



School Nursing Service Request for Support

Please complete all sections of the form and email securely to your School Nursing team.

randhsnteam@southernhealth.nhs.uk

Information about our service and the support we are able to offer can be found in the guidance below.

Guidance for professionals

The School Nursing Service works with children and young people to ensure that their health needs within school, home and community settings are met in line with the Healthy Child Programme (5-19 years). As Specialist Public Health Practitioners our aim is to work in partnership with families, health, education, social care and partner agencies.

How the School Nursing team can help?

Many health and wellbeing issues may be addressed by signposting young people and families to the Hampshire Healthy Families webpages at https://www.hampshirehealthyfamilies.org.uk/ which includes supportive information and advice that parents, young people and professionals will find useful.

Parents/carers and young people can also be signposted to use our ChatHealth texting services:

Advice for parent/carers of children 0-5 years — Text ChatHealth on 07520615720

Advice for parent/carers of children 5-19 years — Text ChatHealth on 07507332417

Advice for young people aged 11 – 19 years – Text ChatHealth on 07507332160

We offer an individualised episode of care up to 4 contacts regarding the following:

- Emotional health and well-being emerging anxiety which is disproportionate to development level where school based and/or self-help support or strategies have not been successful. For more information see Hampshire CAMHS FAQ's for thresholds of referral:

 https://hampshirecamhs.nhs.uk/help/parents-carers/•
- Healthy weights and lifestyles

We offer advice and signposting regarding the following:

- Physical and Emotional Health and well being
- Healthy weights and lifestyles
- Support during transition through school
- Relationships, sexual health, and substance misuse
- Parenting advice: accident prevention, sleep, behaviour and signposting for continence support
- Children and young people with complex or additional health needs
- Support for children and young people not in school, in accessing the Healthy Child Programme.





Parents can watch our recorded webinar with two of our 0-19 team experts on how to support good sleep in school-aged children:

Workshops, Courses and Events: Hampshire Healthy Families

Please be aware the school nurse team are not commissioned to:

- Complete hearing checks for children
- Deliver a counselling service
- Respond to urgent referrals that require immediate support from Childrens Services, a GP or Children and Adolescent Mental health service (CAMHS).
- Deliver health training sessions to school staff [e.g. anaphylaxis, epilepsy]
- To offer a continence service

Who can access our services?

The School Nursing service provides health services for children and young people aged 5 -19 who attend state funded schools within Hampshire [excluding Portsmouth and Southampton]. We also offer services to children and young people who are home educated. Southern Health Foundation Trust offer immunisation programmes to children and young people attending private schools, however we are not currently commissioned to offer wider public health School Nursing services to children and young people in these schools.

How can I request support?

All professionals requesting support from the School Nursing service should complete this form. The consent of the child, young person or parent should be gained prior to making a referral. Children, young people and their families are able to request support directly from the School Nurse team.

Where do I send the form?

Completed forms should be emailed to the School Nurse team. For home educated children and young people please email to the team within the locality that they live. Details of all school nursing teams and the schools that they cover can be found on our website https://www.hampshirehealthyfamilies.org.uk/homepage

What happens on receipt of the request for support form?

This will be reviewed by a Specialist Community Public Health School Nurse and you will receive an acknowledgement.





School Nursing Service Request for Support

Please complete all sections of the form and email securely to your School Nursing team.

randhsnteam@southernhealth.nhs.uk					
Consent must be given by the parent/carer/young person [as appropriate] before submitting the request					
Childs Name:	DOB:				
Address:					
NHS Number:	Phone N	Number:			
English as a second language? YES / NO Interpreter required?					
Parents/Carer name:	ents/Carer name: Address: [If different to child]				
Parental responsibility	y Phone No:	[If different to child]			
Parent/carer E mail address -					
GP:	Address:				
Phone Number:					
School name:					
Class teacher/ tutor:					
Please detail any special educational needs or difficulties in accessing education?					
Is the child:					
Subject to a child protection plan? YES/NO Child in Care? YES/NO					
Subject to a child in need plan? YES/NO Young Carer? YES/NO					
If yes please give details below:					
Names and contact details of professionals currently involved:					
Youth Service	Education Inclusion Service	Social Care	Speech & Language		
School Counsellor	Educational Psychologist	CAMHS	OT/ Physio		





Youth Offending Services	Behaviour Support	Voluntary agencies	Other		
Please add any further	relevant information.				
r reace and any runner					
Reason for request fo	r support				
· ·					
What has been tried a	Iready?				
If Secondary School referral has this referral been discussed with the young person (if not please					
indicate why). Please	ensure the young person is p	rovided with chat healt	h information.		
What are the expector	Loutcomes from this request	for support			
What are the expected outcomes from this request for support					
All referrals must be	e discussed with the parent	t/ carer/ voung perso	n las appropriatel prior to		
referring to the Scho	-	e car can y carrig per con	to appropriately process		
I confirm that I have discussed this request for help with the parent/ carer/ young person and have					
gained consent from					
Signed:			[Referrer]		
Name					
Role/ Designation:					
Telephone number					