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Exploration of the views and expectations of young people regarding their participation in the school nursing service.

Abstract

The school nursing service plays a crucial role to support young people to meet their health and wellbeing needs (e.g. personal and family illness, sexual health, puberty, and anxieties). Exploration of the experiences of young people regarding their participation in the school nursing service may inform its future development and better support for the health and wellbeing needs of young people. This article aims to outline the importance of encouraging young people to participate in school nursing. It discusses legal texts, policy and practice context of the school nursing service, young people's rights to participation and enhanced health and wellbeing. The articles provide an overview of evidence demonstrating the gap in young people accessing the school nursing and draws on literature on how to enhance the health and wellbeing needs of young people. The conclusion recaps the main points and identified impact.

Introduction

The UK governments' health policies are focused on professionals playing a pivotal role in contributing to enhance health and wellbeing needs of young people (Scottish Government 2013, 2012; Department of Health [DH] 2012, 2009; NHS England 2014). These policies adopt the two core principles of the United Nations Convention on the Rights of the Child (UNCRC) that is, young people's right to self-determination (participation) and that their views should lead to tangible change (UNCRC 1989). School nurses practice assumes these principles to enhance health and wellbeing needs of young people through universal health promotion, prevention of illness and targeted intervention (Nursing and Midwifery Council [NMC] 2004). The health and wellbeing need of young people may relate to personal and family illness, sexual health, puberty and anxieties. Addressing these needs involves a holistic assessment using evidence-based tools and the development of individualised plans at the earliest opportunity. Therefore, the focus of school nursing practice that is early intervention: health promotion and prevention of early patterns of concerns should elicit the user's expectations in order that it can better support them. Moreover, the agenda to enhance health and wellbeing needs of young people may equally be gauged through fulfilling the regarding their participation. In order words, meeting young peoples' expectations calls for approaches to give them a voice (views); one that is built upon child rights as explicit in Scottish and Welsh legislation (Scottish Government 2014 and Welsh Government 2011) as well as in the children's right alliance in England (2017).

More than ever before school nurses are promoting social inclusion and reducing inequalities in health; addressing key public health priorities and supporting the capacity of children and young people to attain education (RCN 2017). To this end, school nurses act as the knowledgeable professionals to promote healthy lifestyle choices that is critical to set the foundation for life (Glasper 2017). However, any reforms in the school nursing service aimed service delivery must considerable focus on young people participation to improve accessibility.

In Scotland, it is important to note that the school nursing practice is underpinned by the principles of *Getting It Right for Every Child (GIRFEC)* framework of assessment of needs (Scottish Government 2012), which is enshrined in the Children and Young People's (Scotland), Act 2014. And the introduction of the ten priority areas, alongside the key Scottish Government public health strategy are to support the implementation of the CEL 13, which refocused the school nurse service (Scottish Government 2013). An evaluation report of the refocused school nursing service in two implementation sites identified benefits such as recognition of standardised practice and role recognition by relevant agencies. However, young people identified as a barrier in access i.e. the role of the guidance teacher to make referrals to the school nurse (Scottish Government 2017). This means that young peoples' attempts to seek support to meet their health and wellbeing needs is impeded by the referral process. This situation is far from unique. Recent studies have highlighted lack of private, confidential place within the school and the quality of relationship with practitioners (DeFosset et al. 2017; Booth 2015; Segrott et al 2013). This illustrate the need to explore

the expectations of young people regarding their access to the school nursing service in order to meet their health and wellbeing needs.

The Royal College of Nursing (RCN) (2017) report '*Best start: the future of children's health*' recognises the support school nurses offer young people to their health and wellbeing needs. Discussing the RCN report, Glasper (2017) underlined the clear objectives of school nurses to build trusting relationship with young people in order to enhance health and wellbeing needs. School nurses work encourages trust building however sustaining the relationship is associated with better outcomes for young people and high staff retention both of which may require attention in contemporary practice. Forkuo-Minka (2018) suggests that while school nurses have multiple intangible assets such as best practice and expertise to leverage upward investment and re-engineering (especially using technology) are required.

Evidence reveal correlation between unmet needs during childhood and the potential impact throughout lifespan. Crucially, unmet health and wellbeing needs of young people may endure lasting physical and mental health as well as educational attainments (Ashton, Bellis and Hughes 2016; Felletti et al. 1998). All these suggest calls for exploration of young people believing that they will be listened to and work with school nurses to better support for them. The benefit of listening to young people and experiences when interacting with school nurses will inform the re-engineering process. The outcomes may help focus the debate on detail analysis of what young people think about the school nursing service and how it might be better.

Consequently, developing an improved school nursing service informed by young people's experiences may embed the core principles UNCRC that is, young people rights to freely participate and expectations that leads to tangible changes (Kirby and Gibbs 2006).

Logically, the views and expectations of young people regarding their participation in the school nursing, when encouraged, may be the best way to ensure their health and wellbeing needs are met in a sustainable approach (Seale 2016).

Pertinent Literature

A survey of young people identified that a majority do not know their school nurse and nearly a third of them do not access the school nursing service in a school year (Booth 2015). These figures are significant and illustrate a gap between visibility and access. British Youth Survey in (2011) reported that young people wanted a visible school nurse but also implied that confidentiality and anonymity may be the reasons they will not access the service. Other studies suggest that the lack of contact with the school nurse may include barriers such as of lack of trust with adults and confidentiality (DeFosset et al. 2017; Segrott et al. 2013). Similar findings in the United States reveal that most young people who access health services in schools make one visit a year (McNall, Lichty and Marvis 2010). Further, Day (2016) observes that the lack of access may be attributed to many young people developing a sense of identity (self-worth) and learning to cope with life issues nevertheless, they do not access support regardless.

The reality of barriers to young people accessing the school nursing service does not appear to be quite as straightforward. Cordery (2017) suggests that school nurses lack recognition because the service is inadequately branded, and young people do not identify with the service.

Anecdotally, the lack of visibility and sustained engagement between young people and school nurses may be due to large caseloads. For example, it is not uncommon to have a school nurse being allocated one secondary school and four or more primary schools. As mentioned, the change that is required in the school nursing service must be supported with views and expectations from young people who may have outcomes for their health and wellbeing needs, which is instrumental in prevention and early intervention agenda. However, young people (and other stakeholders) expectations of the school nursing service can present a significant challenge. Because these expectations are going to be based on perceptions what the service should offer, this can open a gap between what the service can realistically deliver. A helpful forward may clear communication strategy to reach young people especially through exploration of digital conversations that they have grown up with.

Although the available evidence are not robust, it may be argued that, very few young people access the school nurse service for support to enhance health and wellbeing needs. As a result, the school nursing service needs to understand what young people think regarding participation in the service and its role in meeting their health and wellbeing needs as well as addressing capacity problems.

The participation agenda

The participation agenda for children and young people was first theorised by Hart (1992) who used the metaphor 'ladder of participation' to classify eight rungs of participation. Hart (1992) referred to the first three rungs on the ladder that is, *manipulation, decoration, and tokenism* as non-participation. Hart (1992) classed the next four rungs as empowerment including: *assigned but informed, consulted and informed, adult-initiated shared decisions with children, and child-initiated and directed*. Hart's final classification of the top rung was referred to as *child-initiated shared decisions with adults*. Hart highlights the importance of providing the opportunity for young people to inform services which directly affect their health and wellbeing needs. Although this tool has been described as powerful, its implicit hierarchy and the failure to acknowledge cultural context has been criticised (Reddy and Ratna 2002; Treseder 1997). Criticism of Hart's framework centres on non-adoption of the two core principles of participation, that is, young people's right to self-determination, and that their views should lead to tangible change (Kirby and Gibbs 2006). Such an approach will be a justification for a situation in which the future developments in the school nursing service are informed by young peoples' views and expectations.

Studies indicate the extent to which service user's views regarding participation may provide a deeper understanding to health and wellbeing outcomes (Woodhouse et al. 2016; Newman 2012). As Hart (1992) points out and more recently emphasised by Fraser, Flewitt and Hammersley (2014) when young people are supported to participate in healthcare the

impact is positive, and there is shared power and co-creation. Kirby and Gibbs (2006) suggest it fulfils the two core principles: their right to self-determination, and that their views should lead to tangible change.

Young people go through transitional period and this can be complex, but their health and wellbeing needs are common. During this period young people may not identify that they have e.g. health and wellbeing need that can be addressed if they access support from school nurses whom they can build relationships with. Through young people participation using child-initiated shared decisions with school nurses (Hart 1992), the issues important to them would be addressed. School nursing must continually explore ways for young people to participate in the service and its role in their health and wellbeing. If young people are routinely offered the opportunity to participate in school nursing their views about how they want to access support from school nurses would be standardised. This will bring the essential school nursing service to young people in schools where they spend most of their waking hours.

Conclusion and Identified impact

This article illustrates that young people's participation in school nursing and its role in meeting their health and wellbeing needs may be encouraged. Exploring the expectations of young people may inform future developments in school nursing and may reduce barriers to access. This may also create a more positive and inclusive experience for young people as well as fulfilling their rights. It can be expected that the young people's views and expectations regarding their participation may provide a greater understanding of how young people expect school nurses to support them

to meet their health and wellbeing needs. It is clear that young people face personal and structural barriers to access support from the school nurses. The dearth of robust literature suggests the appropriateness to use a qualitative descriptive study design and techniques to directly explore young people's views and expectations regarding participation in the school nursing service in order to meet their diverse and unique needs.

Finally, school nurses should discuss appropriateness of research methodology to explore the views and expectations of young people regarding their participation (giving young people a voice) in the school nursing service. The methodological perspective should have the inherent assumptions that multiple perspective exists, and that young people's organic thought and opinions are justified within a local context and it is by rights.

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