 2018; Nichols, 2018; Sisson and Wilkinson, 2019; Wales and Sayer, 2019; Turner et al, 2022), identify school nurse training as an important or critical aspect of delivering the service. Three of these studies involved surveys of school nurses (Beech and Sayer, 2018; Wales and Sayer, 2019; Turner et al, 2022). Beech and Sayer (2018, p.294) note that, while all school nurses surveyed had received training in sexual health, they felt further training was required and this "was the main need reported". The investigation into the use of a text-messaging service (Wales and Sayer, 2019) covered the full range of school nursing interventions. It is notable that the aspect of the service which school nurses felt most challenging, and therefore the greatest training need, was "responding to emotional health queries" (Wales and Sayer, 2019, p.129).

A literature review (Sisson and Wilkinson, 2019) of studies into young people's experiences with the HPV vaccine mainly focussed on the attitudes of young people and their parents. Some of the studies reviewed did include the views of nurses, although these were based in Australia and the USA. Among the key findings, the study states that school nurses should recommend HPV vaccine and "This requires being up to date with any associated training, so that accurate information can be delivered with competence and confidence" (Sisson and Wilkinson, 2019, p.47), however, it is not clear whether this assertion is based on the study's results.

The final article, which amounts to a general discussion of how to tackle teenage pregnancy, mentions training on relationships and sexual health, but only in a diagram illustrating “10 factors for successful teenage pregnancy reduction” (Nichols, 2018, p.20). There is no further elaboration on this factor in the remainder of the article.

9.3.3 Young people’s needs and participation

Two of the articles do not discuss young people’s expressed health needs, or their participation in design of the school nurse service (Duncan, 2019; Turner *et al*, 2022). One article acknowledges that “Young people have been calling for more help navigating the difficult world of sexual relationships for some time” (Nichols, 2018, p.21), but does not offer any evidence to support this assertion.

The remaining five studies (Aranda *et al*, 2018; Beech and Sayer, 2018; Sisson and Wilkinson, 2019; Wales and Sayer, 2019; Epps, Markowski, and Cleaver, 2023), include more extensive discussion of young people’s engagement in the school nurse service. It is notable that four of these studies either canvas the views of young people directly (Aranda *et al*, 2018), through literature reviews of studies of young people’s attitudes (Sisson and Wilkinson, 2019; Epps, Markowski and Cleaver, 2023), or indirectly by analysing the content of text messages sent to school nurses (Wales and Sayer, 2019). One study is mainly focused on young people’s attitudes to the HPV vaccine but notes that there is “a need for school nurses to involve adolescents and parents as much as possible in the decision-making process” (Sisson and Wilkinson, 2019, p.47).

One of the main findings that emerges from the young person focussed studies is that engagement between young people and school nurses is lacking, or young people do not see how the service provides for their needs. Wales and Sayer (2019, p.128), identified that only 0.8% of young people in the London boroughs surveyed were using the ChatHealth messaging service to communicate with school nurses. Although young people express a definite need for sexual health education and support, “provision was deemed fairly ineffective, inappropriate or unacceptable to young people” (Aranda *et al*, 2018, p.382), and “LGBTQ young people feel that they were left unprepared for their relationships and sexual lives, the education they received perceived as being irrelevant to them” (Epps, Markowski and Cleaver, 2023, p.92). Aranda *et al* (2018, p.382) highlight that “our findings show little has changed and that challenges remain regarding young people and school-based sexual health services and school nursing”.

The main recommendation of these studies is that those commissioning or designing the school nursing service need to listen to what young people want, if the service is to add value. Typical conclusions are that “Young people should be consulted on their views of what to include and how to deliver sexuality education at school to ensure a fully inclusive curriculum” (Epps, Markowski and

Cleaver, 2023, p.95), and that a shift in approach “would involve schools and school nurses especially prioritising the participation of young people to enable their values, norms and beliefs be heard.” (Aranda *et al*, 2018, p.382).

9.3.4 Delivery of proactive interventions

There is a general view in most of these studies that the school nursing service needs improvement based on the challenges faced in sexual and mental health, and the lack of engagement with young people. All but one of the studies (Nichols, 2018), makes at least one recommendation for proactive interventions by school nurses in response to the needs of young people.

In sexual health, it is noted that provision is predominantly reactive and one study advocates “a more preventative approach with both SNs and school staff outlining a vision for future service development that includes greater SRE, condom distribution and targeted group work” (Beech and Sayer, 2018, p.297). Another study suggests that school nurses “need to develop positive cultures, as well as systems, processes and practices that fully support diverse, non-normative understandings of sexual health” (Aranda *et al*, 2018, p.383). Similarly, in addressing psychological well-being, a study recognises that there are examples of excellent practice but that there is no uniform provision and that programmes are “heavily dependent on the skills of individual practitioners” (Turner *et al*, 2022, p.93).

The consensus is that input from young people is essential to the development of proactive or preventative programmes. In discussing the further enhancement of a text-messaging service, the conclusion is that “robust and creative promotional campaigns involving YP in the design and implementation is likely to assist in the uptake of the service” (Wales and Sayer, 2019, p.130). In meeting the SRE needs of LGBTQ young people, youth participation and student evaluation will help “educators keep up with their students, hear their views, and adapt their teaching to the topics young people feel they need to know within their generation’s cultural climate” (Epps, Markowski and Cleaver, 2023, p.95).

9.4 Discussion

There is a paucity of literature about the school nursing service related to the topics of sexual and mental health between 2018 and 2023. Even within the eight studies returned there is only one that describes a new initiative, namely the use of a text-messaging service (Wales and Sayer, 2019).

Some of the studies describe established procedures such as contraception and vaccination. The remainder review the existing provision of sexual and mental health services, and come to the

conclusion that more needs to be done in order for the school nursing service to really impact on provision for young people (Aranda *et al*, 2018; Beech and Sayer, 2018; Nichols, 2018; Turner *et al*, 2022; Epps *et al*, 2023). This implies that there has not been much progress on the issues researched in the author's publications. This is reflected by the statement that "our findings show little has changed and that challenges remain regarding young people and school-based sexual health services and school nursing" (Aranda *et al*, 2018, p.382).

However, key themes have emerged in the review. Young people want a service that is "present and available, but private and discrete" (Aranda *et al*, 2018, p.382). They also want a service that reflects the changing identity of youth today. Rejection of stereotypical norms through inclusive and challenging practice protects young people and enables them to fulfil their potential (Aranda *et al*, 2018 and Epps *et al*, 2023).

Young people's needs are clearly articulated when they are given a voice. They want school nurses involved in their lives. "Do you care about seeing the school nurse, would you want to see them more? It would be nice to know she was there" (Aranda *et al*, 2018, p.380).

9.5 Limitations

The literature review undertaken only identified eight articles that met the search criteria. This makes it difficult to draw conclusions about the direction of travel of the school nursing service. It is entirely possible that initiatives are being undertaken which have not yet been published.

The Covid-19 pandemic may have impacted on progress both in school nurses having to adjust their practice and potentially having less time to devote to research. Of the eight studies appraised in this review, six were published in 2018-19, and only two in the four years since the Covid-19 pandemic began.

It is notable that the initial search of school nursing publications returned seven that were specifically focussed on the impact of Covid-19 on school nurses. This includes school nurses' involvement in the Covid-19 vaccination programme (Evans, 2021) and new ways of working because of the pandemic (Cook *et al*, 2022).

9.6 Conclusion

Progress in school nurse innovations has stalled. The lack of initiatives may be due to reduced resources and the pandemic. However, it may be that external influences are masking fundamental issues concerning confidence and identity in school nursing practice. Erosion of the public health aspects of the school nurse role to fill gaps in service has led to reactive and ineffective practice.

The models for this work exist through the AR undertaken since 1999. A call to action for school nurses to build on the past and reshape the role for the future should be based on what young people need and want. The response to 'Can we have them lessons again?' (Day, 2004, p.178) should be 'yes, you can'.

Chapter 10: Conclusion

School nursing's potential to improve population health is far reaching. This appraisal of the author's research and publications in the last twenty-seven years illustrates significant impact on school nursing's direction and development. The research encompasses several fields of enquiry. Wide-ranging citations justify school nurses' centrality in these fields. Influences on school nursing through research and teaching has changed practice. Scrutinising the author's research and publications demonstrate this influential body of work is recognised locally and nationally.

The school nurse's role in addressing health inequalities (objective 1) has been analysed through published works in sexual health and mental health promotion. In sex education, the author's publication (Day and Lane, 1999) was cited as an example of the part the school nurse role plays in health promotion (Moyses, 2009, p.331), particularly SRE (Jones, 2008, pp.35-40). Research into creating a sexual health drop-in clinic (Lane and Day, 2001) garnered national (*Watchdog Healthcheck*, 2001) and international (*ABC News*, 2001) media attention and fed into government policy (Tumin, 2000).

This upstream, preventative approach to school nursing practice (objective 2) also applied to mental health, embracing population approaches to public health. Researchers identified the author's publication on improving young people's decision-making (Day, Murphy and Cooke, 1999) as an example of good practice (Tunnard Ryan, and Kurtz, 2005, p.65; Nott, Chapparo and Heard 2008, p.670; Whitby and Miller, 2009, p.10). The author's research into using talking therapies in classrooms (Day, 2009; Day, 2016) was referenced as an example of promoting children's mental health (Silva et al. 2020, p.5), demonstrating that school nurses are pivotal in this field (Bulmer and Webster, 2016, p.294; Forkuo-Minka, Kennedy and Work, 2018, p.279).

Collaborative work in communities (objective 3) was demonstrated through an educational public health intervention focussed on supporting whole families (Day, 2005), cited as an exemplar (Haddad, Butler and Tylee, 2010, p.2) and an exception to general criticism that parenting programmes "run the risk of being superficial in their efforts to change attitudes and behaviour" (Trevithick, 2012, p.101). Researching mental health interventions with children and young people (Turner *et al.* 2022) emphasised multi-agency work to improve emotional wellbeing. Collaborative work, promoting mental health using MI across the life-span post-pandemic, was presented at a conference (Day, Hazelby and Gould 2022).

Research in this CA has informed the direction of education for school nurses (Day *et al.*, 2018) (objective 4). This dynamic process involves systematically reviewing existing evidence, and its interpretation based on expert knowledge, to formulate new areas of inquiry. Gaps in research into

school nursing have been highlighted. Future projects aim to address this. Planned research projects include exploring ethnic minority health and strategies to reduce inequalities in children and young people's outcomes. Another project evaluates integrating school nurse services within local authorities.

Whilst school nursing topics form only part of the author's research and publication portfolio (see <https://www.researchgate.net/profile/Patricia-Day-3>), the impact of the publications submitted for the doctorate by publication has helped to raise school nursing's profile as a specialist community public health nursing service and make a positive impact on children and young people's wellbeing. As indicated in the introduction to this CA, school nursing continues to evolve, and it is vital to continue to embed the spirit of action research to further the development of reflection, evaluation, and action in school nursing with future research projects.

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Appendix A: List of Publications

Publication	Contribution to selected work	Review & Editing arrangement
Day, P. and Lane, D. (1999) 'Sex education: lessons to be learnt from going Dutch', <i>Community Practitioner</i> , 72(8), pp.259-260.	Co-Author. My contribution 80%	Peer Review
Day, P., Murphy, A. and Cooke, J. (1999) Traffic light lessons: problem solving skills with adolescents <i>Community Practitioner</i> 72(10), pp.322-324.	Co-Author. My contribution 45%	Peer Review
Day, P. (2000) 'School nurses and contraception' <i>Nursing Times</i> , 96(31), pp.39-40.	Sole Author	Peer Review
Lane, D. and Day, P. (2001) 'Setting up a sexual health clinic in a school' <i>Nursing Times</i> , 97(41) pp.18-19.	Co-Author, My contribution 50%	Peer Review
Day, P. (2004) 'Is teaching problem solving to young people a way of preventing teenage suicide?', <i>Practice Development in Health Care</i> , 3(3), pp.158-178.	Sole Author	Not known
Day, P. (2005) 'Coping with our kids: a pilot evaluation of a parenting programme delivered by school nurses', <i>Group Work</i> , 15, pp.42-60.	Sole Author	Peer Review
Day, P. (2008) 'Providing the best for our parents: a systematic review', <i>British Journal of School Nursing</i> 3(3), pp.125-132	Sole Author	Peer Review
Day, P. (2009) 'The use of CBT to strengthen emotional wellbeing', <i>British Journal of School Nursing</i> , 4(3), pp.130-132.	Sole Author	Peer Review
Day, P. (2016) 'Motivating teen spirit: early mental health intervention', <i>British Journal of School Nursing</i> , 11(2), pp.92-94. .	Sole Author	Peer Review
Day, P., Peckover, S., Hazelby, G., Chaudhry, H., Kirkham, L. and McAleavy, J. (2018) 'Putting new therapeutic communication skills into public health nursing practice: the student experience', <i>British Journal of School Nursing</i> , 13(8), pp.2-8.	Co-Author. My contribution 80%	Peer Review

Appendix B: Status and Referee arrangements for Journals in which articles are published.

1. Community Practitioner:

- a. The journal is circulated to 14,000 members of the Community Practitioners and Health Visitors Association. The website receives 34,000 visitors per month. Read by 80% of Health Visitors, 75% of School Nurses (Community Practitioner, 2020).
- b. Overall Ranking: Impact factor not known, H-Index 12 (top 23%).
- c. All suitable papers submitted to Community Practitioner are subject to double-blind peer review to assess their academic rigour, quality, and relevance to the overall aim of the journal (Community Practitioner, 2023).

2. Nursing Times:

- a. The journal has 12,000 monthly print readers, 155,000 email subscribers and 1 million website readers (Nursing Times, 2022a).
- b. Overall ranking: Impact factor not known, H-Index 58 (top 7%).
- c. Submitted Articles are sent for double-blind peer review. Reviewers report on articles from a range of perspectives, including whether they fit with Nursing Times' formats, accuracy, relevance, and level (Nursing Times, 2022b).

3. Practice Development in Health Care

- a. The Journal was published from 2002 to 2009. The journal "provided a place for practitioners and researchers alike to share their work, and also served its purpose by fostering a space that supported and promoted a community of inquiry within the community of practice development" (Volante, 2009) No statistics are available on readership.
- b. Overall ranking: Impact Factor not known, H-Index 11 (top 24%).

4. Group Work:

- a. Groupwork specialising in social applications of groupwork. It is peer reviewed and international in coverage, with articles on all the settings in which groupwork is practised, including health, nursing, occupational therapy, staff development, mental health, counselling, childcare and education, youth and community work, social work, and criminal justice (Groupwork, 2023).
- b. Overall ranking: Impact Factor 0.1 (top 33%), H-Index 9 (top 27%)

- c. Articles are peer reviewed anonymously by two reviewers. The final decision on publication rests with the Editors (Groupwork, 2023).

5. **British Journal of School Nursing:**

- a. The journal is dedicated to supporting professionals involved in the health and wellbeing of school-aged children and young people. It includes articles on all key areas of public health, mental health and wellbeing, safeguarding, and special and complex needs. It provides a mix of clinical reviews, original research, best practice articles and short reports on topical issues (MAG Online Library, 2023a). Renamed *British Journal of Child Health* in 2020.
- b. Overall ranking: Impact factor 0.1 (top 33%), H-Index 10 (top 25%).
- c. Articles are double-blind peer reviewed. Manuscripts usually have at least two reviewers assigned, although this can vary. Articles written by members of the editorial board or consultant editor will be handled by another senior editor or member of the editorial board to maintain the integrity of the peer review process (Mag Online Library, 2023b).

Notes:

- Rankings taken from the *exaly project* website (exaly, 2022).
- Impact factor is based on the number of citations that articles published in that journal receive over time (Charlesworth Author Services, 2021).
- The h-index is the number of papers (h) published in a journal that have been cited at least h times (Charlesworth Author Services, 2021).

Appendix C: Contributions

Publication title	' Putting new therapeutic communication skills into public health nursing practice: the student experience', <i>British Journal of School Nursing</i> , 13(8), pp.2-8.					
Author(s)	Day, P., Peckover, S., Hazelby, G., Chauhdry, H., Kirkham, L. and McAleavy, J. (2018)					
Area of activity	Pat Day	Sue Peckover	Gayle Hazelby	Hayley Chauhdry	Lucy Kirkham	Janet McAleavy
Formulation of objectives (%)	60	20	20	0	0	0
Contribution to the conception and design of methodology (%)	50	30	20	0	0	0
Literature review (%)	70	10	20	0	0	0
Acquisition/collection of data (%)	0	0	0	60	20	20
Analysis of data (%)	35	35	10	10	5	5
Interpretation of data (%)	25	65	5	5	0	0
Drafting the manuscript (%)	30	70	0	0	0	0
Revising the manuscript (%)	50	50	0	0	0	0
Final approval of the manuscript (%)	50	42	2	2	2	2
Accountability for all aspects of the work (%)	50	50	0	0	0	0
Corresponding author (✓)	100	0	0	0	0	0
Responsibility for submissions (%)	100	0	0	0	0	0
Responsibility for revision and re-submissions (%)	80	20	0	0	0	0
Co-Author's confirmation that the above is a true reflection of the contributions for this publication						
Co-author	Signature			Date		
Pat Day				24 th January 2023		
Sue Peckover				7 th February 2023		
Gayle Hazelby				3 rd February 2023		
Hayley Chauhdry				26 th January 2023		
Lucy Kirkham				25 th January 2023		
Janet McAleavy				7 th February 2023		

Publication title	'Sex education: lessons to be learnt from going Dutch', <i>Community Practitioner</i> , 72(8), pp.259-260.					
Author(s)	Day, P. and Lane, D. (1999)					
Area of activity	Pat Day	Delya Lane				
Formulation of objectives (%)	50	50				
Contribution to the conception and design of methodology (%)	80	20				
Literature review (%)	80	20				
Acquisition/collection of data (%)	80	20				
Analysis of data (%)	80	20				
Interpretation of data (%)	80	20				
Drafting the manuscript (%)	100	0				
Revising the manuscript (%)	80	20				
Final approval of the manuscript (%)	50	50				
Accountability for all aspects of the work (%)	50	50				
Corresponding author (✓)	100	0				
Responsibility for submissions (%)	100	0				
Responsibility for revision and re-submissions (%)	100	0				
Co-Author's confirmation that the above is a true reflection of the contributions for this publication						
Co-author	Signature				Date	
Pat Day					19 th January 2023	
Delya Lane					19 th January 2023	

Publication title	'Setting up a sexual health clinic in a school' <i>Nursing Times</i> , 97(41) pp.18-19.					
Author(s)	Lane, D. and Day, P. (2001)					
Area of activity	Pat Day	Delya Lane				
Formulation of objectives (%)	50	50				
Contribution to the conception and design of methodology (%)	50	50				
Literature review (%)	50	50				
Acquisition/collection of data (%)	50	50				
Analysis of data (%)	50	50				
Interpretation of data (%)	50	50				
Drafting the manuscript (%)	70	30				
Revising the manuscript (%)	80	20				
Final approval of the manuscript (%)	50	50				
Accountability for all aspects of the work (%)	50	50				
Corresponding author (✓)	100	0				
Responsibility for submissions (%)	100	0				
Responsibility for revision and re-submissions (%)	100	0				
Co-Author's confirmation that the above is a true reflection of the contributions for this publication						
Co-author	Signature				Date	
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Appendix D: List of Abbreviations

AR – Action Research

CA – Critical Appraisal

CAMHS - Child and Adolescent Mental Health Services

CBT – Cognitive Behavioural Therapy

DH – Department of Health

FSRH - Faculty of Sexual and Reproductive Healthcare

MI – Motivational Interviewing

NMC – Nursing and Midwifery Council

NICE - National Institute for Health and Care Excellence

OSCE - Objective Structured Clinical Examinations

PHE- Public Health England

RCN – Royal College of Nursing

SCPHN - Specialist Community Public Health Nursing

SHU - Sheffield Hallam University

SRE - Sex and Relationship Education