Shy students are to be encouraged to use technologies such as email and text to contact their school nurses under new government guidance.

The proposals form part of Getting it Right for Children, Young People and Families—a strategy and model for school nursing services published as part of the Department of Health’s School Nurse Development Programme.

A Department of Health (DH) statement said: ‘Too often pupils find it hard to see school nurses because they don’t know how to make appointments or they are too embarrassed or shy to ask for an appointment through a teacher.

‘Using technology such as emails and text messaging to contact their school nurse can overcome these problems.’

In unveiling the plans, health secretary Andrew Lansley emphasised the crucial role of school nurses. He added: ‘We want young people to be able to speak to their school nurses more often so they get sound health advice. Pupils have told us they want to be able to make appointments by text rather than going through the teacher, so that’s something we’re going to put into action.

‘School nurses are hugely important. We’re going to work with school pupils to look at more innovative ways to get advice and support from school nurses.’

Jo France, a school nurse practice teacher in Shropshire, is currently working to set-up a texting service, with support from the Queen’s Nursing Institute’s Fund for Innovation and Leadership.

She told BJSN: ‘Mobile phone use among young people is on the increase with many preferring the increased confidentiality, greater flexibility and a potentially more reflective environment which can be provided through texts or emails. I feel it’s important for the school nurses to embrace these methods of communication to enhance and improve health outcomes for young people.’

On the workload involved, Ms France added: ‘It really depends on the type of texts we are going to receive. Texts requiring signposting information can be dealt with fairly quickly; however, if it is a health issue that leads to face-to-face contact then this would obviously impact on our service. This is why we are carrying out a pilot service first to identify the impact and establish if the extra work does increase positive outcomes for young people.’

Richard Cotton, a school nurse in the north west of England, is pleased the DH has acknowledged the importance of young people’s views in developing the school nursing model.

However, he has concerns about workload. He told BJSN: ‘In many parts of the country, school nurses are expected to provide support to a caseload of thousands. I think that if you were to ask any school nurse, they would love to be able to spend more time in their schools and improve their profile but in inner-city areas, for example, where child safeguarding numbers are high, this becomes harder to do.’

Jane Wright, senior lecturer in school nursing at Buckinghamshire New University, added: ‘There is clear recognition now by the coalition government that “school nurses are hugely important” in contributing to improving the health outcomes for school age children. This is a welcome and long awaited acknowledgement that school nurses are still the best placed health professional to provide advice and support for this age group.’

Rosalind Godson, a professional officer with Unite, pointed to a recent survey by the CPHVA, which showed that in most areas caseloads are out of proportion to the amount of work school nurses are expected to do.

She explained: ‘The problem ... is that there are far too few school nurses to contact. When a part time school nurse is expected to cover three secondary schools and a few primary schools it is evident that it simply is not possible to work with schools and teachers to improve public health outcomes and to have time to meet with students individually. The service becomes one of ‘fire fighting’ instead of planned effective work. The DH vision for school nursing is an excellent description of what could be achieved and we call on the government to ensure that it is properly commissioned locally.’

The new strategy and model has been guided by professionals and students themselves and 300 school nurse champions—young people who have ‘offered to help shape the way school nurses care for young people’—are to work with the Department of Health to come up with more ideas to help pupils get improved access to their school nurses.

The champions will include members of the British Youth Council, who are already helping the government to develop the plans.

Other suggestions from the students include giving young people a choice of a male or a female school nurse and ensuring school nurses attend assemblies and classrooms to make themselves known to all pupils.

Speaking to BJSN, Hannah, 17, who has helped to develop the British Youth Council proposals, said that being able to use technology would reduce the perceived stigma of going to the school nurse.

She said: ‘People would feel more confident if there was someone available to contact without everyone seeing.’

Hannah, who is a member of the UK Youth Parliament for Wolverhampton said that texting and emailing could be used both for making appointments and for getting immediate advice for more minor things. She added: ‘School nurses should promote themselves more in school by doing PSHE lessons and assemblies. This way young people would know that someone is there to provide support.’

Download the strategy documents at: http://bit.ly/ GYG3aB

Pete Henshaw
A Black African Caribbean boy with special educational needs (SEN) and on free school meals is 168 times more likely to be permanently excluded than a White girl with no SEN and from an affluent family. A hard-hitting report into exclusions has also highlighted that more than half of young offenders in English prisons had been excluded from school at some point.

The report—'They Never Give Up On You'—by children's commissioner Dr Maggie Atkinson said that four key factors in a child's life make exclusion more likely—gender, SEN, ethnicity, and poverty.

It finds that children on free school meals are four times and students with SEN eight times more likely to be permanently excluded.

In 2009/10 there were 279,260 fixed period exclusions from state-funded secondary schools and 14,910 from special schools. A total of 5,020 students were permanently barred from their secondary school—100 from special schools.

In the same year, boys made up 78% of all permanent exclusions while Black Caribbean pupils were four times more likely to be expelled.

Dr Atkinson said: 'Although overall exclusion rates have fallen for several years, and it's clear schools are working hard to keep children in learning, certain groups, such as students with SEN and from some ethnic groups, continue to be over represented. This cannot be right. We need to act to address the issue.'

The report finds that 40% of 16–18-year-olds who are NEET (not in education, employment or training) had previously been excluded and while figures show that more than half of young offenders in custody had been excluded, it also quotes a study by the prisons inspectorate showing that 86% of 15–18-year-olds in custody had been excluded at some point.

It states: 'The consequences of being permanently excluded from school have been shown to be very significant for the young person who is excluded and to last for many years after the exclusion.'

'Many children who are excluded, especially if the exclusion is permanent, do not re-engage with formal education before school leaving age. This disengagement often means they leave education at a disadvantage. Their likely lack of qualifications can severely limit their future life chances.'

The report says it is 'never appropriate' to exclude children for 'minor infringements' such as breaching uniform rules or the wearing of jewellery. Dr Atkinson added: 'Students should only be excluded if they are harming themselves or others, or if they are preventing others from learning. They should not be excluded for minor breaches of school rules. This does not mean that students should be allowed to break school rules. It means that a clearly understood, consistently applied sliding scale of punishment should be used.

'Good practice shows schools working with other organisations, partner schools, children and families themselves, to deal with children's problems in a range of ways.'

The report calls on the Department for Education (DfE) to publish more extensive data on the exclusion of children with SEN as part of annual figures. Dr Atkinson also said that an exclusion of an SEN child should trigger an automatic review of the child's statement.

Sarah Lambert, head of policy at the National Autistic Society, said: 'Exclusions should be an absolute last resort, but all too often they happen to children with autism because the root cause of behaviour has not been examined.'

A number of submissions to the inquiry expressed concern that schools may also be excluding underachieving students to improve exam results and league table standings. The report adds: 'The performance tables may encourage schools to try to increase the number of high achieving students they have and minimise the number of low achievers.'

Russell Hobby, general secretary of the National Association of Head Teachers, said: 'Illegal exclusions are very rare, but they are also wrong. The relentless pressure of a target-driven culture, which cares more about results than about how those results are achieved, has led a very small number of schools to use covert methods of selection and exclusion as a means of improving their league table position.'

Responses are being invited to the report. For more details, visit the children's commissioner website.

Daniel White

**Is sex and relationships education taken ‘less seriously’?**

Concerns have been raised that sex and relationships education (SRE) is being taken less seriously than other subjects.

The Sex Education Forum has said that a lack of assessment and evaluation within PSHE is undermining the delivery of effective SRE. The Forum is part of the National Children's Bureau (NCB), which has this week published a book offering guidance on the assessment and evaluation of SRE.

The charity points to a 2010 Ofsted report into PSHE education, which identifies assessment as the weakest aspect of teaching. It says this area is still ‘underdeveloped’.

Anna Martinez, co-ordinator of the Sex Education Forum, said: 'Good quality SRE equips children and young people with the knowledge they need to manage their lives as they move through puberty and adolescence into adulthood. Assessment and evaluation of SRE is vital to ensure this quality and programmes should be based on the needs of pupils, track their learning and evaluate the effectiveness of the methods and resources used.'

The second edition of the book, *Assessment, Evaluation and Sex and Relationships Education*, was published this week. It has been updated to reflect changes in policy and thinking and it sets out to highlight why assessment and evaluation are fundamental to good SRE.

In an article on assessment in SRE in BJSN last month, Lisa Handy, principal officer of SRE and sexual health at the Forum, said: 'By choosing to opt out of assessment, teachers risk suggesting that PSHE, and therefore SRE is less worthy than other curriculum subjects. 'This is a risk teachers should not be willing to take, especially when PSHE already struggles to find its way onto school timetables, often being subjected to drop-down days rather than regular, specific lessons.'

Daniel White