The Role of the School Nurse in Protecting Children and Young People from Maltreatment: An Integrative Review of the Literature

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Objectives: This review aims to describe the role of the school nurse in protecting children and young people from maltreatment by examining the international literature. Child maltreatment is a prevalent issue in global society today and includes physical, emotional and sexual abuse, neglect and exploitation. School nurses are ideally placed to identify and work with children and young people who are at risk of maltreatment through their regular contact with the school community.

Design: Integrative literature review incorporating thematic analysis.

Data Sources: Electronic databases *British Nursing Database, Cumulative Index of Nursing and Allied Health Literature, Medline, PsycInfo, Cochrane Library Database for Systematic Reviews, Cochrane Central Register of Controlled Trials (CENTRAL).*

Search Terms: Role, School Nurse, Child Maltreatment.

Review Methods: Initial title and abstract review of 444 studies resulted in 78 studies for full text review. Additional search strategies identified one relevant study. Inclusion and exclusion criteria were employed as follows; (1) study published in the English language, (2) peer-reviewed, (3) primary research, (4) inclusion of school nurses (or equivalent role internationally) in the study sample, and (5) a focus on the role of school nurses in preventing child maltreatment. Studies were appraised using the *Critical Appraisal Skills Programme* tool for qualitative studies and the *Strengthening the Reporting of Observational Studies in Epidemiology* checklist for mixed-methods and quantitative studies. Findings from the studies were identified, summarised and organised into a summary table, before being analysed thematically.

Results: 21 studies met inclusion and quality criteria and were included in the review. Key themes that emerged from the analysis were; *supporting the child and family, detective work, working with other professionals, training and supervision, barriers to protecting children and young people from maltreatment* and *trust*.

Conclusion: International literature highlights the variety of activities that school nurses may undertake in daily practice to protect children and young people from maltreatment. Several challenges to this role are identified, including time management and building relationships with children and young people. Recommendations for practice and further research are made.

Keywords: Child Maltreatment, Child Protection, School Health, School Nursing.

What is already known about this topic?

- Internationally, school nurses work in schools and the community, and are ideally placed to identify and work with children and young people who are at risk of maltreatment.

- Little in-depth research exists that examines the school nurse's role in protecting children and young people from maltreatment, and how this translates into daily practice.

What does this paper add?

- School nurses undertake a wide variety of activities to help protect children and young people from maltreatment.
- School nurses may face challenges in their role of protecting children and young people from maltreatment, including managing heavy workloads and working with complex cases of maltreatment.

1. Introduction

The aim of this integrative literature review is to systematically examine international evidence relating to the role of the school nurse in protecting children and young people from maltreatment, and to identify the activities school nurses undertake in practice. School nurses in the UK are frequently cited in government guidance as playing a critical role in identifying and protecting children and young people at risk of maltreatment through regular contact with the school community (Department for Education 2015; Department of Health 2012). The term 'child maltreatment' is chosen for this review as it is used by the World Health Organisation (2014) to define abuse experienced by those less than 18 years of age, and categorises the types of maltreatment as physical, emotional, sexual, negligent or exploitative. Alternative terms found in the literature include child abuse and neglect and violence against children. Child maltreatment exists globally, and several countries mandate health, education and social services professionals to report concerns (McTavish, 2017).

In a recent review of school nursing services in England by the Children's Commissioner (2016) school nurses reported a significant amount of administrative work relating to protecting children from maltreatment, such as writing official reports and maintaining clinical records. The Royal College of Nursing (RCN, 2016) found the pressures of work relating to child maltreatment had changed little since the previous RCN survey in 2009, and the number of school nurses reporting a high workload relating to child maltreatment had risen consistently (Ball, 2009). Correspondingly, it is known there has been a steady decline in the number of UK school nurses as well as funding and capacity pressures on other children's services, such as mental health and social care (Mckew, 2017).

Historically, school nursing was born from a need to care for the most deprived children in the community, pioneered by the work of nurse Lina Rogers caring for school children in

New York in 1902 (Schumacher, 2002). A survey by the World Health Organisation (2009) on the provision of school health services in Europe attracted responses from 37-member states that identified a school health service within the country. Additionally, in a review of international school health provision, 54 of 102 countries had dedicated school health services provided by a nurse (Baltag *et al.* 2015). These countries included those categorised as low and middle-income across the continents of Asia, Africa, and the Americas. In the UK, school nurses are employed to care for the health of school pupils aged 5-19 years, and many hold a Specialist Community Public Health Nursing (SCPHN) qualification (Department of Health, 2016). School nurses may also be employed in an independent/private school or in a school for children with complex disabilities. Although literature providing international comparisons of school nursing models of care is sparse, school nurses across the world can share similar roles in health promotion, mental health counselling, health screening, the provision of immunisations, providing medication and supporting pupils with long-term medical conditions (Baltag *et al.* 2015; Seigart *et al.* 2013).

School nursing has received little research attention to date and this literature review will inform a better understanding of a key area of practice. Any barriers to the role of school nursing in protecting children from maltreatment will be identified and recommendations made for practice and further research.

1.2 Background

Victims of child maltreatment are known to be at higher risk of poor mental health, risk-taking behaviours and turbulent future relationships (Cecil *et al.* 2017; Maguire *et al.* 2015; World Health Organisation 2017) and in the worst cases serious harm or death (National Society for the Prevention of Cruelty to Children, 2016). The World Health Organisation (2017) estimated that one in four adults worldwide experienced physical violence in their childhood, although data regarding the prevalence of child maltreatment cases was likely influenced by underreporting in many countries (Feng and Levin, 2005). Additionally, the World Health Organisation (2017) highlighted that children with a physical disability are four times more likely to suffer child maltreatment.

The assessment of risk in the protection of children from maltreatment remains a debated issue in health, education and social care (Adams 2005; Akehurst 2015; Appleton and Cowley 2004; Lewin and Herron 2007; Powell 2003; Taylor *et al.* 2007). The often subjective nature of risk assessment, and debates regarding the reliability of objective measurements of vulnerability to harm, makes this a complex topic interwoven with aspects of culture,

psychology and professional practice (Feng and Levin 2005; Fleming *et al.* 2009; Fraser *et al.* 2009; Hogg *et al.* 2012).

1.3 Objectives

The issue to be addressed in this integrative literature review is the lack of international comparison regarding the role of the school nurse in protecting children and young people from maltreatment and how this translates into daily practice. A review of international literature was undertaken to examine the following questions:

- What activities do school nurses undertake to protect children and young people from maltreatment?
- What barriers exist to school nurses protecting children and young people from maltreatment?
- Can clarity be sought on the remit of the school nurse in protecting children from maltreatment?
- What recommendations can be made for policy, practice and future research?

2. Methods

2.1 Design

The methods for this integrative literature review follow the steps outlined by Whittemore and Knafl (2005) who define an integrative literature review as incorporating research that employs both qualitative and quantitative methods and a range of study designs, including mixed-methods studies. This approach was chosen as it allowed for a broader range of studies (in terms of methodology and research design) to be included; studies that provided a large-scale overview of school nursing services as well as an in-depth exploration of processes. The stages of the literature search were systematic and used clearly defined search terms and the adoption of inclusion and exclusion criteria (Aveyard *et al.* 2016). Studies were appraised using a critical appraisal tool; the Critical Appraisal Skills Programme tool (CASP, 2017) for qualitative studies and the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool (University of Bern, 2009) for mixed-methods and quantitative studies. Thematic analysis (Braun and Clarke, 2006) was undertaken, to identify key themes across the studies.

2.2 Literature Search and Critical Appraisal

A search was conducted in six healthcare databases chosen for their scope and relevance to school nursing practice; *British Nursing Database, Cumulative Index of Nursing and Allied Health Literature, Medline, and PsycInfo.* A search of the *Cochrane Library Database for Systematic Reviews* and *Cochrane Central Register of Controlled Trials (CENTRAL)* returned 0 relevant results. No date limit was set on the searches to capture, as far as possible, all studies focusing on school nursing practice in this small area of research. Search terms and Boolean operators (Table 1) were chosen to promote a comprehensive search, capturing primary research involving school nurses and their role in protecting children from physical, sexual, emotional and exploitative abuse and neglect.

Table 1

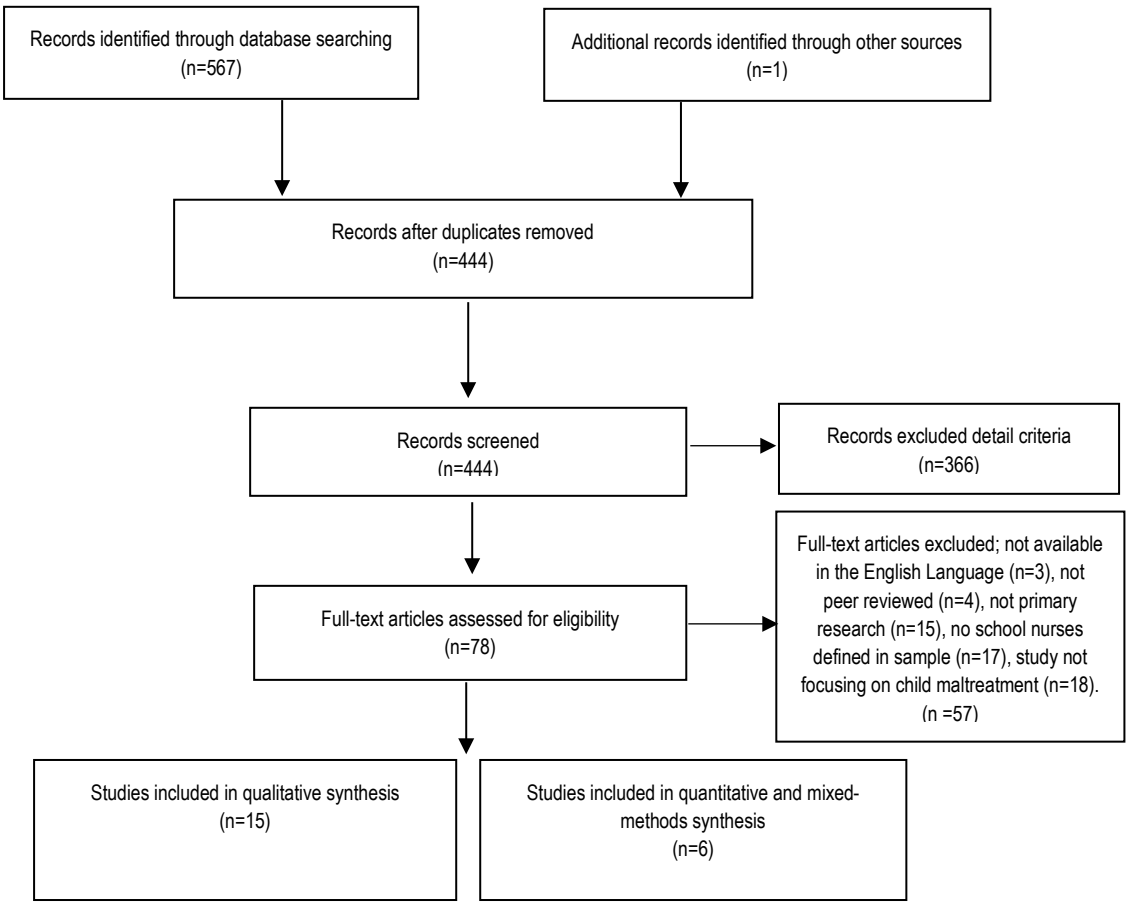
Mesh Terms/thesaurus	Mesh Terms/thesaurus	Mesh Terms/thesaurus
Role AND	School Nurs* AND	Child Protection
Role*OR	School nurs* OR	Child* N3 protect* OR
Contribut* OR	School health nurs* OR	Safeguard* N3 child* OR
Participat* OR	Specialist community public health nurs* OR	Child maltreatment OR
Responsibilit* OR	Public health nurs* OR	Child* N3 maltreat* OR
Involv* OR	Community practitioner*	Neglect OR
Engag*		Child* N3 welfare OR
		Physical abuse OR
		Emotional abuse OR
		Sexual abuse OR
		Exploitation OR
		Fabricat* Illness OR
		Induced Illness

Search Terms and Boolean Operators

Additional search strategies were employed by scanning reference lists of all studies and conducting forward citation searching with the Google Scholar search engine. No other search strategies were employed. The search and identification of studies was conducted by author one, and search terms for databases were developed with support from a university healthcare librarian. Studies were stored and organised in EndNote software, and abstracts read by author one, applying the following inclusion criteria; (1) study available in the English Language, (2) peer reviewed, (3) primary research, (4) school nurses defined in sample and (5) study focusing on child maltreatment. Studies that included other professionals within the sample (as well as school nurses) were still deemed important to the review as there is a dearth of research looking at the role of school nurses in protecting children and young

people from maltreatment, therefor all relevant material was included. Figure 1 presents a PRISMA diagram outlining the screening process.

Figure 1



Flow Diagram of Screening Process adapted from PRISMA (Moher et al. 2009)

Studies were appraised using the Critical Appraisal Skills Programme tool (CASP, 2017) for qualitative studies and the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool (University of Bern, 2009) for mixed-methods and quantitative studies. This was to assess the quality of the studies, for example, ensuring the validity of measurement tools had been considered and the approach to methods justified. Appraisal of the studies was initially conducted by author one, and the notes made during the appraisal of each study were included in a data summary table of study characteristics; the data summary table was developed by author one in collaboration with two researchers. Appraisal of studies and the data summary table were then checked by two authors, and notes on studies were compared and discussed as a team. No studies were excluded at the appraisal stage as all met a level of quality in accordance with the quality appraisal tools; it was also considered that few studies exist in this subject area, so each study brought important findings to the review. Critical appraisal of the 15 qualitative studies using the

Critical Skills Appraisal Programme (CASP, 2017) tool identified that all authors sufficiently explained the research methods used to collect interview and focus group data. Critical appraisal of four quantitative studies and two mixed-methods studies using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool (University of Bern, 2009) identified a sufficiently rigorous and transparent approach in all cases.

2.3 Data Analysis

Following Whittemore and Knafl (2005), each study was read several times to become familiar with the content, and key statements relevant to the review objectives were highlighted. Direct quotations of findings were summarised into a table (data reduction), and ordered according to study classification as quantitative, qualitative or mixed-methods. Similar findings from all the studies were then systematically organised and grouped during the data comparison phase, employing thematic analysis (Braun and Clarke, 2006). Both quantitative and qualitative findings were integrated during this process, as well as through the final stage of developing a synthesised summary and conclusion of the phenomenon (Whittemore and Knafl, 2005). During this process, results from quantitative studies were summarised and grouped with qualitative data, rather than combined separately in a meta-analysis. Quantitative results that contributed to the review objective of understanding school nursing activity and remit (for example, from surveys) were highlighted and transposed verbatim to the table. Thematic categories were constantly compared with each other and to the original studies to ensure that they accurately reflected the study findings. Extraction of findings was initially conducted by author one, including all findings relevant to describing the school nursing role in protecting children from maltreatment, and taking an exploratory, inductive approach to a little-known area of research. Extraction of findings and development of themes were checked and compared by two authors, discussing any differences as a team. Findings specifically sought to address the research questions; describing the activities and remit of school nurses in protecting children from maltreatment and the barriers to this role.

3. Results

A total of 444 studies were found for initial screening of the title and abstract, after which 78 studies remained for full text review. Inclusion and exclusion criteria were applied leaving 20 studies. Forward citation searching identified one study for inclusion, taking the total number

of studies to 21. The data summary table is presented (Table 2). Of the 21 studies included in the review, seven were from the USA, six from the UK, three from Sweden, three from Finland, one from Australia and one from The Netherlands. Studies were conducted in a range of countries where health care systems vary in structure and organisation. Eight studies included solely school nurses (or equivalent job role internationally) in the sample, with the remainder involving mixed samples of school nurses with other professionals; these were doctors, counsellors, other nurses and educational staff. Where possible the findings relevant to school nurses were extracted or otherwise indicated in the discussion.

Table 2

Author/s	Year	Country	Study Aims	Participants	Study Design	Methods	Findings	Limitations
Alizadeh, V., Tornkvist, L. and Hylander, I.	2011	Sweden	To generate a theoretical model that illuminates the experiences of school counsellors and school nurses counselling teenage girls who worry about problems relating to protection of family honour.	School nurses (n=4). School counsellors (n=6).	Qualitative. Grounded theory approach.	Individual interviews at two time-points (2006 and 2007).	School nurses (and counsellors) work with vulnerable girls by creating environments of trusts, being confidential and being available. Professional dilemmas existed between intervening and maintaining trust. Staff felt professionally hampered as they could not always help the girls in ways they would like.	Small sample of school nurses. Perspective of teenage girls not included.
Chase, E., Chalmers, H., Warwick, I., Thomas, F., Hollingworth, K. and Aggleton P.	2010	UK	To examine the different ways in which nurses are enabled and supported to contribute to the health and wellbeing of school children.	National stakeholders (n=23). School nursing leads (n=34). PCT/LA stakeholders (n=31). School nurses (n=10). School staff (n=39). Parents (n=12). Pupils (n=204).	Mixed-methods.	Four stages: (1) Literature review. (2) Interviews with national stakeholders. (3) Telephone survey of nurse managers. (4) Five in-depth case studies; Interviews with PCT/LA stakeholders, school nurses and school staff. Focus groups with school pupils. Focus groups and interviews parents.	School nursing practice varied across England, and much time was spent on activities relating to protecting children and young people from maltreatment. School nurses reported an increase in child protection work and role confusion. Some disparity between stakeholders and school nurses' beliefs about their involvement in protecting children and young people from maltreatment.	Small sample of school nurses. Information on school nursing time and caseloads taken from managers and PCT/LA stakeholders-rather than directly from school nurses.
Clarke, M-L.	2000	UK	To understand how recognition of the school nurse's role in protecting children and young people from maltreatment has	1984: Health teachers (n=23).	Qualitative. Longitudinal.	Interviews with case vignettes.	The study found that head teachers and social workers recognise the role of the school nurse in protecting children and young people from maltreatment more so in 1993/4 than in 1984. School nurses always felt their role was important.	Only one area of England included in the study. 10-year time gap between interviews; many landmark reports published and changes

			changed since the 1980's in the UK.	Educational welfare offices (n=23). Social workers (n=22) School nurses (n=31). 1993/4: Head teachers (n=13). Educational welfare officers (n=9). Social workers (n=14). School nurses (n=16).			The authors call for greater recognition of the school nurse as a key role in protecting children and young people from maltreatment, and school nurses should be allowed to take on senior child protection nurse roles.	to local and national child protection procedures during this time. Statistical analysis applied to qualitative data; method not described in detail.
Coates, M.	2011	UK	To evaluate the public health role of school nurses and explore current practice.	Public health advisors (n=13). School nurses (n=42). School health assistants (n=3). Not declared (n=4).	Quantitative with open comments.	Questionnaires sent to 6 local school nursing organisations.	Safeguarding became a major theme and role in school nursing. School nurses spent a significant amount of time on work relating to child maltreatment. This conflicted with some public health responsibilities.	Questionnaires can attract poor response rates. Questionnaires can make it difficult to confirm accuracy of responses. Findings may be region specific.
Eisbach, S. and Driessnack, M.	2010	USA	To explore the process of mandated reporting of child maltreatment amongst paediatric nurses.	Paediatric nurse practitioners (n=7). School nurses (n=10). Paediatric mental health nurses (n=6).	Qualitative descriptive design. Grounded Theory approach.	Individual interviews. Face-to-face or over the telephone.	Nurses identified 3 stages to reporting child maltreatment; becoming aware, intervening and reporting. Many moderating points influenced how quickly nurses moved through the stages and two major themes identified were; easy reporting decisions and complex reporting decisions. The authors expected to find differences between practice settings, but nurses in all settings followed similar processes to report abuse.	Novice nurses were not included in the sample. Only nurses belonging to the professional organisations were recruited. Nurses who chose not to report are not involved in the sample.
Engh Kraft, L. and Eriksson, U-B.	2015	Sweden	To explore how school nurses detect maltreated	School nurses (n=23).	Qualitative.	Focus groups; 4 groups with 4-6 participants per group.	Swedish school nurses perform regular screening, and this promotes identification of child maltreatment. School nurses have a lot of potential opportunities to identify abuse.	School nurses in the sample were only included if they had 2

			children and initiate support measures.		Grounded Theory approach.	Each focus group was held twice.	School nurses felt it was important for maltreated children to receive the support they need. This was achieved by creating trust, and 4 themes emerged (1) knowledge and experience, (2) building relationships, (3) talking about sensitive issues, and (4) preventive measures.	years + experience; excluding novice nurses. Further testing of the model needed. Perspectives of school pupils not included.
Engh Kraft, L., Rahm, G. and Eriksson, U-B.	2016	Sweden	To understand how school nurses detect and support sexually abused children.	School nurses (n=23).	Qualitative.	Focus groups; 4 groups with 4-6 participants per group. Each focus group was held twice.	The main theme that emerged was 'avoidance', which also permeated other themes. Three subthemes were: (1) arousal of strong emotions, (2) disclosure process, and (3) ambivalence of the school nurse.	Secondary analysis of data from a previous study looking at the wider role of the school nurse. School nurses in the sample were only included if they had 2 years + experience; excluding novice nurses. The research group had a wealth of knowledge and professional experience in the field, although acknowledge that this may invite pre-judgments in the analysis stage.
Hackett, A.	2013	UK	To explore school nurses' perceptions of their role in protecting children and young people from maltreatment. To identify skills and training required to undertake this role.	School nurses (n=6).	Qualitative.	Semi-structured interviews. Face-to-face.	Themes and subthemes were identified. These were (1) role confusion (lack of clarity/variation in practice/competing demands), (2) learning in practice (importance of experience/learning from experience/learning from others), and (3) moving forward (self-development/supporting child and young person/practice development).	Time constraints meant final sample had to be purposefully selected. Small scale study undertaken in one health board area; limits transferability of findings.

Jordan, K S., Mackay, P. and Woods, S J.	2016	USA	To examine the effectiveness of an intervention hoped to improve the knowledge, confidence, attitude and self-efficacy of school nurses towards the identification and protective interventions in child maltreatment. To discover issues surrounding engaging/interacting with children at risk, communication with school staff, ethical issues, and barriers that may interfere with school nurses initiating protective interventions.	School nurses (n=174).	Pre and post-test design.	Face-to-face educational intervention with pre and post-test written questionnaires. Focus groups using a semi-structured guide.	Four key elements of the school nurse role were identified: (1) safeguarding the health and welfare of children, (2) health promotion, (3) being a pupils' confidante, and (4) providing family support.	Post-test questionnaires were administered immediately after educational intervention, and not followed-up later. A more open structure to the focus groups may have collected a greater variety of opinions and information.
Joyner, S. (Florence Nightingale Trust)	2012	UK	To raise awareness of the important role school nurses play in child protection process.	School nurses (n=11).	Qualitative.	Semi-structured interviews.	School nurses must meet a wide range of needs of children and offer a variety of interventions. Pressure of time, caseload size and public health work influences activities relating to child maltreatment. Other roles of the school nurse in safeguarding include liaison, detective work, advocating and signposting. Barriers to child protection work centred on parental engagement with the service.	Small sample in one locality limits transferability. Time constraints meant the author could no complete all steps of the chosen data analysis method *'Colizzi's framework for data analyses'*.
Land, M. and Barclay, L.	2008	Australia	To explore, with a sample of child health, paediatric and school health nurses, the knowledge and understanding around child maltreatment and neglect. To identify these nurses' perceptions of their role in	Mixed sample (n=10), including school health nurses.	Qualitative. Exploratory.	Interviews using semi-structured and open-ended questions.	All nurses recognised their legal and professional duty to safeguard children but identified many barriers to completing this work. The three main themes identified were: (1) drawing a line in the sand, (2) mushrooms in the dark, and (3) fear factors.	The number of school nurses is unclear within the sample. Nurses with more than 2 years experiences were recruited; limiting information on the experiences of recently qualified nurses.

			protecting children and young people from maltreatment and highlight any barriers to care.					Legislation, service models and population demographics varied widely.
Lightfoot, J. and Bines. W.	2000	UK	To identify and define the role of the school nurse in working to keep school children healthy.	Teachers (n=27). Commissioners (n=15). NHS managers (n=13). School nurses (n=23). Pupils (n=8). 7 parent focus groups with 2-5 attendees.	Qualitative.	Semi-structured interviews with health and education staff. Focus groups with parents and school pupils.	Safeguarding was one of 4 key roles of the SN, as well as health promotion, being a pupil's confidante and providing family support.	Not looking specifically at work relating to child maltreatment, although this was a major theme. Context and time (data collected 1995-1996) may influence results.
O'Toole, A W., O'Toole, R., Webster S W., and Lucal, B.	1996	USA	To determine the process nurses use to diagnose ambiguous cases of possible abuse.	Mixed sample (n=1,036) including school nurses (38.9%). Community nurses (13.6%). Paediatric nurses (8.3%). A and E nurses (31.6%).	Quantitative.	Questionnaire with open questions and case vignettes.	Child maltreatment can be ambiguous and difficult to diagnose. Nurses undertook diagnostic work to identify child maltreatment This included error work and searching for information. School nurses relied more on physical symptoms of child maltreatment. School nurses are important links in schools.	Data from a previous study using the same questionnaire (but a different vignette) was incorporated into the analysis, although there was a 2-year time gap between collections. Research includes nurses from multiple specialities.
Paavilainen, E., Astedt-Kurki, P. and Paunonen, M.	2000	Finland	To describe school nurse's work while caring for families with child maltreatment issues. To find out how school nurses see their task in caring for these families. To devise a clinical guideline to support school	School nurses (n=20).	Qualitative.	Focused interviews.	School nurses work predominantly 1-1 with children, rather than with the wider family. They often saw a child multiple times before receiving a disclosure. Nurses could be categorised as 'active' or 'passive' workers.	Numbers of school nurses who were 'active' and 'passive' not defined. Findings may be confined to cultural context.

			nurses in caring for child abusing families and working with other professionals.					
Paavilainen, E. and Tarkka, M-T.	2003	Finland	To understand how Finnish public health nurses define child maltreatment and how they assess their competency at identifying it.	Finnish public health nurses who worked in child welfare clinics and school health services (n=20).	Qualitative.	Focused interviews.	School nurse's under-recognised emotional abuse and there was a non-consensus in child maltreatment definitions. School nurses have a role in the identification of abuse and use several objective and subjective tools.	Findings limited to one specific urban area. Findings are experiential and may not be generalisable to other nurses. Little is known about the training and supervision of the sample of school nurses.
Paavilainen, E., Helminen, M., Flinck, A. and Lehtomaki, L.	2014	Finland	To describe how Finnish public health nurses identify and intervene in child maltreatment, and how they implement a national clinical guideline.	Finnish public health nurses (n= 367); 30% in school health.	Quantitative.	E-surveys.	School nurses scored highest on ability to identify child maltreatment- as well as nurses who worked in other settings but had a background in school nursing.	Some participants were unaware of the guideline, but still completed these survey questions. Results rely on self-report of public health nurses.
Pakieser, R A., Starr, D K., and Le Baugh, D.	1998	USA	To understand how school nurses in Nebraska identify emotional abuse using hypothetical case vignettes.	School nurses (n=121).	Quantitative.	Questionnaire. Case vignettes.	High numbers of school nurses had been involved in the identification and reporting of abuse. Identification is a crucial step that triggers on-going care. No demographic factors relating to the nurses influenced the ability to detect emotional abuse.	Larger sample need to explore statistically significant relationships. Authors changed the terms 'black' with 'minority' within the case vignettes. Case vignettes are not 'real life' situations.
Peckover, S. and Trotter, F.	2014	UK	To examine the challenges of professionals working to safeguard children from domestic violence; particularly those in	Mixed sample (n=23), including school nurses, midwifes, health visitors, educational staff, family support and early years	Qualitative.	Focus groups.	Universal services are well placed to see families who may otherwise not be seen. School nurses discussed both direct and preventative work with children in schools. Generally, professionals conceptualised domestic violence work as referring to other agencies and were not child-focused.	No information was collected about the domestic abuse training experiences of those who attended the focus groups.

			universal services and additional support services.	workers, and specialist support staff.				Participants had an *a priori* interest. Study held in one local authority area. No demographic data on sample collected.
Ramos, M., Greenberg, C., Sapien, R., Bauer-Creegan, J., Hine, B and Geary, C.	2013	USA	To understand the behavioural health emergencies that school nurses address as part of a multi-disciplinary team, and the education they receive for this role.	School nurses (n=186).	Quantitative.	State wide workforce survey (New Mexico). Online or paper options available.	Two thirds of the sample had provided support for behavioural emergencies in relation to child maltreatment/neglect, mental health and violence. 40% had managed suicide risk. Current education may not prepare them for this role.	A mixed-methods approach may have enriched the data further. Sample did not include nurses working in private or parochial schools. Survey was developed by an expert team but not validated. Findings may be limited to the state of New Mexico.
Schols, M., De Ruiter, C. and Ory, F.	2013	The Netherlands	To investigate frontline professionals' experiences with child maltreatment detecting and reporting, with a particular emphasis on the factors that may impact suboptimal detection and reporting.	Teachers (n=15). School principal (n=1). Public child healthcare nurses (n=11). Public child healthcare doctors (n=6).	Qualitative.	Focus groups; three involving health professionals, three involving educational staff.	School nurses were identified as having a range of responsibilities, which were influenced by social, attitudinal and internal factors. Risk perception may be influenced by nursing values. Intuition featured in nurses' responses.	Change in reporting laws during study. Mixed sample (not exclusively school nurses).
Sekhara, D L., Kraschnewskia, J L., Stuckey, H L., Witta, P D., Francisa, E B., Mooree, G A., Paul L. Morgan, P L., and Noll, J G.	2017	USA	To understand how key stakeholders would respond to a formal screening process for child sexual abuse (CSA).	School nurses (n=19). School teachers, counsellors and administrators (n=14). Providers of paediatric services (n=14). Parents (n=15).	Qualitative.	Focus groups using an interview guide.	Most participants had considered CSA either professionally or personally; they were aware of the consequences of CSA and discussed the barriers to reporting. Three overarching themes were identified: 1) early screening and identification is preferred. 2) maintaining confidentiality.	May not be generalisable to other states in the USA. No perspectives of children and young people were included.

							3) the identification process needs refinement to be successful.	

Following data analysis, six main themes were identified; these were *supporting the child and family, detective work*, *working with other professionals, training and supervision*, *trust,* and *barriers to protecting children and young people from maltreatment.* The most common theme was *supporting the child and family*, with 18 studies reporting this role. This was followed in descending order by *detective work* (17 studies), *working with other professionals* (15 studies), *training and supervision* (13 studies), *barriers to protecting children and young people from maltreatment* (12 studies) and *trust* (10 studies). As evident, there was not a large difference in occurrence of themes, and most studies reported a combination of themes. Themes are presented in the discussion by order of frequency. All themes except *barriers to protecting children from maltreatment* seek to describe the activity and remit of school nurses as posed in objective one and three of the review. Table 3 presents a summary of the themes in each study.

Table 3

	Themes					
	Supporting the Child and Family	Detective Work	Working with Other Professionals	Training and Supervision	Barriers to Protecting Children and Young People from Maltreatment	Trust
Alizadeh *et al.* (2011)	✓	✓	✓		✓	✓
Chase *et al.* (2010)	✓				✓	
Clarke. (2000)	✓		✓			
Coates. (2011)					✓	
Eisbach & Driessnack. (2010)	✓	✓	✓	✓	✓	✓
Engh Kraft & Eriksson. (2015)	✓	✓	✓	✓	✓	✓
Engh Kraft *et al.* (2016)	✓	✓	✓	✓	✓	✓
Hackett. (2013)	✓	✓		✓	✓	
Jordan *et al.* (2016)	✓	✓	✓	✓	✓	
Joyner. (2012)	✓	✓	✓	✓	✓	
Land & Barclay. (2008)	✓	✓	✓		✓	✓
Lightfoot & Bines.	✓	✓	✓	✓	✓	✓

(2000)						
O'Toole *et al.* (1996)		✓				
Paavilainen *et al.* (2000)	✓	✓	✓	✓		✓
Paavilainen & Tarkka. (2003)	✓	✓	✓			
Paavilainen *et al.* (2014)	✓	✓	✓	✓		
Pakieser *et al.* (1998)		✓		✓		
Peckover &Trotter. (2014)	✓	✓	✓	✓		✓
Ramos *et al.* (2013)	✓		✓	✓		
Schols *et al.* (2013)	✓	✓	✓	✓	✓	✓
Sekhara *et al.* (2017)	✓	✓				✓
TOTAL	18	17	15	13	12	10

Summary of Themes

3.1 Supporting the Child and Family

A range of examples were given across the literature of how the school nurse might deliver support to children and young people at risk of maltreatment and their families, and this theme occurred in studies originating from all six countries. On a descriptive level, school nurses might provide direct interventions relating to mental and emotional health support, physical health needs (for example enuresis advice), preventative health promotion and immunisations (Jordan *et al.* 2016; Peckover and Trotter 2014; Sekhara *et al.* 2017). School nurses in one study were providing emergency (rather than planned) interventions, such as intervening in break-downs of behaviour, for children at risk of maltreatment, acute mental health episodes and violence; 40% of the sample had intervened in school for a suicidal student (Ramos *et al.* 2013). More indirect support of children and families was achieved in three studies by providing a link role across services, monitoring the child and family and communicating between different agencies (Clarke 2000; Joyner 2012; Lightfoot and Bines 2000; Schols *et al.* 2013).

Another aspect of the school nursing role involved referring families to social care and

writing official reports. Social care can be defined internationally as a service for vulnerable children and adults who require additional support from the local government for reasons such as ill-health, disability or homelessness, and are usually central to the assessment of risk in cases of child maltreatment (Robertson *et al.* 2014). It was described in three studies that referring parents to social care, or similar specialist services, could feel challenging as nurses often feared parental retribution (Engh Kraft and Eriksson 2015; Engh Kraft *et al.* 2016; Lightfoot and Bines 2000). School nurses' involvement in making referrals to specialist services was represented well in one study, with one third of 11,000 children's visits to school nurses in New Mexico between 2011-2012 resulting in a referral to school or community behavioural services (Ramos *et al.* 2013).

The importance of school nurses' communication skills and confidence in this referral process were apparent (Hackett, 2013). School nurses in one research study were divided as to whether their role was to provide parents with support, with some school nurses reporting they were not trained to provide such family interventions (Lightfoot and Bines, 2000). Nevertheless, in another study 88% of 367 public health nurses (including an unknown number of school nurses) indicated they would help families to seek support (Paavilainen *et al.* 2014).

A proactive approach to supporting children and families with child maltreatment issues involved school nurses and colleagues seeking to empower children and young people and be an advocate for them (Alizadeh *et al.* 2011; Eisbach and Driessnack 2010; Engh Kraft *et al.* 2016). In five studies school nurses supported families to access other agencies and make appointments for their children, and sometimes acted as a lead for child maltreatment cases (Chase e*t al.* 2010; Engh Kraft and Eriksson 2015; Jordan *et al.* 2016; Joyner 2012; Schols *et al.* 2013). In one study, school nurses who took a proactive approach seemed to involve the family more readily by conducting home visits, although these visits remained firmly child-centred and the school nurses worked less with the family when the child was older (Paavilainen *et al.* 2000).

3.2 Detective Work

Signs and symptoms of child maltreatment could be identified through what has been defined in the review as detective work, and activities relating to detective work were apparent in studies from all six countries. Detective work encompassed strategies to identify (or 'detect') concerns regarding child maltreatment and gather information to support or refute these concerns. In four studies, school nurses showed awareness of a range of signs

and symptoms of child maltreatment including frequent visits to the school nurse with no apparent cause, evidence of physical harm, parental rejection, family secrecy, withholding medication, missing appointments, a change in behaviour or appearance, and neglect of basic care needs (Engh Kraft and Eriksson 2015; Paavilainen *et al.* 2000; Paavilainen and Tarkka 2003, Peckover and Trotter 2014). Objective signs that could indicate child maltreatment, such as burns or bruising, were often cited as easier to identify than less overt signs such as emotional maltreatment, neglect or cases that felt 'borderline' (Eisbach and Driessnack 2010; Land and Barclay 2008). In one study, school nurses indicated physical injuries, oedema and abrasions as most important in initial assessments of case vignettes describing child maltreatment, compared to other nurse specialities (O'Toole *et al.* 1996). A second study focusing specifically on the identification of emotional abuse identified school nurses were most likely to hypothetically refer case vignettes to other agencies when they involved criminal activity, sexual exploitation and physical punishment (Pakieser *et al.* 1998). School nurses used several methods for detecting these signs and symptoms of maltreatment including health assessments, problem solving, information in school records, talking to other professionals, conducting home visits and traditional health screening (Engh Kraft and Eriksson 2015; Joyner 2012; Jordan *et al.* 2016; Lightfoot and Bines 2000; Paavilainen and Tarkka 2003).

When school nurses and their colleagues in two studies felt less sure about cases of maltreatment, they would seek to gather further information to understand the situation better (Alizadeh et al. 2011; Eisbach and Driessnack 2010). This was achieved by monitoring and questioning the family, arranging additional visits, talking to teachers, counsellors and school friends, and organising a one-to-one appointment with the child (Eisbach and Driessnack 2010; Jordan *et al.* 2016, Paavilainen *et al.* 2000, Paavilainen *et al.* 2003, Schols *et al.* 2013). Four studies described how the method of questioning a child or young people to obtain sensitive information was important, particularly considering age-appropriate communication. This involved asking children to talk about their secrets, being open, enquiring about safety at home, listening intently, making assessments non-threatening and interpreting non-verbal communication (Engh Kraft and Eriksson 2015; Engh Kraft *et al.* 2016; Hackett 2013; Sekhara *et al.* 2017). In four studies, children's situations were difficult to interpret and in the absence of signs and symptoms of abuse a school nurse might rely on intuition to make professional decisions (Engh Kraft and Eriksson 2015; Engh Kraft *et al.* 2016; Paavilainen and Tarkka 2003; Schols *et al.* 2013).

3.3 Working with Other Professionals

School nurses in all six countries represented by the literature reported working with several different professionals in their role to protect children and young people from maltreatment. Examples given in four studies were social services, teachers, head teachers, school counsellors, psychologists, local police and general practitioners (Clarke 2000; Engh Kraft and Eriksson 2015, Paavilainen e*t al.* 2000; Schols *et al.* 2013). School nurses in three studies collaborated particularly closely with schools by liaising with teachers about concerns, making joint referrals, providing training and supervision and developing joint health promotion activities (Engh Kraft and Eriksson 2015; Lightfoot and Bines 2000; Paavilainen *et al.* 2000). In relation to other professionals' awareness of the school nurse, one longitudinal study conducted between 1984 and 1993 found that social workers and teachers saw school nurses as having a more active role in the protection of children from maltreatment over time, with a 53% increase in participants expecting a school nurse manager to be present at a child protection conference (Clarke, 2000). In one study, working with other professionals was sometimes influenced by the professional style and attitude of school nurses, as nurses who took an 'active and firm' approach in protecting children and young people from maltreatment (as opposed to a 'passive and uninvolved' one) seemed to actively seek out opportunities to collaborate with others and share information (Paavilainen *et al.* 2000).

The 15 studies that described work with other professionals were published between 2000-2017, and problematic issues regarding multi-professional communication were consistently reported, particularly relating to referring children and young people to social services. School nurses in one study could be hesitant to report suspicions of child maltreatment to social services because they worried it would leave the child in a state of uncertainty (Engh Kraft and Eriksson, 2015). In two studies, these reporting decisions were influenced by previous negative experiences with referral to social services (Alizadeh *et al.* 2011; Engh Kraft *et al.* 2016). In four studies, nurses felt that the social care system was overburdened, and they would receive inadequate feedback (Eisbach and Driessnack 2010; Engh Kraft and Eriksson 2015; Joyner 2012; Land and Barclay 2008).Good communication between agencies was self-reported as important to school nurses, as this helped to create a safe network of professionals around a child at risk of maltreatment and supported different agencies to understand the role of the other, which was sometimes lacking (Jordan *et al.* 2016; Land and Barclay 2008; Schols *et al*. 2013).

3.4 Training and Supervision

School nurses in 13 studies (representing five countries) identified involvement in training and supervision to support their work relating to protecting children and young people from maltreatment and reported mixed experiences of this. School nurses valued training that was multi-agency, useful and regular; and suggested topics for training included subjective measures of child maltreatment, legal issues, policy changes, needs of the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community, normative psycho-sexual development and parenting (Eisbach and Driessnack 2010; Hackett 2013; Joyner 2012; Ramos *et al.* 2013; Schols *et al.* 2013). Mental health was discussed in terms of training needs, with 75% of school nurses in one study identifying neglect, violence, depression and suicide as 'very important' training topics (Ramos *et al.* 2013). A small number of school nurses in three other studies expressed feeling under-confident in providing mental and emotional health counselling to vulnerable children and young people, although this was not the focus of the respective studies (Engh Kraft and Eriksson 2015; Lightfoot and Bines 2000; Peckover and Trotter 2014).

School nurses often felt they could benefit from more training and supervision in matters relating to child maltreatment but barriers to taking this up were defined as time, workload and lack of staff (Engh Kraft *et al.* 2016; Hackett 2013; Jordan *et al.* 2016; Joyner 2012). Another important method of learning in four studies, besides training and supervision, was described as experiential or 'on the job', and nurses who had more experience of child maltreatment often expressed greater confidence in identifying concerns and acting on their gut instinct (Engh Kraft *et al.* 2016; Hackett 2013; Paavilainen *et al.* 2000; Paavilainen *et al.* 2014).

3.5 Barriers to Protecting Children and Young People from Maltreatment

The studies highlighted a range of barriers to protecting children and young people from maltreatment, and this was discussed in 12 studies from five countries. This theme specifically addresses the second objective of the review: *what barriers exist to school nurses protecting children and young people from maltreatment?* The first barrier involved reporting children and families to social care or other agencies, which nurses in six studies felt was difficult when the child, young person or family may disengage, be at seemingly greater risk than before, or if the concerns were found to be incorrect (Alizadeh *et al.* 2011; Eisbach and Driessnack 2010; Engh Kraft and Eriksson 2015; Engh Kraft *et al.* 2016; Land and Barclay 2008; Schols *et al.* 2013). School nurses in one study found sexual abuse

particularly difficult to address as it was ‘private’ and ‘taboo’ and reflected how this might impact on their identification of such concerns (Engh Kraft *et al.* 2016). As reported in three studies, work involving child maltreatment cases, including making referrals, could cause feelings of discomfort, fear and anxiety for school nurses and other professionals, sometimes creating avoidance of addressing concerns (Engh Kraft and Eriksson, 2015; Land and Barclay 2008; Schols *et al*. 2013).

A second frequently reported barrier to work relating to the protection of children from maltreatment was lack of time and conflicting priorities. School nurses in three studies had a varied role that included other public health activities, and time spent on ‘core’ activities such as attending meetings relating to child maltreatment could take away from other aspects of their role (Chase *et al.* 2010; Coates 2011; Joyner 2012). This is demonstrated clearly in one study, where school nurses reported large and complex caseloads; with 23% identifying work relating to child maltreatment as taking 20-30% of their time and 16% identifying this work as taking up over 70% of their time (Coates, 2011). A study of school nurse managers from 34 health authority areas found that 80% of the sample identified work relating to child maltreatment as taking up a large amount of school nursing time, and school nurses and managers sometimes felt there was a lack of clarity around the school nursing remit (Chase *et al*. 2010). School nurses in four studies from the UK agreed, and wanted more clarity on their role in protecting children and young people from maltreatment, and worried that other professionals and parents might not have an understanding of their role (Coates 2011; Hackett 2013; Joyner 2012; Lightfoot and Bines 2000).

3.6 Trust

For children and young people to talk about sensitive issues including child maltreatment with the school nurse, it was felt by nurses in three studies that a safe, calm and trustful environment was important (Alizadeh *et al.* 2011; Engh Kraft and Eriksson 2015; Engh Kraft *et al.* 2016). Trust was a central theme represented in research studies from five countries. Building trust was influenced by the school nurse discussing confidentiality, being visible and regularly available around the school, offering drop-ins, sharing their own experiences, avoiding serious questions too soon, making time to listen, seeming confident and capable, and making active efforts to build relationships with their most vulnerable children and young people (Alizadeh *et al.* 2011; Engh Kraft and Eriksson 2015; Engh Kraft *et al.* 2016; Lightfoot and Bines 2000; Peckover and Trotter 2014). A mixed professional group in one research study highlighted school as an ideal place to conduct sexual abuse screening as it provided the platform to build trusting relationships (Sekhara *et al.* 2016).

Trust was often dependent on confidentiality, and school nurses in two studies were able to offer professional privacy and be an independent alternative for children and young people who did not want to talk to parents or teachers (Land and Barclay 2008; Lightfoot and Bines 2000). Children and young people in one study agreed that confidential support was important, but they wanted the school nurse to be more visible to them, although school nurses reported their level of visibility was affected by workload and time pressures (Lightfoot and Bines, 2000). Availability was important in three studies because it was often felt that children and young people visited the school nurse (and colleagues) multiple times for unrelated issues before disclosing child maltreatment, seeming protective of their family and almost 'testing the waters' to see how confidential the service might be (Alizadeh *et al.* 2011; Eisbach and Driessnack 2010; Engh Kraft and Eriksson 2015). Some studies reported that it was sometimes a difficult decision for school nurses to escalate concerns regarding child maltreatment as this risked breaking the trust and contact between the child and family (Alizadeh *et al.* 2011; Eisbach and Driessnack 2010; Schols *et al.* 2013).

Some school nurses felt age might moderate trust and disclosures, and in two studies described younger children as more open, but older children as particularly protective of their parents and could use deflective strategies to avoid talking about their problems (Engh Kraft and Eriksson 2015; Paavilainen *et al.* 2000). School nurses in one study overcame this by trying to see children and young people alone and without parents; helping the child open-up through health dialogue and open questions (Engh Kraft *et al.* 2016).

4. Discussion

The review highlights a breadth of key domains of practice that the school nurse must navigate in their role of protecting children and young people from maltreatment. Although the themes of *supporting the child and family*, *detective work* and *working with other professionals* occurred most frequently in the literature, all themes explored important elements of practice that contributed to protecting children and young people from maltreatment. Themes and encompassed activities did not occur in silo, but rather related to each other; for example, school nurses felt trust was important to identify child maltreatment and engage the child and family with support, making this an underpinning value. However, this trust could be threatened by the nurse's duty of care (or mandatory duty in some countries) to report child maltreatment concerns and initiate detective work, and although the latter were important activities to protect the safety of the child it could be a difficult and emotional path to navigate. It is important to note that it is a professional duty of nurses in

countries such as the UK to report a child at risk, and mandated in law in other countries such as the USA (Child Welfare Information Gateway, 2016). School nurses were sometimes unsure if making referrals to other agencies would damage trusting relationships with children and families or have negative outcomes (Alizadeh *et al.* 2011; Eisbach and Driessnack 2010; Engh Kraft and Eriksson 2015; Engh Kraft *et al.* 2016; Land and Barclay 2008; Schols *et al.* 2013).

Activities to build trust with school pupils were supported by the school nurse being visible and available amongst the school community, as well as taking an active approach in reaching out to others (Lightfoot and Bines 2000; Paavilainen *et al.* 2000). A service evaluation of school nursing services conducted by the Children's Commissioner for England (2016) found that school nurses needed to spend a significant amount of time on paperwork alongside the challenges of a heavy clinical workload (Coates 2011; Hackett 2013). The impact of this on the ability of the school nurse to be present in school should be considered, and whether current service models are allowing time for being visible and meeting regularly with school pupils. A clear understanding of the remit of the school nurse in protecting children and young people from maltreatment was important for managing a complex workload, and school nurses and school nurse managers felt this remit was sometimes confused (Chase *et al.* 2010, Hackett 2013; Joyner 2012; Lightfoot and Bines 2000). Role confusion is defined as feelings of uncertainty around role scope, identity and expectations, and can result in reduced job satisfaction, frustration and difficulties with collaboration (Redekopp, 1997).

A barrier to work relating to protecting children and young people from child maltreatment was communication between agencies. Communication between services was deemed to be important and issues with this were consistently reported, particularly when discussing referrals to other agencies (Eisbach and Driessnack 2010; Engh Kraft and Eriksson 2015; Joyner 2012; Land and Barclay 2008). In England, serious case reviews are conducted when a child or young person comes to significant harm or death due to maltreatment, and poor communication between services is frequently found to be a contributory factor (Munro, 2011).

Prior to referring to other agencies, school nurses might identify child maltreatment through detecting signs and symptoms and gathering information to substantiate their concerns. It was suggested that objective signs of maltreatment such as physical injury are easier to detect than issues such as emotional harm, which are more subjective in nature (Eisbach and Driessnack 2010; Land and Barclay 2008; O'Toole *et al.* 1996; Pakieser *et al.* 1998).

The assessment of vulnerable children and families in other areas of community nursing and social care practice is well researched, and arguments regarding the relative importance of subjective and objective risk assessment are made (Adams 2005; Appleton and Cowley 2004; Feng and Levin 2005; Fleming *et al.* 2009; Fraser *et al.* 2009; Hogg *et al.* 2012; Lewin and Herron 2007; Taylor *et al.* 2007). Of these primary research studies, three tested an objective measurement tool and practitioners' intentions to report maltreatment (Fleming *et al.* 2009; Fraser *et al.* 2009; Hogg *et al.* 2012). Although the majority of practitioners used tools to contribute to an assessment most used a holistic approach overall and were influenced by intuition, professional experience, emotions and the environment in which they worked.

This review contributes to an area of study that has had relatively little attention. Protecting children and young people from maltreatment is of international concern as child maltreatment is a global problem (World Health Organisation, 2017) and the impact on the health and wellbeing outcomes of the victim can be highly detrimental (Cecil *et al.* 2017; Maguire *et al.* 2015; National Society for the Prevention of Cruelty to Children 2016; World Health Organisation 2017).

5. Limitations

Only studies published in the English language were included in this review, meaning relevant studies published in other languages may have been missed. Studies were conducted in a range of countries where health care systems vary in structure and organisation which may impact on the findings. No date limit was set on the search, although it is acknowledged that changes in legislation for some or all of the countries represented in the review may have impacted the role of the school nurse over time. Efforts were made to create a comprehensive set of search terms although the indexing of the studies within the databases may affect the ability to recover them. Only two studies included the views of children and young people, therefore recommendations may lack the voice of the child. Thirteen studies included other professionals within the sample and where possible the findings relevant to school nurses were extracted, or otherwise indicated in the discussion of findings. Two studies included data from 1995-1996 (Lightfoot and Bines 2000; O'Toole 1996), and changes to service delivery models of school nurses have since developed, however school nurses' involvement in identifying maltreatment and multi-agency working remain key today and so these studies were included.

6. Conclusion and Recommendations for Further Research

This systematically conducted integrative review included research evidence from the UK, USA, Finland, Sweden, Australia and The Netherlands, and highlighted the variety of activities undertaken by school nurses that contribute to the protection of children and young people from maltreatment. This work is important to identify children and young people at risk of maltreatment, as maltreatment can have a significantly negative impact on a child's wellbeing. In terms of primary research, studies focusing solely on school nursing are few, and further research, particularly in less economically developed countries, would help to develop a deeper understanding of current practice. This might include a more in-depth study into how school nurses identify and respond to child maltreatment, and what interventions they offer to vulnerable children and young people. Additionally, evidence gaps have been identified involving the impact of mandatory reporting laws on the experiences of school nurses when referring children and families to social care, and the lack of interventional studies to evaluate specific processes and tools to improve identification and management of at-risk children. The review identified inter-agency communication as problematic, and organisational exploration into potential methods for improving effective communication between services could only benefit multi-agency efforts to protect at-risk children.

It is important to identify barriers to protecting children and young people from maltreatment so supportive strategies might be put in place, and findings from this review suggest that support may be needed to manage the size and complexity of this role. This could be achieved by ensuring the remit and responsibilities of school nurses are clear in in-service guidelines, and that training addresses the complex and evolving nature of child maltreatment (Appleton and Peckover, 2015). The remit of school nursing in protecting children and young people from maltreatment should be clear at both service planning and front-line levels. Training for school nurses might not just cover policy and processes, but also less tangible elements such as communication skills and managing relationships with both the child and family. Day-to-day demands should still allow school nurses to access training and development to meet their identified learning needs. Involving vulnerable children and young people in both research and service planning would ensure their voice continues to be heard and school nursing services remain sensitive to the challenges and changing needs of this population.

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