

a Manifesto for
**EARLY
CHILDHOOD**



edited by
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3

TRANSFORMING THE ROLE OF THE SCHOOL NURSE TO MEET THE NEEDS OF YOUNG CHILDREN

Dr Pat Day and Delya Lane

KEY DEFINITIONS

Multi-agency collaboration: Multi-agency collaboration working is where practitioners from more than one agency work together jointly, sharing aims, information, tasks and responsibilities to intervene early to prevent problems arising which may impact on children's holistic needs.

Maternal health: Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period.

Infant health: This is an area of practice concerned with the wellbeing and prevention of disease among children ages 0 to 36 months.

Cognitive behavioural therapy: Cognitive behaviour therapy (CBT) is a type of psychotherapy. It may help you to change unhelpful or unhealthy ways of thinking, feeling and behaving.

Emotional literacy: Emotional literacy involves having self-awareness and recognition of your own feelings and knowing how to manage them, such as the ability to stay calm when you feel angry or to reassure yourself when in doubt. It includes empathy.

INTRODUCTION

This chapter advocates transformation of the role of the school nurse to meet the health needs of young children. This requires a refocus of children's services towards early intervention and prevention of ill health. The authors of this chapter are experienced school nurses who have worked in many different Early Years settings within the city of Sheffield. They have witnessed teachers, support staff, social workers, GPs and mental health practitioners working reactively to manage the crises experienced by struggling families. This often returns little success. Negative outcomes are frequent. These include disengaged parents, hostility from parents, children being taken into care, poor academic achievements and emotional wellbeing issues. We believe the time is right for significant resources to be allocated to the wellbeing of young children through upstream interventions. This chapter provides an evidence-based guide for these interventions.

EARLY CHILDHOOD INTO THE FUTURE

Marmot (2010, p. 22) identified that our biggest gains would be to support young children effectively.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.

This requires effective multi-agency collaboration. In addition, it will need a significant increase in resources in health visiting, school nursing and other services. The *Healthy Child Programme* (PHE, 2018) is a national prevention and early intervention public health framework. It is commissioned by local authorities and its aim is to support every family in making healthy choices by bringing together health, education and other partners to deliver effective programmes on both a universal and targeted basis. The programme underpins delivery of health visiting and school nursing services and partnership working is a principal component.

Family hubs and the Start for Life programme are key to meeting the needs of children. Their aim is to meet the commitments set out in *The Best Start for Life: A Vision for the 1,001 Critical Days* (DHSC, 2021). The overall aims of the programme are to provide support to parents, reduce inequalities in health and education outcomes and building an evidence base of effective practice. The principles we have highlighted in this chapter fit with the overall aims of the family hubs and Start for Life and highlight that the work carried out in these settings can have lifelong benefits to the outcomes for children and young people.

Financial constraints have severely affected staffing provision within health and social care; however, fostering a culture of multi-agency working will help reduce the effects of this. Multi-agency working promotes the exchange of ideas between practitioners in addition to sharing expertise, knowledge and also resources. This practice does exist within family hubs, but, moving forwards, should be built on further. To enhance children's health and wellbeing we feel that services should be co-located within the hubs, as standard practice throughout the country, to meet the needs of the communities in which they serve. This should be inclusive and recognise the need for an expansion in the workforce to include workers from diverse backgrounds to improve understanding and facilitate culturally sensitive interventions for families accessing the service.

MENTAL HEALTH

The most pressing need for young children is good mental health. This determines their outcomes. Poor mental health affects a child's feelings, thoughts and communication (DoH, 1999). This can lead to a struggle to fulfil their potential and live an active life (Day, 2002, p. 22).

Mental health concerns among children were already an issue before the Covid pandemic, but Covid exacerbated the situation. Historical data shows that, prior to the pandemic, the number of hospital admissions across the UK for teenagers with eating disorders increased from 959 13–19-year-olds in 2010/11 to 1,815 in 2013/14. Although the numbers are small, the rate of increase (89 per cent) is mirrored by a larger number of cases that do not present at health services and are unreported (Whitworth, 2015). Apart from this specific information, current data about adolescent mental health is patchy and out of date. Two large-scale and robust surveys by the Office for National Statistics (ONS) in 1999 (Meltzer et al., 2000) and 2004 (Green et al., 2005) are the source of most information about this topic, but they have not been repeated since. Overall, around 13 per cent of boys and 10 per cent of girls were rated as having a mental health disorder. As school nurses, our experience suggests that these statistics represent just the beginning.

A recent research study found that children's anxiety increased significantly during the Covid pandemic, and this had an impact on school anxiety (Adegboye et al., 2021). This has affected the school-readiness of children as they enter nursery and their Foundation Stage 2

(Reception) and the readiness of schools to support these children and their families. Early intervention in mental health could make a real difference to adult outcomes. School nurses are well placed to support this work in early childhood settings if funding would allow and appropriate programmes developed. The most frequent adolescent disorders include anxiety and depression, eating disorders, conduct disorder, attention deficit and hyperactivity disorder (ADHD) and self-harm. Rarer psychotic disorders such as schizophrenia (Green et al., 2005) can also occur. Half of all lifetime cases of psychiatric disorders start by the age of 14 (Kessler et al., 2005). It is proposed that multi-agency working in early childhood could have a significant impact on reducing the numbers of young people affected.

PARENTING

Supporting maternal and infant mental health is a high-impact area for health visiting teams. Infant mental health is vital for the long-term development of emotional health and wellbeing throughout life. Preparation for parenthood is essential as it brings with it many challenges that can affect wellbeing. Preparation should begin with the health visiting team providing antenatal support to parents through an holistic assessment to provide them with information regarding the importance of attachment and attunement and identification of adverse childhood experiences (ACEs) (Kwint, 2022).

We believe that every parent should be offered the opportunity to attend a parenting skills programme to equip them with the most up-to-date information regarding childhood development. By offering this to all, it would reduce the stigma that is often associated with attendance and the feeling that you are a bad/inadequate parent if you are attending. 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 et al., 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 et al., 2009, p. 317). Calm, consistent parenting, emphasising problem-solving and behavioural experiments, mitigates these effects (Cartwright-Hatton et al., 2011, p. 250).

As school nurses we were involved in the delivery of a successful parenting programme called 'Coping with our kids'. The programme was designed to be universally available through schools and was promoted as being non-judgemental. It was based on the work of Webster-Stratton. The programme was successful and had a dramatic effect on children's behaviour. The most extensive changes reported in evaluation were seen in the decreased number of reported temper tantrums and interruptions, reduction in being defiant and improved bedtime routines. Results indicated calmer and more respectful relationships because of the five-week programme (Day, 2005). The potential exists for this practical and effective programme to be delivered in family hubs as part of a partnership approach to

supporting parents. Staff working in universal services can be trained to deliver such programmes, with the advantage that, when delivered locally by staff familiar with parents, support can be ongoing.

NICE recommends parenting programmes as first-line interventions for conduct disorders in children aged three to 11 years (2013, 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 – for example, *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).

COGNITIVE BEHAVIOURAL THERAPY (CBT)

Children’s emotional wellbeing can be strengthened with a programme which introduces both them and their parents to the principles of CBT and strategies for using CBT (Day, 2009). The care delivered by school nurses promotes mental health through psychoeducation within a safe environment. Promotion of resilience, problem-solving skills and healthy relationships is effective (Day, 2009).

All parents should be offered the opportunity to understand the principles of CBT. Children in primary schools should also have education about how thoughts affect feelings and behaviour. Work has been carried out in secondary schools to teach the principles of CBT to teenagers. Evaluation was positive and showed that these sessions could have the potential to be adapted for children in primary schools (Day, 2009). CBT has the best evidence base for any mental health intervention due to low relapse rates (Blenkiron, 2022). Research demonstrates CBT can be delivered as an upstream mental health promotion strategy (Barrera et al., 2007).

EMOTIONAL LITERACY

Emotional literacy is an essential part of a child’s development. Many children lack the language to adequately express how they feel. This can affect their relationships with others. Children may experience problems with confidence, control and empathy. The Early Years Foundation Stage (EYFS) framework highlights the importance of supporting children to manage their emotions and develop a positive sense of self. It emphasises the need to provide words and meanings to names and express emotions (DfE, 2021). Staffing resources within Early Years settings do not always allow staff to provide the emotional support needed for children to develop these skills.

Children's emotional understanding has a direct impact on their behaviour and adjustment in later life (Denham and Burton, 1996). Good levels of emotional expression are associated with higher levels of empathy, sociable behaviours and popularity (Izard et al., 2001). A project in Sheffield looked at increasing the levels of emotional literacy in children (Day, 2002). Although the project was conducted over 20 years ago, we believe that challenges faced by children today and the low levels of emotional literacy experienced by children show that the project still has relevance. The work was delivered by teachers, learning mentors and school nurses, with support and advice provided by psychologists, drama specialists and behaviour support teachers. A ten-week programme was delivered, based on drama and 'circle time' (Mosley, 2005) to explore feelings and relationships and tackled the impact of issues such as bullying and violence in children's lives. Children were encouraged to discuss strategies and consider the sources of support that could be available to them to tackle these issues. The use of drama allowed children the opportunity to express themselves through an imagined scenario that reflects realistic situations that they may experience. Books were used to foster listening skills and emotional language. Evaluation of the work showed that the programme enabled children to significantly increase their understanding of feelings. Children described how the programme had enabled them to consider the impact of bullying and conflict and the need to care for each other. Of particular interest was the marked intention to seek help from others when needed. Class teachers reported increased levels of confidence for pupils and a reduction in disruptive behaviour (Day, 2002). The success of this programme indicates that the programme could be adapted to meet the needs of young children today. This could be used as a preventative universal programme to promote emotional wellbeing in young children before issues emerge. The current government priority is the need to deliver the academic requirements of the national curriculum, but we propose that a shift in focus should prioritise children's health and wellbeing. This would reap benefits in improving a child's ability to learn.

PROBLEM-SOLVING

Young men find it difficult to express their feelings and approach services for support. Therefore, this puts them at risk of harmful behaviours (Day et al., 1999). The ONS found that the male suicide rate was 16.1 per 100,000 compared to a female suicide rate of 5.3 per 100,000 (ONS, 2022). A collaborative research project between school nursing and the child and adolescent mental health service was developed to strengthen young people's decision-making skills (Day et al., 1999). Following a scholarship to Australia to observe the work of clinical psychologist Lindy Peterson (1995), a programme of work, Stop, Think, Do, using traffic lights as an aide memoire, was developed. The work was delivered over four sessions and aimed to teach young people problem-solving skills.

These skills are very protective to an individual's mental health. A study into mental health provision for young offenders highlighted traffic light lessons as an effective intervention

(Tunnard et al., 2005, p. 65). Problem-solving skills training shows evidence of reducing anti-social behaviour and mental health problems (Tunnard et al., 2005, p. 62). The programme, Stop, Think, Act, Reflect, focuses on reducing offending behaviour, substance misuse and violence (Tunnard et al., 2005, p. 45). While there is evidence to support the effectiveness of the programme it does not reflect an upstream approach. We propose that the programme should be used as a preventative strategy and that the teaching of this could protect children from future risk-taking behaviours. Stop, Think, Do (Day et al., 1999) has been used to teach young people skills they lack, including communication, relationships and self-awareness (Tunnard et al., 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 et al., 2005, p. 65). The programme uses a traffic light approach to encourage young people to consider decision-making processes and the impact their actions may have on both themselves and others. This can be delivered in a variety of ways, but uses interactive teaching methods such as circle time, drama and scenarios. Using a set of working traffic lights enhanced understanding of Stop, Think, Do. Encouraging children to think about decision-making and the consequences of actions could be developed from Early Years settings upwards. The principle of Stop, Think, Do continues to be delivered within our own clinical area as an effective model of practice.

FIVE KEY TAKEAWAYS

1. Early intervention is key.
2. Attachment is of the upmost importance and information needs to be provided for parents in a way that they can understand and become engaged in. Where issues exist rapid access to local parent and infant relationship services (PAIRS) are vital.
3. We need to focus on the mitigation of ACEs across all early childhood provision.
4. We need to provide supportive strategies to young children that will enable them to become resilient, confident and manage the challenges that they will face in life.
5. Government education policy needs to prioritise mental health and shift the focus away from purely educational targets.

CONCLUSION

The need to address the emotional wellbeing of young children so they can become healthy functioning adults is paramount. This can only be achieved with a major increase in funding

which sees a rapid expansion in workforce numbers and a significant shift in policy and practice. Practice demands transformational leadership to reflect the position of school nurses as children's services leaders. They are vital advocates for children's health. Through the healthy child programme school nurses can promote health and wellbeing to enable children to achieve their full potential in school. Several areas in England have decommissioned school nursing services. We argue that this should be reversed, with the establishment of appropriately resourced school nursing services, possessing the key skills and knowledge to enhance multi-agency working across health, education and social care.

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