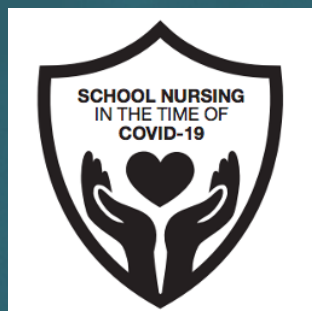


Protecting children and young people vulnerable to harm and abuse

Learning from School Nursing practices and new ways of working in the Covid-19 pandemic

Dr Sarah Bekaert, Oxford Brookes University
Dr Georgia Cook, Oxford Brookes University
Dana Sammut, University of Birmingham
Tikki Harrold, Oxford Health Trust
Professor Julie Taylor, University of Birmingham
Professor Jane V Appleton, Oxford Brookes University



FINAL REPORT
December 2022



Acknowledgments

Thank you to all the participants who took time out of their busy schedules to complete the survey, be part of a focus group, or be interviewed. We have greatly appreciated the detail and depth of your responses and comments which has made this a very rich study.

We would like to thank the members of the steering group: Jessica Adkins, Ethel Rodrigues, Simone Storer-Wharton, and Sharon White, for your commitment to the study; and insight and guidance across the study.

Thank you also to the group of Specialist Community and Public Health Nurse students: Tacye Ormerod, Lisa Claydon and Robynn Middlemiss, who gave valuable feedback on the survey content and design.

Finally, we wish to express our gratitude for the generous support of the General Nursing Council Trust England and Wales in funding the study. This has enabled the exploration of the impact of Covid-19 pandemic related issues on the school nurse role, and collection and analysis of robust data that evidences the vital work.



Click title to go direct to a page

	Page
Background	4
Study overview	5
Summary report of the literature review	6
Summary report of the national survey	8
Summary report of the focus groups/interviews	10
Strengths and limitations of the study	11
Recommendations	12
Dissemination	13
Next steps	14
Figure 1: Summary diagram of sub-themes within the continued school health offer	6
Figure 2: Summary diagram of sub-themes within the expanded school health offer	7
Figure 3: Map to show geographical spread of survey responses	8



The social, economic and psychological challenges incurred by the Covid-19 pandemic increased the vulnerability of many children and young people (Internet Watch Foundation 2020, Young Minds 2021). The pandemic, which led to remote curriculum delivery for most children in the United Kingdom (UK), represented a significant challenge for maintaining both universal and targeted public health support for children and young people by school nurses.

School nurses in England and Wales deliver universal and targeted services for children of school age. The Healthy Child Programme 5-19 years is the universal public health programme for children and families, which includes a safeguarding role and an increasing focus on the most vulnerable children and young people (PHE 2019). School nurses also work with a range of partner agencies and specifically, in relation to safeguarding, with children's social care. As a result of the pandemic restrictions, and in response to school nurses' remit to deliver: 'new models of care to meet population health needs' (RCN 2019, p4), creative and innovative practice was mobilised. However, there is little robust evidence on the effectiveness of non-traditional activities, such as online platforms or non-school premises, for delivering health promotion and education, or formal health or safeguarding assessment. This study sought to explore the experience of school nurses across the UK to begin to underpin the introduction, or acceleration, of such methods during the pandemic with such evidence.

This study gathered vital information about school nurses' innovative approaches to overcome practice restrictions as a result of Covid-19; specifically, in identifying and working with vulnerable children and young people, and working with partner professions, such as children's social care. This mixed-methods study explored the benefits and challenges to school nurses' work, and mapped innovative practices - including remote working and other novel initiatives. The impact of changes on school nursing practice and the best ways to work remotely, creatively and safely with vulnerable children and young people, and working alongside multi-disciplinary partners has been explored. Recommendations have been made in relation to policy and practice in both remote and more traditional working practices in school nursing's specialist public health care role, as well as the profile of school nursing in the public health care of children, young people and families within the multi-disciplinary team, and at a commissioning and statutory level.



Study Overview

The Covid-19 pandemic required new ways of working and accelerated innovative practice in school nursing.

AIM

This mixed-methods study, funded by the General Nursing Council England and Wales Trust, aimed to identify changes in school nurses' work with children and young people, to explore the benefits and challenges in school nurse work to support vulnerable children and young people during the pandemic, map new ways of working, and consider the use of these going forward.

OBJECTIVES

- Conduct a scoping review of evidence examining innovative school nurse practice with children and young people, and partner agencies
- Gather school nurses' views through an e-survey across the United Kingdom to identify innovative practices in front-line school nursing work with vulnerable children and young people
- Examine school nurses' views about new practices with vulnerable children and young people, and work with partner agencies through focus groups and interviews
- Identify learning from the three phases of the study to inform future practice.

Ethical approval was obtained from Oxford Brookes University Research Ethics Committee, reference number: 211550.

THE RESEARCH TEAM

Oxford Brookes University, the University of Birmingham and Oxford University NHS Foundation Trust collaborated on this study. There was a core group of five researchers, and one school nurse advisor. The group met regularly, reaching key decisions regarding the scoping review inclusion criteria, data analysis process, and organisation of findings; providing expert input for the ethics process; reviewing the survey and focus group content, design and results; and collaborating on writing and drafting summary documents, and academic papers for publication.

THE STEERING GROUP

The steering group had three key representatives in the school nursing field and one lay advisory member:

- Jessica Adkins, secondary school teacher and lay representative on the steering group.
- Ethel Rodrigues, Lead Professional Officer for Education for the Community Practitioners and Health Visitors' Association (CPHVA).
- Simone Storer-Wharton, a Specialist Community Public Health (SCPHN) school nurse.
- Sharon White CBE, Co-chair of School Nurses International and Chief Executive Officer of the School and Public Health Nurses Association (SAPHNA).

Facilitated by two members of the research team, the group met three times across the duration of the project. The group:

- reviewed and commented on the study aim and objectives
- gave feedback on the survey questions and focus group guide
- provided input regarding the dissemination strategy for the survey; including active publicising and dissemination
- discussed survey findings leading to input regarding the content of the focus group/interview stage
- discussed initial focus group findings
- discussed and planned dissemination of the whole study findings and possible next steps.

The research team maintains ongoing contact with the CPHVA and SAPHNA in relation to dissemination of study findings, representation of study findings at a strategic and policy level, and future related projects (see *section: [Next Steps](#)*).



Literature Review Summary Report



*The scoping review addressed the following research question:
What do we currently know about the new ways in which
school nurses identify and work with vulnerable children and
young people, and work with partner agencies, as a result of
the Covid-19 pandemic?*

BACKGROUND

- Covid-19 restrictions and remote curriculum delivery due to lockdown/s meant sudden significant changes to school nurse service delivery.
- School nurses faced a challenge in maintaining universal and targeted support for children and young people usually delivered in schools.
- Maintaining support and ongoing contact with vulnerable children and young people was a specific challenge (Bradbury-Jones & Isham 2020; Green, 2020).

AIM

A scoping review of international literature to examine how school nurse practice evolved due to the Covid-19 pandemic, with a specific focus on safeguarding practice.

METHOD

- Systematic search across 10 databases, and a range of grey literature.
- Key terms related to population: school nurse, and condition/exposure: Covid-19 pandemic.

- Inclusion criteria: English language, published between 2019-2021, all types of publications, sample/focus is school nurses, articles describe an actual change in school nurse practice, the change in practice is the result of Covid-19.
- 39 articles selected for review; 30 from the databases and 9 from the grey literature.

METHODOLOGICAL CONSIDERATIONS

The review was registered on PROSPERO (ID: CRD42021296878).

Initially conceived as a systematic review, the literature available did not lend itself to the critical appraisal and analysis required of a systematic review and therefore the approach was changed to a scoping review. However, all stages of the review were systematic. A range of article types were included in the review ie. commentary and news articles, empirical studies, organisation reports and case studies.

FINDINGS

Overview

There was representation from the global north: United States of America (USA) (n = 23), the UK (n = 13), Hong Kong (n = 2) and Sweden (n = 1). A wide range of different types of publications were included. The majority were informal, such as news, case studies, updates, and commentary with only a few research studies. From analysis two themes were identified: the continued school health offer, and the expanded school health offer.

Themes:

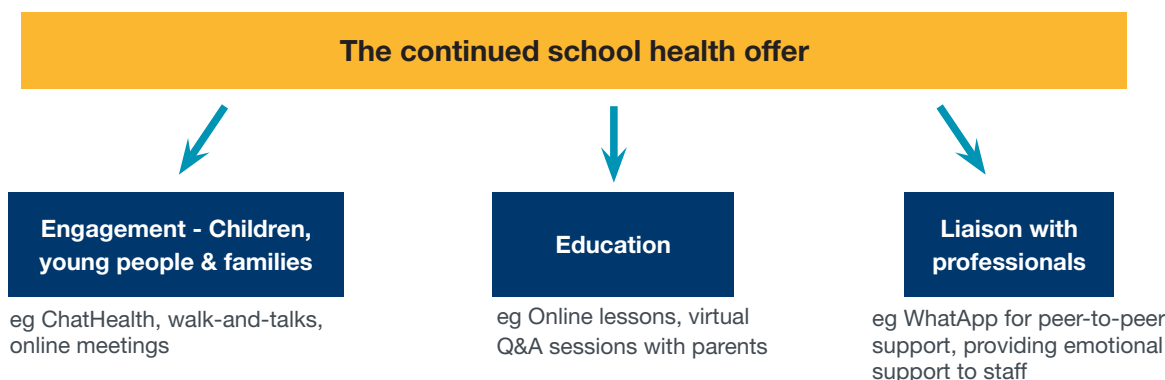
THE CONTINUED SCHOOL HEALTH OFFER

Casework engagement with children, young people and families: online and digital platforms were used for consultations and appointments ie. ChatHealth with children and young people, and telephone response service for parents. School nurses sought alternative environments to meet with children, young people/families ie. walk-and-talks outside or Children's Centres.

Health education: health education with children, young people and families was delivered via virtual platforms, or using pre-recorded informational videos.

Liaison with professionals: casework and training with the multidisciplinary team was carried out predominantly via video conferencing.

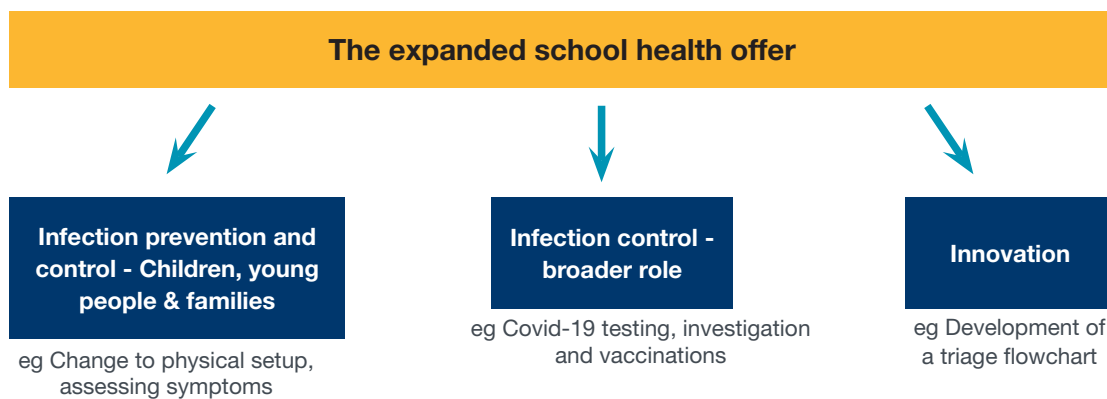
Figure 1: Summary diagram of sub-themes within the continued school health offer



THE EXPANDED SCHOOL HEALTH OFFER DUE TO COVID-19

- **Infection prevention and control with children, young people and families:** school nurses were responsible for obtaining, using, and training others to use personal protective equipment (PPE); considering the environment and how to minimise risk; educating parents, children and young people, carers and school staff regarding infection control measures; developing resources such as infographics and video health messages relating to Covid-19. This was a challenge for some when working with younger children and those with learning disabilities. School nurses also dealt with negative social responses from parents and teachers; all within continuous changing guidance.
- **Infection control - a broader role in organisational and policy infection prevention control:** school nurses were involved in team planning for schools reopening; infection data collection; disinfection procedures; managing symptom monitoring processes; formal Covid-19 testing processes; quarantines/isolation and contact tracing; organising vaccination delivery and administration; being 'on-call' to the multidisciplinary team/schools due to rapidly changing guidelines.
- **Innovation:** school nurses were innovative in creating and setting up systems to better manage Covid-19 related workloads and processes. For example, developing a triage flowchart, assessment forms, an online symptom tracking system, and a text support service.

Figure 2: Summary diagram of sub-themes within the continued school health offer



KEY FINDINGS

- Flexibility and creativity of the school nurse.
- Increase in visibility and reach of school nurse expertise.
- Increase in cooperation by the multidisciplinary team/schools with the school health service.
- Elevated profile at organisational/local policy level.
- Recognition and exemplification of the specialist public health role of the school nurse.

KEY MESSAGES

- Important to sustain this elevated profile post-pandemic.
- A need to identify changes that have been beneficial and should continue post-pandemic.
- A call for further research studies to evidence the specialist public health role of the school nurse.



Survey Study Summary Report



BACKGROUND

- In the context of national lockdowns, school closures and widespread redeployment, school nurses had to rapidly adapt their practice to meet the needs of vulnerable service users (ie. *Barbee-Lee 2021, Martinsson et al 2021*).
- Many external factors contributed to children's heightened safeguarding needs during Covid-19 and were likely compounded by their relative invisibility to safeguarders (UN Women 2020, Young Minds, 2021).

AIM

A survey study to gather information about school nurse's approaches to overcome practice restrictions as a result of Covid-19, such as identifying new ways of working and experiences of these different and/or new practices, with a focus on working with vulnerable children and families.

METHOD

- A cross-sectional survey of school nurses across the United Kingdom (UK).
- Inclusion criteria: practising school nurses or nurses undertaking the Specialist Community Public Health Nursing (SCPHN) qualification in the UK.
- Quantitative data (descriptively presented) and qualitative data (thematically analysed).

METHODOLOGICAL CONSIDERATIONS

Key questions in the survey were informed by the scoping literature review findings and input from the steering group. Draft versions were reviewed by key stakeholder groups (the research team, the advisory group and a consultation session with a group of SCPHN students at Oxford Brookes University) and iterative amendments were made until the final survey was reviewed and approved by the research team and steering group, as well as the Oxford Brookes University ethics committee.

The final survey had 20 questions across three sections:

1. information on the participants' qualifications, role, practice location and professional experience
2. experience of working during the pandemic
3. work with vulnerable children and young people, and partnership-working during the pandemic.

The survey concluded with an optional invitation to participate in a follow-up focus group/interview.

Data was collected April - May 2022 and disseminated by key school nursing organisations, including SAPHNA and the CPHVA, as well as the research group school nurse member, research group members' organisational communications departments, and shared on social media by the group, making use of wider professional networks.

FINDINGS

Seventy-eight school nurse participant responses were included in the analysis.

There was broad representation in participant sample:

- Geographical (see figure 3)
- Working across different types of schools: mainstream and independent
- All year groups: primary and secondary schools
- Various working hours: full time, part-time, all year, term-time only
- A range of delivery models: ie. named nurse, team nursing, 0-19 years.

Quantitative results were examined descriptively. Qualitative results were organised into the following themes: a move from preventative to reactive school nursing practice, professional challenges of safeguarding in the digital context, the changing nature of inter-professional working, an increasing workload, reduced visibility and representation of the child.

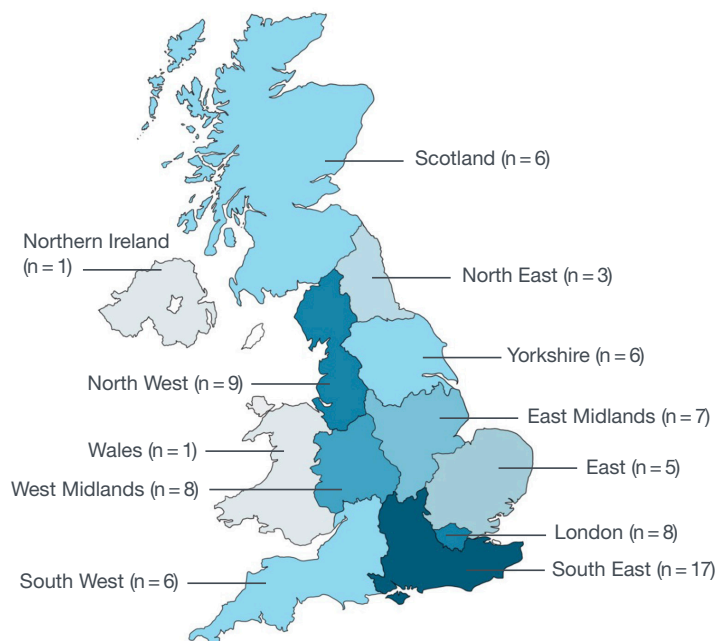


Figure 3: Map to show geographical spread of survey responses

QUANTITATIVE FINDINGS

Participants reported:

- an increase in workload (74.4%)
- a decrease in contact with children, young people and families (60.3%)
- difficulty in identifying safeguarding needs (86.1%)
- difficulty in working with known vulnerable children (79.7%).

Virtual meetings and telephone contacts were the methods most frequently used to facilitate service delivery with children, young people and their families. The same methods, as well as email, were used for communication between the multidisciplinary team.

QUALITATIVE FINDINGS

A move from preventative to reactive school nursing

'School nursing was dominated by safeguarding work rather than our public health role.'



An increase in referrals (mainly safeguarding) changed the profile and focus of school nurses' work.

A lack of regular contact with vulnerable children in schools meant an inability to undertake early intervention work.

School nurses had to adopt an increasingly reactive approach and were faced with a greater safeguarding workload.

Professional challenges of safeguarding in the digital context

Virtual contacts were deemed not sufficient for all types of assessment.

A lack of visibility of children and their families to professionals in virtual safeguarding meetings.

Concerns about digital poverty.

'I don't feel a phone/ WhatsApp contact is as effective as face-to-face contact at home or school, [you are] unable to do home environment assessment, observe parent/ child interactions, non-verbal communication etc.'



The changing nature of inter-professional working

Virtual platforms improved multidisciplinary communication.

Increased understanding and appreciation of the school nurse role.

Volume of virtual meetings was overwhelming.

'The respect of what we do and our safeguarding knowledge and experience was valued.'



An increasing workload

Workload increased as a result of redeployment, sickness, and the shift in focus of school nurses' work.

Increased workloads resulted in exhaustion and dented morale.

'Staffing redeployment, staff exhaustion, remote working disrupting team working and morale.'



Reduced visibility and representation of the child

'We were unable to gain the voice of the child as we lost the ability to meet with children and young people and build safe confidential relationships.'

A range of alternative methods were adopted in an attempt to facilitate contact with children.

Contacting the school nurse became more complicated and resulted in reduced contact.

School nurses felt children were less independent and ensuring confidentiality was a concern.


Participants were mindful of the loss of the voice of the child in this new landscape.

KEY FINDINGS

- School nurses swiftly adapted their practices.
- There were increased challenges in accessing, supporting and representing vulnerable children, young people and families as a result of Covid-19.
- There were some benefits for multidisciplinary working.
- The changing nature of school nurse work reduced the opportunity for preventative work, resulting in more complex issues identified later on.

KEY MESSAGES

- A need to identify new practices that have been beneficial and consider how these could be continued post-pandemic.
- A call for further exploration of the benefits and challenges of using virtual methods in school nursing practice.



Focus Group/ Interview Study Summary Report

BACKGROUND

- Covid-19 had unprecedented effects on the health and wellbeing of children and young people globally (Morris & Fisher, 2022).
- As the pandemic progressed school nurses across the world swiftly adapted their practice, demonstrating flexibility and creativity to mitigate negative health outcomes for children and young people, and took on additional school-focused and wider public health responsibilities.
- School nurses faced significant challenges in accessing and supporting children and young people, particularly those who were vulnerable, and their families.
- School Nursing work became largely reactive with reduced opportunities for preventative work.
- Delayed identification of concerns has led to problems being more complex once identified (Banzon et al., 2022; Garmy et al., 2022).

AIM

This qualitative stage of the wider mixed methods study aimed to explore in greater depth the effects of Covid-19 on school nurse practice in the UK, with a focus on the impacts on vulnerable children and young people. Data collection focused on: practical methods introduced, or accelerated, by school nurses to aid practice; changes to interdisciplinary working; and new practices which nurses felt should endure post-pandemic.

METHOD

- Virtual focus groups and one-to-one interviews.
- Twenty participants across ten sessions (six focus groups and four one-to-one interviews).
- The sessions were run between June-July 2022.
- All participants were practising school nurses during Covid-19; ranging in role and experience.

- Participants worked across state and independent schools, and with primary and secondary school-aged children.
- Qualitative data were reflexively analysed.
- Four themes were identified: the service user; service delivery; the workforce and working arrangements; and the school nurse profile.

FINDINGS

The service users

Considerable increase in health needs.

Exacerbation of pre-existing vulnerabilities.

Reduced opportunity to access other key services.

Digital poverty compromised virtual contact.

'The referrals that are coming in to school nursing and to other services are coming in at a much higher level.'

Service delivery

'It was always very difficult to get police, always difficult to get education involved, and school nurses, all in one area, but actually. I think using the online facilities really, really helped. And that's something that I really want to continue with.'

Balancing what was needed (delivery of key services) with what was feasible (limitations of large caseloads, compromised staffing levels, restrictions).

Alternative consultation modes (i.e. non-face-to-face) were used more extensively.

Processes were introduced, streamlined or reconfigured i.e. "RAG" (red/amber/green) rating to help manage expanding safeguarding caseloads.

New communication channels were established for multi-disciplinary team working.

The workforce

Redeployment: stressful for those redeployed, increased burden for those remaining.

Challenges of recruiting and retaining school nurses during a-typical service delivery.

Demanding changes to school nurses' working arrangements (eg. working from home, team divisions).

'Many of us were redeployed. We were suddenly covering numerous schools and caseloads. So that was a big, big change because people were just redeployed, we weren't really given any notice.'

Pandemic-driven changes to multidisciplinary team working had positive impacts on connectivity.

Variability in the managerial input and support that school nurses received.

The school nurse profile

Raised profile of school nurses working throughout the pandemic led to greater understanding of the school nurse remit by allied professionals.

Constant presence throughout the pandemic (in contrast to other professional groups) led to increasing school nurse visibility with children, young people, and families.

However, a perceived invisibility of school nurses' work within the public arena, led to many feeling undervalued compared to other health care professionals.


Where redeployment occurred, this communicated that school nursing was a non-essential service.

'We're on the map, it has put school nursing in [county] on the map, this Covid pandemic. Schools know who we are, because we've been contactable throughout the two years, and we have a lot more channels to be contactable now.'



KEY FINDINGS

- New wave of concerns and challenges for school nurses, working in depleted and exhausted teams.
- Variability in school nurses' reporting of the usefulness of different methods used to engage with children, young people, and their families.
- Concerns about an increasing reliance on virtual platforms for service provision.
- A lack of clarity about the scope of school nurses' public health role prevails within the multidisciplinary team.
- A need for clear guidance regarding the boundaries of school nurse practice on a local and national scale.
- A need for restorative work with the school nurse workforce.



Strengths and Limitations of the study

In the literature review the majority of the included articles came from the USA, limiting the generalisability of the findings. In addition, as the majority of the included articles were opinion and commentary pieces this meant that most data were anecdotal. However, the findings reflect the global attention on school nursing practice during the pandemic, and highlighted a significant research literature gap. This UK based mixed methods study, with analysis of both survey and in-depth focus group and interview data, will go some way to increase primary studies and build a robust evidence base in this area.

The survey had 78 responses. The sample was self-selected and represented a relatively small proportion of UK school nurses. There were 2100 school nurses in England and Wales in 2019, therefore this survey represents approximately 4% of the school nurse workforce (Lauder 2019). The geographic range, various lengths of time the participating school nurses had been in post, and the fact that all types of school were represented suggests broad representation of the school nurse workforce in the UK. The survey was developed explicitly for use in this study and was not a standardised questionnaire. However, the survey development was informed by a rigorous literature review, consultation with an advisory group, and piloting prior to finalisation.

The focus group and interview stage participants were similarly self-selecting, however, again, there was good representation of school nurses at various career stages, with both independent and state school caseloads represented. Though we intended to recruit school nurses from all the devolved nations, respondents mainly came from England, and participants in other areas of the UK may have reported different experiences. The virtual nature of data collection in this study may have impacted the quality of interactions between researchers and participants. However, this approach was key to reaching participants across the country, and offering a more convenient option for practitioners with time-constrained schedules.

Typical to in-depth qualitative methodology the sample size is small. However, findings are likely transferable to the school nurse experience across the UK, to school nursing services in countries with similar health care systems and national Covid-19 responses, and other health and social care services who work directly with children and families.

A significant strength of this study as a whole, was that key expert stakeholders were actively involved in the development and conduct of all stages. Furthermore, multiple researchers were involved in undertaking each of these processes, enhancing the reliability of the findings.



Recommendations



SCOPING REVIEW

- The scoping review presented global evidence describing how school nurses' practices changed over the course of the Covid-19 pandemic. The pandemic accelerated school nurses' need and ability to devise creative solutions to emerging problems. The review highlighted how many of these innovative practices could be useful post-pandemic. It was identified that formal evaluation was needed to identify which practices may merit integration into routine practice.

SURVEY

- A call for professional organisations to continue to represent school nurses in relation to their changing work profile as a consequence of the pandemic in order to empower school nurses to negotiate the external expectations of their role.
- A need for systemic recognition of the value of the school nurse as public health specialist through commissioning school health models that place experienced school nurses in leadership and coordination roles within school communities.
- A need for a sufficient workforce to ensure effective preventive public health work.
- Multidisciplinary recognition of the strengths and limitations of virtual interprofessional meetings, acknowledging that face-to-face meetings can be helpful for informal networking and discussion.
- Clear directives on workload planning that recognise pre- and post-meeting work within the increased virtual meeting landscape.
- The need for a return to face-to-face contact with children and young people in health promotion, education and specialist work; recognising that face to face contact is preferable for building trust, ensuring confidentiality, and holistic assessment when working with children and young people.
- That local authorities subscribe to a range of online/digital platforms that can form part of a toolkit for school nurses' work with children and young people, and may be employed according to assessed need.

FOCUS GROUPS AND INTERVIEWS

- Standard ways of working in the school nursing service should recognise the importance of in-person contact with children and young people for holistic and effective assessment and therapeutic support.
- Virtual modes should be integrated into service models with care, as a means to enhance school nursing practice where applicable.
- Systemic support should be in place for data gathering and audit within the school nursing service. This will serve to build robust quantitative and qualitative evidence to inform commissioners and policymakers regarding trends in school nursing caseloads.
- A call for leadership and advocacy regarding the boundaries of school nursing practice within their specialist public health role, which is responsive to the evolving intersections of school nursing work with other specialist services.
- A need for a coordinated approach to capitalise on school nursing raised public health expert profile during the pandemic to ensure continued recognition of this role in future commissioning and policy considerations.
- An urgent need for a programme of restorative work with the school nurse workforce. This would formally acknowledge the workload, pressures and emotional impact of Covid-19, and offer an opportunity to debrief, reflect, and consider ongoing challenges.



Dissemination

- ✓ A mid-point and final report for the General Nursing Council Trust
- ✓ Three academic papers written and submitted for publication (one accepted and in press; one accepted pending revisions)
- ✓ Findings presented at the CPHVA Annual Professional Conference, 27 October 2022
- ✓ A publication is being prepared on the findings presented at the CPHVA Annual Professional Conference 2022 for the CPHVA E-journal
- ✓ Findings included in a review of evidence into the impact of Covid-19 on the workforce for the Safeguarding strand within Future NHS
- ✓ Webinar planned in February 2023, hosted by SAPHNA
- ✓ Podcast planned for the Oxford Brookes Covid-19 related research series





Next steps

TOOL-KIT

In collaboration with key professional school nurse organisations the CPHVA and SAPHNA, members of the research team are collaborating to develop a 'toolkit' for school nurses. This tool kit will outline the range of methods that were introduced or accelerated during the pandemic to engage children, young people and their families, work with partner organisations, and ways to strengthen school nurses' teamwork.

A business case has been drawn up and submitted for work on this discrete project. The CPHVA have agreed to fund this project. It is anticipated that this will be publicly available in Spring 2023.

The tool kit will be launched at the CPHVA Conference 2023 with an associated publication in the CPHVA E-Journal and Webinar.

There will be a publication in a practitioner facing journal on the development of the tool-kit.

FURTHER PUBLICATION

A feminist analysis of the school nurse accounts of Covid-19 restrictions on practice is underway. This paper explores school nurses' feelings about the impact of Covid-19 on their practice, as practitioners, as teams and as a workforce. Analysis exposes the connections between these expressed emotions and the interlinked place of nursing, role of women, and value of care-work in western society that has been magnified through the pandemic 'microscope'. This specific analytic focus responds to the many personal and emotional reactions to events evident in the school nurses' narratives relating to their work and identity during the pandemic. The school nurses spoke of pride in creativity, and new-found recognition of their expertise, alongside anxiety, trauma, and a relentless workload. The researchers felt that it was imperative that this collective voice is heard and informs support for school nurses, school nursing teams and the organisation of school nursing services post pandemic. This paper will be submitted to *Advances in Nursing Science*.

PUBLICATIONS

Cook, G., Appleton, J.V., Bekaert, S., Harrold, T., Taylor, J. and Sammut, D., 2022. [School nursing: New ways of working with children and young people during the Covid-19 pandemic: A scoping review](#). *Journal of Advanced Nursing*.

Sammut, D., Cook, G., Taylor, J., Harrold, T., Appleton, J. and Bekaert, S., 2022. [School Nurse Perspectives of Working with Children and Young People in the United Kingdom during the COVID-19 Pandemic: An Online Survey Study](#). *International Journal of Environmental Research and Public Health*, 20(1), p.481.

REFERENCES

- Banzon, T. M., Sheehan, W. J., Petty, C. R., Hauptman, M., Flanagan, S., Bell, D., Shamosh, B., Bartnikas, L. M., & Phipatanakul, W. (2022). The Coronavirus Disease 2019 Pandemic and Mental Health-Related School-Nurse Visits in United States Schools. *Academic Pediatrics*.
- Barbee-Lee, M., Seymour, K., Hett, A. L., Norris, G., Stack, S., Cartier, A., Haycox, P., Armstrong, L., & Herbert, L. (2021). School nursing in a pandemic: Striving for excellence in Santa Fe public schools. *NASN School Nurse*, 36(5), 276–283.
- Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*, 29(13-14), 2047-2049.
- Garmy, P., Rahr, C., Persson, L., & Einberg, E. L. (2022). School Nurses' Perspectives on Health among School-Aged Children and Adolescents During the COVID-19 Pandemic. *The Journal of School Nursing*. [Doi: 10.1177/10598405221126345](#)
- Green, P. (2020). Risks to children and young people during Covid-19 pandemic. *British Medical Journal*, 369.
- Internet Watch Foundation. 2020. [Children may be at greater risk of grooming during coronavirus pandemic as IWF braces for spike in public reports](#). (Accessed on 12.5.20).
- Lauder, M. (2019). [RCN calls for boost in number of school nurses](#). (Accessed 25 July 2022).
- Martinsson, E., Garmy, P., & Einberg, E.L. (2021). School nurses' experience of working in school health service during the COVID-19 pandemic in Sweden. *International Journal of Environmental Research and Public Health*, 18(13), 6713.
- Morris, J., & Fisher, E. (2022). [Growing problems, in depth: The impact of Covid-19 on health care for children and young people in England](#). QualityWatch briefing. (Accessed 22 October 2022).
- Public Health England. 2019. Healthy Child Programme, 0-19 years. London: HMSO.
- Royal College of Nursing. 2019. An RCN toolkit for School Nurses. London: RCN.
- UN Women. (n.d.). [COVID-19 and ending violence against women and girls](#). (Accessed 18 December 2022).
- Young Minds. (2021). [Coronavirus: Impact on young people with mental health needs](#). (Accessed 18 December 2022).