



Standards of proficiency for specialist community public health nurses

Published 7 July 2022

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Introduction

What we do

The Nursing and Midwifery Council (the 'NMC') is required to set standards of proficiency, education and training for nursing and midwifery professionals seeking to join our registers for the first time. As part of this we review our standards regularly to ensure they continue to protect the public, are fit for purpose, and are necessary for safe, effective and kind care. When we review any of our standards, including standards of proficiency for specialist community public health nurses (SCPHN) we take into account new evidence, the changes taking place in society and changes in health and care.

Education and training beyond initial registration

We recognise that in today's health and care services, the roles of nurses, midwives and nursing associates are changing and expanding, requiring higher levels of autonomy, knowledge and skill in order to achieve their full potential and to contribute to the delivery of services for the benefit of the people they serve. Everyone on our register undertakes additional education and training after their initial professional registration to develop further knowledge and skills, but not all of this ongoing education is or needs to be regulated.

We take a proportionate approach to the regulation of post-registration qualifications. We reserve regulation for those areas where ensuring consistency of standards of proficiency, and standards for education and training, is needed to achieve a higher level of quality and safety in order to mitigate risk and to reassure the public. One of the means we have of recognising post-registration qualifications is through setting standards of proficiency for specialist community public health nurses (SCPHN).

The role of the specialist community public health nurse in the 21st century

SCPHN professionals are in the frontline of public health. They are culturally competent, autonomous practitioners who are committed to improving people's health and wellbeing. They understand the wider [determinants of health](#) and seek to address health inequalities across the diverse communities and populations they serve.

All SCPHNs work in partnership with people to prevent ill health, protect health and promote wellbeing. Using a formidable evidence base they will lead, influence and collaborate with other agencies, organisations and professionals to improve and embed sustainable changes to the overall health and wellbeing of people at home, within communities, in schools and in the workplace. SCPHNs play a key role in the safeguarding of those people who are most vulnerable in society, and are ambitious for the public health of the communities they serve. They actively pursue sustainable development goals that promote everyone's right to a healthy life.

SCPHN health visitors (HV) are uniquely placed to reach every child in their own home, and be connected to their whole family and community. They build trusting relationships with children, carers and families, to positively influence their future health outcomes. They identify their health needs and strengths and deliver timely, effective, evidence-based interventions in partnership with them. They provide a universal service that ensures support for children and families is personalised, effective, timely and proportionate. The needs and the welfare of the child are at all times central to their work.

Health visitors use their professional autonomy to adapt and tailor their response to the health and wellbeing needs of individuals, families and communities within diverse and changing contexts. They are sensitive to different cultural perspectives and use in-depth knowledge of local communities to develop strong community relationships and to connect families with the community resources that best meet their needs.

Health visitors are advocates for fairness, equity and social justice and will challenge discriminatory practices and behaviours. They understand the impact of the wider determinants of health and are committed to addressing health inequalities through prevention and early intervention, and the promotion and improvement of health.

They lead services that are [person-centred](#) and evidence driven, with creativity and resourcefulness, and evaluate the impact of their interventions to continuously improve the quality of care and outcomes for children and families. They maximise the positive impact of health visiting services by working within a collaborative system, planning and coordinating care and maintaining continuity across different services and agencies. They embrace and champion new technologies and are skilled in leading changes in service delivery.

SCPHN school nurses (SN) are autonomous practitioners who uphold the rights of school-aged children and young people at all times. Working collaboratively across health, education and other agencies, and as an integral part of a broader public health service, school nurses advocate for optimum health for all school-aged children and young people, seeking to ensure that services are fair, inclusive, equitable, anti-discriminatory and positively influence health and wellbeing.

Using a variety of advanced communication skills, school nurses build mutually trusting relationships with school-aged children and young people, and parents, carers and families. Importantly, school nurses actively listen to school-aged children and young people, taking account of what matters to them and always putting the needs, welfare and safety of school-aged children and young people first.

School nurses provide culturally appropriate support and early interventions which aim to promote positive choices and reduce risk-taking behaviours. They focus on and support the holistic needs of school-aged children and young people. They understand the wider [determinants of health](#) and are committed to addressing health inequalities across the life course, through health education, health promotion and evidence-based age and maturity appropriate interventions.

They know their community and its assets and lead services that are [person-centred](#) and evidence driven to ensure positive health outcomes for school-aged children and young people. They collaborate and work effectively with teams and other professionals across a range of sectors and agencies.

SCPHN occupational health nurses (OHN) lead and work in a range of work environments and sectors. They lead services to enhance the health and wellbeing of people in their workplaces and beyond. Working autonomously, they promote and protect the health of the workforce, ensuring a healthy balance between work and wellbeing. As a distinct group of public health professionals, they help to prevent work-related ill health and disease by advising on the creation of workplaces that are safe, efficient and inclusive.

Occupational health nurses collaborate with other professionals, sector experts, employers and employees to lead workplace health initiatives that are responsive to the needs of individuals and organisations. They are able to use and analyse data effectively combining their specialist nursing skills with broader understanding and experience of the distinct sector they work in to embed health initiatives in the wider organisational planning for the benefit of people and communities and in addressing inequalities.

Applying their professional judgement and business acumen, occupational health nurses create innovative strategies for inclusive workplaces that enable people of varied abilities to be productively employed.

They champion the need for workplace health and wellbeing strategies that recognise the impact of health on work and the value of work to health. Recognising the value of a diverse working population, occupational health nurses embed person-centred approaches to health that address the needs of a varied workforce.

They are change agents who influence at strategic and sector level, thinking globally but acting locally, to create a healthy workforce for the present and the future.

SCPHN public health nurses (PHN) are specialists in public health who do not have a predetermined field of SCPHN practice. They may work in roles across a wide range of sectors and settings, applying their specialist public health knowledge and skills to the people, communities and populations they serve.

They take a life course and whole population approach to make a valuable contribution to the wider society's health and wellbeing and in addressing health inequalities. They advocate for people fostering therapeutic relationships that build confidence and trust. They may provide public health information, support and provide timely interventions to people. Equally they may offer public health advice and support to voluntary or third sector organisations within the wider community.

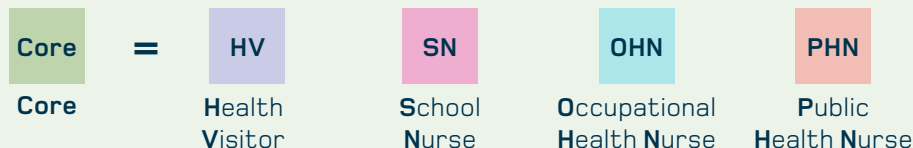
They proactively collaborate with interdisciplinary and interagency teams and services to ensure that people who require wider public health support, care and interventions have fair and equitable access to public health resources, that promote their health and wellbeing, prevent ill health and protect those who are vulnerable.

How to read these standards

The proficiencies in this document specify the knowledge, skills and behaviours that registered nurses and midwives go on to achieve to support and care for people, communities and populations across the life course in specialist community public health nursing roles. They reflect what the public can expect SCPHN health visitors, school nurses, occupational health nurses and SCPHN public health nurses to know and be able to do in order to lead, collaborate, promote, protect and prevent ill health across the life course.

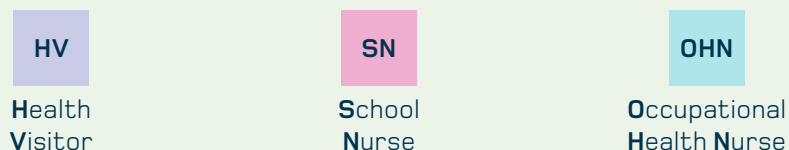
- **Core standards of proficiency** that apply to all fields of SCPHN practice: **HV**, **SN**, **OHN** and **PHN**, and are grouped under six spheres of influence, and;

These core standards of proficiency apply to:



- **Field specific standards of proficiency** that apply to each of the following fields of SCPHN practice: **HV**, **SN** and **OHN**, and are grouped under four of the six spheres of influence.

These field-specific standards of proficiency apply to:



These proficiencies will provide new post-graduate specialist community public health nurses entering the profession with the knowledge, skills and behaviours they need at the point of registration. SCPHN health visitors, school nurses, occupational health nurses and SCPHN PHNs will build on these proficiencies as they gain experience and fulfil their professional responsibility. They will demonstrate their commitment to develop as a SCPHN practitioner and to build a career pathway, engaging in ongoing education and professional development opportunities necessary for revalidation.

The six spheres of influence	Specialist Community Public Health Nursing core standards of proficiencies for HV, SN, OHN and PHN	Core and Field Specific Proficiencies
	Core = HV SN OHN PHN	
Sphere A	Autonomous specialist community public health nursing practice	Core only
Sphere B	Transforming specialist community public health nursing practice: evidence, research, evaluation and translation	Core only
Sphere C	Promoting human rights and addressing inequalities: assessment, surveillance and intervention	Core + HV or SN or OHN
Sphere D	Population health: enabling, supporting and improving health outcomes of people across the life course	Core + HV or SN or OHN
Sphere E	Advancing public health services and promoting healthy places, environments and cultures	Core + HV or SN or OHN
Sphere F	Leading and collaborating: from investment to action and dissemination	Core + HV or SN or OHN

The nature of regulatory standards

Regulatory standards are intended to be high level and outcome-focused. They are translated by education institutions and their practice placement partners into more detailed curricula and programme learning outcomes.

These core and field specific standards of proficiency apply to all NMC registered SCPHN HVs, SNs and OHNs. The core standards of proficiency also apply to all NMC registered SCPHN PHNs. They should be read alongside *Realising professionalism: Standards for education and training*, which set out our expectations regarding provision of all pre-registration and post-registration NMC approved nursing and midwifery education programmes.

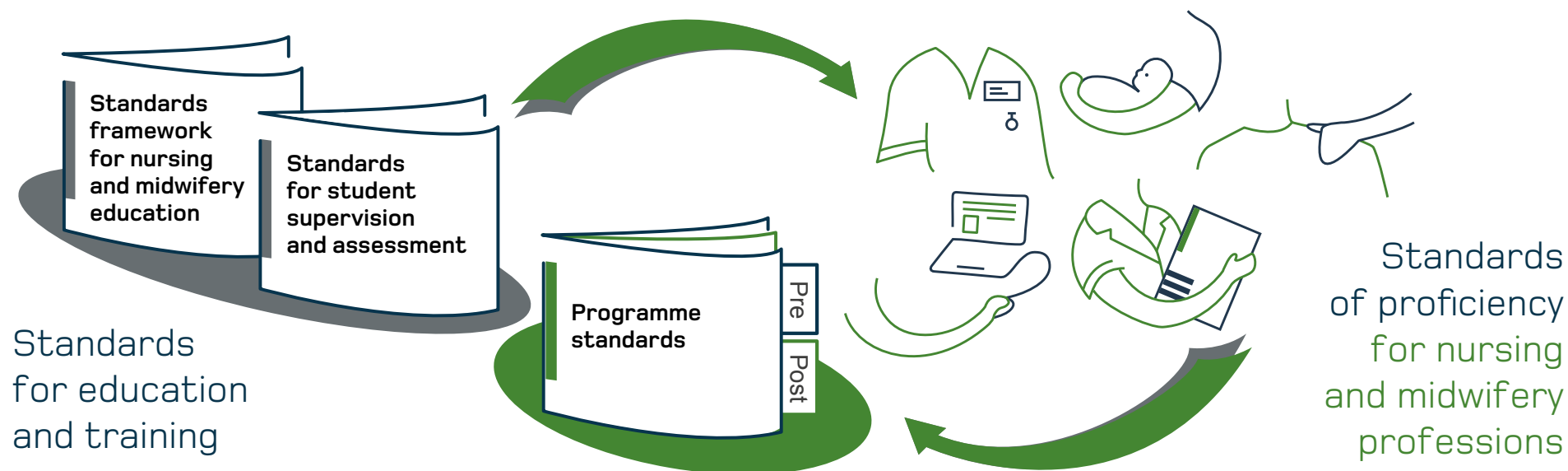
These standards apply to all approved education providers and are set out in three parts:

Part 1: [Standards framework for nursing and midwifery education](#)

Part 2: [Standards for student supervision and assessment](#)

Part 3: Programme standards, which are the standards specific for each pre-registration or post-registration programme.

Education institutions must comply with our standards to be approved to run any NMC approved programmes. Together these standards aim to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to develop innovative approaches to education for SCPHN health visitors, school nurses, occupational health nurses and SCPHN public health nurses while being accountable for the local provision and management of approved post-registration SCPHN programmes in line with our standards. This is shown in the diagram below.



Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order') requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for nursing and midwifery education providers are established under the provision of Article 15(1) of the Order.

Article 5(2) of the Nursing and Midwifery Order 2001 requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

As SCPHN standards of proficiency are post-registration standards, individuals can only enter the SCPHN part of the register if they are a registered level one nurse or midwife and have successfully met all the requirements of their NMC approved SCPHN programme. Only those on our register can use the protected title of specialist community public health nurse.

Sphere of influence A: Autonomous specialist community public health nursing practice

SCPHN Health visitors, school nurses, occupational health nurses and SCPHN public health nurses understand that health and access to health support is a fundamental human right. They use their professional autonomy to adapt and tailor their response to the health and wellbeing needs of people, communities and populations within diverse and changing contexts at home, in school, in the workplace and in communities. They are sensitive to different cultural perspectives and advocate for and protect those people, communities and populations who are most vulnerable. They are innovative, creative, promote health literacy and maximise the use of new technologies in their day to day practice.



Sphere A: Outcomes

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

- A.1** demonstrate the ability to practice with a high level of autonomy, entrepreneurship and innovation as a specialist community public health nurse
- A.2** be an effective ambassador, role model and compassionate leader, and a positive influence on the profession
- A.3** use an expanded knowledge of the links between global and national socio-economic and political strategies and policies and public health to drive and influence their own field of SCPHN practice
- A.4** select and apply relevant legal, regulatory and governance requirements, policies and ethical frameworks to their specialist community public health practice, differentiating between the devolved legislatures of the UK
- A.5** lead on the application of legislation, guidance and advice regarding sustainable development goals, including environmental factors and other pollutants that affect the health and wellbeing of people now and in the future
- A.6** influence and promote health as a fundamental human right and as a shared value through engagement, inclusion and participation
- A.7** make professional judgements and decisions, and work in complex, unfamiliar and unpredictable environments, proactively identifying actions and solutions to problems that may have many interacting factors
- A.8** lead and promote public health provision that is person-centred, anti-discriminatory, culturally competent and inclusive
- A.9** demonstrate critical awareness of stigma and the potential for bias, taking action where necessary to educate others and resolve issues arising from both
- A.10** recognise the need for and lead on action to provide reasonable adjustments for people, groups and communities, influencing public health policy change and best practice
- A.11** demonstrate the advanced numeracy, literacy, digital and technological skills required to meet the needs of people, communities and the wider population, to ensure safe and effective specialist public health nursing practice.

Sphere of influence B: Transforming specialist community public health nursing practice: evidence, research, evaluation and translation

SCPHN Health visitors, school nurses, occupational health nurses and SCPHN public health nurses locate, critique, use, generate and apply evidence, data and information that seeks to promote health and prevent ill health and disability from life choices, environmental factors, non-communicable diseases, trauma or other health conditions. They evaluate public health interventions to better understand what works and what may need to change and why. They propose new and innovative ideas and concepts to inform and improve the health and wellbeing of people across the life course and apply an evidence-based approach to optimise public health programmes and interventions.



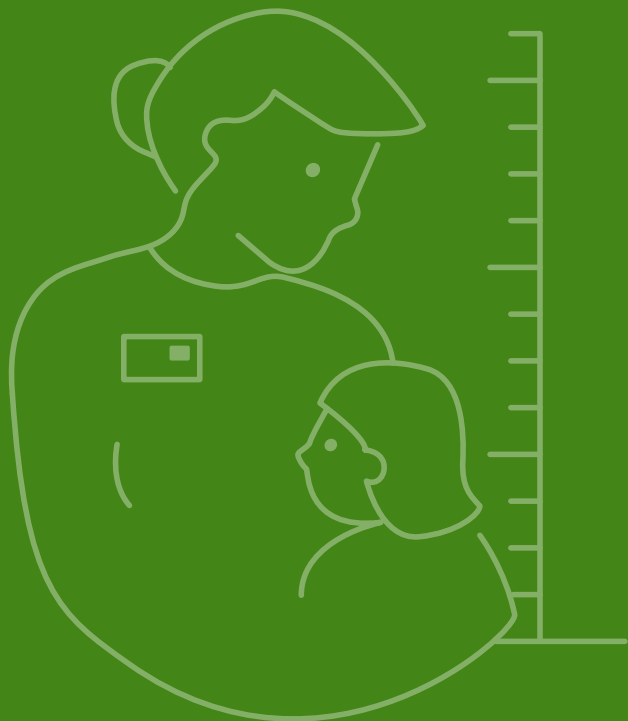
Sphere B: Outcomes

Core

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

- B.1** assess the impact and benefits of local and national health and other policies on the health and wellbeing of people, communities and populations
- B.2** identify, evaluate and proficiently use multiple sources of evidence and research relevant to people, communities and populations to inform specialist community public health nursing practice
- B.3** identify gaps in research, evidence and policy that impact on public health nursing practice and influence how to address these
- B.4** utilise and effectively participate in new areas of research across interdisciplinary and interagency teams related to public health priorities and interventions
- B.5** use reliable data, statistics and informatics to lead on and support policies and programmes that improve the health outcomes of people, communities and populations
- B.6** identify where insufficient information and data is available to inform public health priorities and national intervention strategies and how this may be addressed by refining data sets or in recognising the need for further study
- B.7** critically appraise epidemiological research and demonstrate its use in evidence-based specialist public health nursing practice
- B.8** synthesise and apply knowledge from research, evaluation, audit and global innovation that leads to improvements in the health of people, communities and populations and addresses health inequalities
- B.9** apply the evidence base theory and principles of public health and nursing practice to support innovative approaches to influence people's motivation, choices and behaviours
- B.10** critically appraise the evidence that informs new innovations in public health programmes, including genomics, and evaluate early success measures and impact on population health outcomes
- B.11** share outcomes and lessons learned from audit, research and evaluation in specialist public health nursing practice locally and nationally and across sectors through professional and peer reviewed processes

Sphere of influence C: Promoting human rights and addressing inequalities: assessment, surveillance and intervention



Health visitors are ideally placed to identify, highlight and address health inequalities due to their unique reach into every family. They actively seek to uphold the human rights of all of those they engage with while recognising that all families are unique and have individual needs. They advocate on behalf of those who are vulnerable or unable to speak up for themselves.

School nurses are in a unique position to advocate for the rights of all school-aged children and young people, including those who may be vulnerable but not visible to other services or agencies. They seek to address health inequalities in school-aged children and young people, and their families. They consider the impact of the home dynamic and complex family situations on school-aged children and young people, and the impact of their educational experiences on their health, wellbeing and future life prospects.

Occupational health nurses use their specialist knowledge to recognise the value of work to health and wellbeing, and the impact of health on work. Using their knowledge and experience of wider socio-economic influences on health and work, they create services and plan interventions that contribute to addressing inequalities by increasing accessibility to and an improved experience of work for all.

Sphere C: Outcomes

Core

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

- C.1** critically analyse the factors that may lead to inequalities in health outcomes and health inequity and take appropriate action to mitigate their impact on people, communities and populations
- C.2** demonstrate compassionate leadership in applying human rights, equality, diversity and inclusion, to improve the health and wellbeing of people, communities and populations
- C.3** appreciate the legal, ethical, moral and spiritual needs and challenges that may be faced when promoting population health, helping to mitigate barriers that enable people and families to live to their full potential
- C.4** assess the impact of complexity and comorbidity and their impact on people, communities and populations, in order to share knowledge and lead on [person-centred](#) public health approaches
- C.5** develop, promote and support opportunities to educate individuals on the risks to themselves and others of the abuse of tobacco, alcohol and other substances and potentially addictive behaviours
- C.6** conduct, interpret and evaluate health assessment and screening, surveillance and profiling checks and interventions, and immunisation and vaccination programmes for people, communities and populations
- C.7** ensure equitable and accessible services for all through improved health literacy communication and networking
- C.8** consult with, listen to and support people, communities and populations when assessing, planning and co-producing public health interventions
- C.9** use models, evidence and concepts to plan, conduct and evaluate population level interventions to address specific public health issues
- C.10** apply understanding of [determinants of health](#) to develop culturally responsive and inclusive public health interventions with people, communities and populations
- C.11** lead on identifying vulnerable people, families, communities and populations and take action to support, safeguard and protect them, and coordinate timely care and other responsive support when needed.

Sphere C: Outcomes – Health Visitor

HV

At the point of registration, the SCPHN health visitor will be able to:

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| <p>C.HV1 critically analyse and apply evidence-based knowledge of the determinants of health, intergenerational cycles of deprivation and health inequalities that affect the mental, physical, cognitive, behavioural, social, and spiritual health and wellbeing of children, parents, carers and families</p> <p>C.HV2 provide support to parents, carers and families in understanding what is needed to secure healthy development and wellbeing of infants and children</p> <p>C.HV3 continually assess and skilfully adapt to different environments and complex situations in order to identify and advocate for those families most at risk, while at all times safeguarding the welfare of the child and others at risk</p> <p>C.HV4 play a significant role in promoting mental health for parents, families, infants and children during the perinatal period and in the assessment and early identification of perinatal mental ill health</p> | <p>C.HV5 provide care and support to infants, children, parents and families where appropriate and facilitate access to specialist mental health services according to the level of need</p> <p>C.HV6 promote infant mental health and early identification of infant distress, providing support to families to enable them to prioritise and respond to their infant's needs</p> <p>C.HV7 initiate appropriate evidence-based person-centred interventions to promote healthy relationships and minimise risks of domestic violence, child maltreatment and other forms of abuse within the family and the developmental impact of parental conflict on children</p> <p>C.HV8 use their professional judgement to observe, recognise and respond to signs of abuse and neglect across the life course, recognising that individual safeguarding needs will differ.</p> |
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Sphere C: Outcomes – School Nurse

SN

At the point of registration, the SCPHN school nurse will be able to:

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| <p>C.SN1 proactively promote, support and improve the health and wellbeing of school-aged children and young people, recognising the rights of the child at all times</p> <p>C.SN2 evaluate the relationship between school, life, mental and physical health and ill health and lead on proactive approaches to promote and protect health and wellbeing of school-aged children and young people in and outside of school</p> <p>C.SN3 lead evidence-based interventions that are holistic, inclusive and responsive to the needs of school-aged children and young people</p> <p>C.SN4 evaluate the impact of intergenerational cycles of dependency and adversity on school-aged children and young people, and how <u>protective factors</u>, early help, and interventions improve health outcomes</p> <p>C.SN5 apply an evidence-based approach to identify vulnerability and inequality within the school-aged population, identifying those needing support and those at risk</p> | <p>C.SN6 safeguard and prioritise support for school-aged children and young people most at risk, escalating concerns and provide specialist expertise for safeguarding and child protection pathways</p> <p>C.SN7 use specialist evidence-based knowledge of capacity, consent, and confidentiality to safely manage challenges and potential conflicts when applying safeguarding and child protection pathways to individual school-aged children and young people</p> <p>C.SN8 assess the risk for vulnerability in school-aged children and young people and families that are impacted by changes to their circumstances, to maximise access and support from relevant services</p> <p>C.SN9 foster positive relationships and facilitate inclusion, recognising the potential impact of stigma, bias and assumptions that people may make about school-aged children and young people</p> <p>C.SN10 demonstrate knowledge and understanding of the factors that influence identity and support school-aged children and young people to develop their identity.</p> |
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Sphere C: Outcomes – Occupational Health Nurse

OHN

At the point of registration, the SCPHN occupational health nurse will be able to:

- C.OHN1** synthesise their specialist knowledge and experience to appraise the impact of socio-economic and political issues on work and health to implement occupational health interventions
- C.OHN2** critically examine the relationship between worklessness and health and their association with health inequalities that affect people, families and communities
- C.OHN3** lead an occupational health service that is open, holistic, inclusive and responsive to wider socio-economic and health concerns including but not limited to safeguarding and abuse within and outside the workplace
- C.OHN4** evaluate the relationship between work, life, mental and physical health and ill health to lead on proactive organisational approaches to promote and protect health and wellbeing within and outside the workplace
- C.OHN5** apply their specialist professional knowledge and judgement to identify individuals who may be vulnerable or at risk of direct and indirect abuse or harm within or outside the workplace, appropriately escalating and referring to other professionals and agencies
- C.OHN6** lead the development, delivery and evaluation of inclusive, multifunctional occupational health services that meet the diverse needs of employees and organisations, adopting a life course approach
- C.OHN7** apply specialist knowledge and skills to identify emerging health issues, and signpost to available support for access to health and care services and other agencies to balance individual health and wellbeing with employment obligations.

Sphere of influence D: Population health: enabling, supporting and improving health outcomes of people across the life course



Health visitors take the lead role in ensuring that the health of children, parents, carers, families, communities and populations is maintained, improved and protected in order to create the best foundation for their long term sustainable health and wellbeing. They proactively develop open and meaningful dialogue with families to develop trusting relationships and use their advanced assessment and communication skills to identify and assess need and prioritise support based on risk.

School nurses understand the impact of socio-economic factors on school-aged children's and young people's long term health and wellbeing. They proactively develop open and meaningful conversations with school-aged children, young people and families and use their knowledge to make appropriate interventions to support and empower school-aged children and young people in their life choices to prevent ill health, manage emerging risks and improve ongoing health and life outcomes.

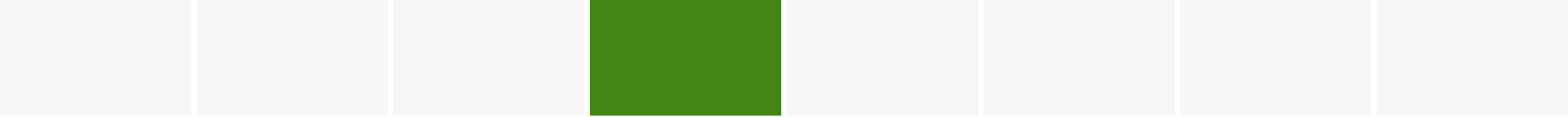
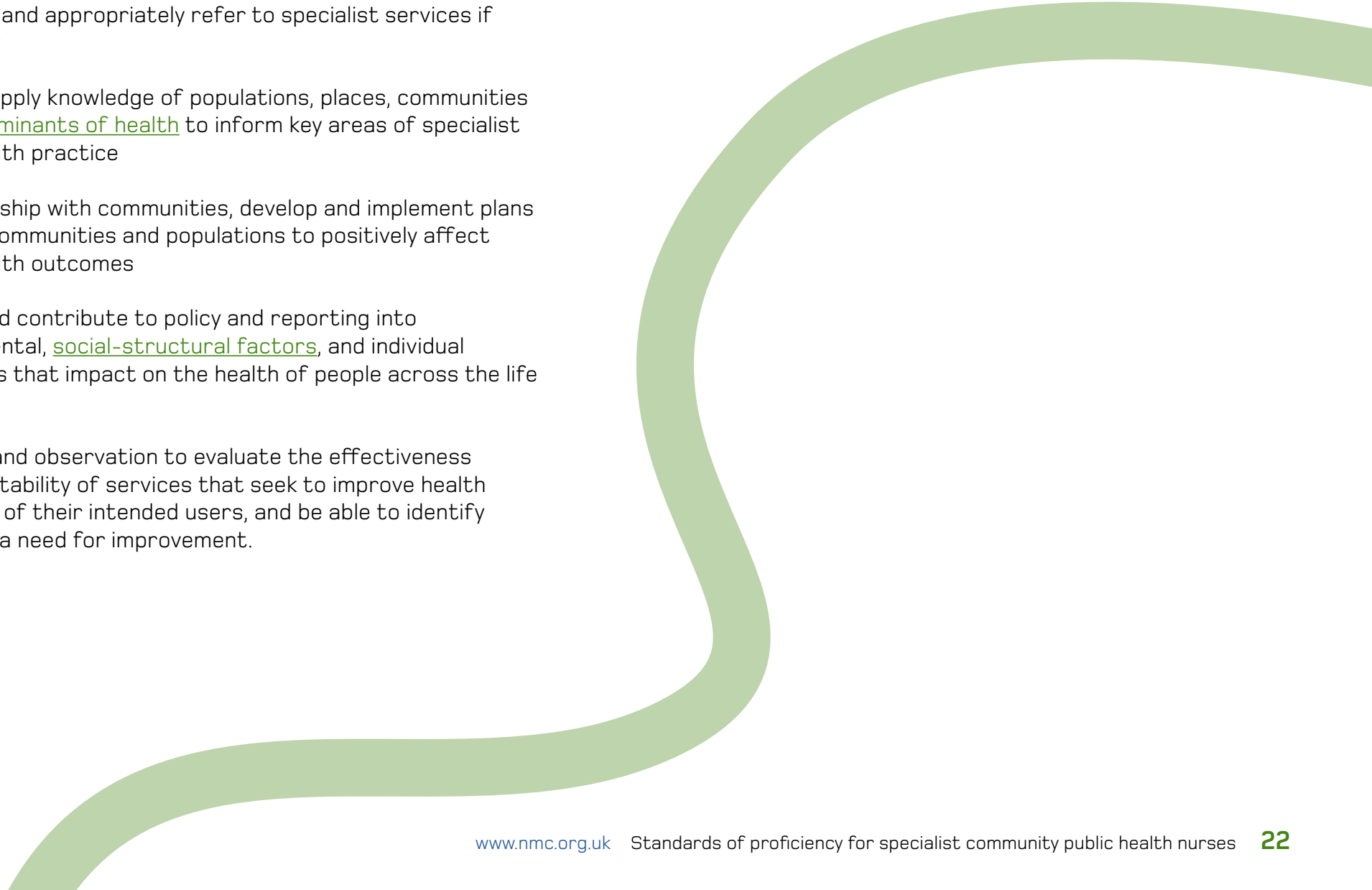
Occupational health nurses use their specialist knowledge and professional judgement to develop inclusive workplace strategies that enable people of all abilities to remain healthy, and productively in work. They design occupational health services that add value to employees, employers and organisations.

Sphere D: Outcomes

Core

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

- D.1** recognise, critically evaluate and monitor trends in global and national strategies and programmes for preventative interventions and promotion of health to inform specialist public health practice locally, nationally and globally
- D.2** recognise and accommodate any future developments in the application of genomics into their SCPHN practice to support prevention and early intervention in the health of the population across the life course
- D.3** appreciate and use community assets and resources to support positive health and wellbeing of people, communities and populations
- D.4** in partnership with people, adopt a life course approach when assessing the public health needs of people, communities and populations
- D.5** empower people, communities and populations to connect effectively with local initiatives, support networks, community assets, programmes and resources that support their health and wellbeing
- D.6** apply specialist knowledge of social prescribing to support individual, community and population health outcomes
- D.7** critically apply knowledge of behavioural, psychological and social sciences to the health of people across the life course, and to communities and populations, to enhance collaborative, strength-based therapeutic relationships
- D.8** appreciate the importance of medicines management with respect to administration, optimisation and reconciliation, and the positive impact of correct medicines management on people's current and future health outcome
- D.9** assess the health status and health literacy of populations across the life course and their related determinants of health

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- D.10** use culturally appropriate, evidence-based approaches to assess, support and monitor the health and wellbeing of people, and appropriately refer to specialist services if necessary
- D.11** critically apply knowledge of populations, places, communities and determinants of health to inform key areas of specialist public health practice
- D.12** in partnership with communities, develop and implement plans for local communities and populations to positively affect public health outcomes
- D.13** lead on and contribute to policy and reporting into environmental, social-structural factors, and individual behaviours that impact on the health of people across the life course
- D.14** use data and observation to evaluate the effectiveness and acceptability of services that seek to improve health outcomes of their intended users, and be able to identify trends or a need for improvement.

Sphere D: Outcomes – Health Visitor

HV

At the point of registration, the SCPHN health visitor will be able to:

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| <p>D.HV1 demonstrate specialist knowledge and understanding of infant and child anatomy, physiology, genetics, genomics and development when undertaking programmed health assessment and development reviews</p> <p>D.HV2 apply specialist knowledge and use validated tools to deliver holistic health assessments and programmed health and development reviews, working in partnership with parents and families to promote health and identify emergent and existing concerns including vulnerability and inequality, and facilitate and prioritise support and/or early intervention for the child and family as appropriate</p> <p>D.HV3 assess for early signs of atypical patterns of development, or significant anomalies that may result in disability or emotional, physical or developmental health needs or risks, and deliver evidence-based anticipatory guidance or targeted intervention tailored to individual and family circumstances and needs</p> <p>D.HV4 apply advanced level communication and interpersonal skills to establish trusting relationships which are respectful of families' capabilities, priorities and values</p> | <p>D.HV5 work in partnership with families to continually assess, and appraise the impact of known strengths, changing circumstances and relationships on child and family health and wellbeing and adapt support accordingly, acknowledging the needs of the family as a whole and prioritising support on the basis of immediate and continuing risk and need</p> <p>D.HV6 work in partnership with families to promote, educate and support sensitive, responsive relationships between parents and their children through the application of specialist knowledge of early emotional development, theories and models of attachment and the impacts of positive and enduring parental-child relationships</p> <p>D.HV7 evaluate the effects of trauma on child development and how they adjust to those effects, and work in partnership with children and families who are affected by trauma to strengthen their resilience</p> <p>D.HV8 critically apply specialist knowledge of the anatomy, neurodevelopment, physiology and epigenetics relevant to infant nutrition, including the implications of infant feeding, weaning and early food behaviour for optimum child and maternal health, child physical and socio-emotional development and future behaviour patterns</p> |
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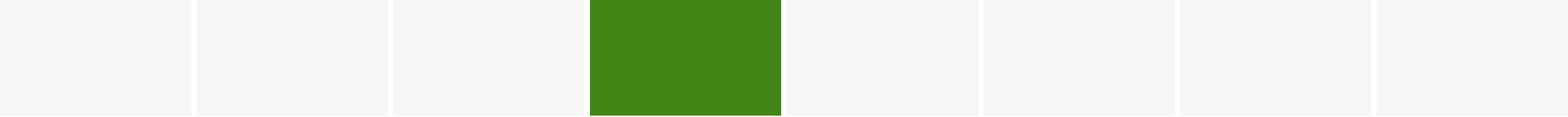
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| <p>D.HV9 using a strength-based approach support children and families to identify risks to healthy weight in childhood, promoting family nutrition and supporting them to make optimum and available choices, referring to other services according to need and risk</p> <p>D.HV10 work in partnership with families to support positive, nurturing child and family relationships, and in promoting the benefits for children learning life skills in the home environment</p> <p>D.HV11 support parents and families who receive a life changing or life limiting diagnosis during pregnancy and in the early years, and in partnership with them use a strength-based and empowering approach to respond to their needs, which may be complex</p> <p>D.HV12 use specialist knowledge to facilitate access to a range of appropriate and effective available resources to support children, parents and families with additional needs due to mental and/or physical ill health, learning disabilities or physical disability, and/or those living with multiple, complex, long term conditions</p> | <p>D.HV13 support children, parents and families to develop motivation and self-advocacy when raising awareness of opportunities for local grants, financial support and other local community assets and services</p> <p>D.HV14 advise parents, carers and families on symptom identification and relief, enabling them to manage minor illnesses and injuries safely and effectively, and in knowing when to seek support for further treatment where necessary</p> <p>D.HV15 provide evidence-based support and advice on child, adolescent and adult sexual and reproductive health and contraception</p> <p>D.HV16 provide, evidence-based support to bereaved parents, children and families in the event of miscarriage, stillbirth or parental death and refer to additional support as appropriate.</p> |
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Sphere D: Outcomes – School Nurse

SN

At the point of registration, the SCPHN school nurse will be able to:

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| <p>D.SN1 apply specialist knowledge of the healthy development of school-aged children and young people and use of validated tools to deliver holistic health assessments and programmed development reviews that aim to improve individual, community and population health outcomes</p> <p>D.SN2 critically analyse and apply specialist knowledge of the biopsychosocial, moral and spiritual development of school-aged children and young people at all key phases in the life course</p> <p>D.SN3 evaluate how age and biopsychosocial development influence communication skills in the school-aged population, using advanced communication techniques to facilitate positive, trusting relationships with school-aged children and young people, parents, carers and families</p> | <p>D.SN4 evaluate how biopsychosocial influences in adolescent years impact on behaviour, life skills and transition to adulthood, recognising adolescence as a distinct stage of the life course</p> <p>D.SN5 assess the impact of key transition periods and events for school-aged children and young people including starting and leaving school, change of care provider, illness and bereavement, and apply appropriate intervention to support their development of self-managing behaviours</p> <p>D.SN6 use a range of evidence-based interventions to support young people's safe transition to adulthood</p> <p>D.SN7 optimise positive behaviours in parents, carers, families and peers and, through evidence-based interventions, promote trust and self-efficacy to improve health and wellbeing for school-aged children and young people</p> |
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| <p>D.SN8 support school-aged children and young people, parents and families to develop motivation and self-advocacy when raising awareness of opportunities for local grants, financial support and other local community assets and services</p> <p>D.SN9 use evidence-based observations, assessment and apply professional judgement when taking action to prevent and minimise the risk of adverse childhood experiences and build on <u>protective factors</u> to support and guide school-aged children and young people, parents and carers</p> <p>D.SN10 demonstrate knowledge and understanding of school-aged children and young people's emotional literacy, cognitive ability, wellbeing and resilience skills when observing, assessing and making decisions on the appropriate intervention</p> | <p>D.SN11 use professional judgement to assess for early signs of low mood and anxiety in school-aged children and young people, and provide early interventions to support emotional and mental health and wellbeing</p> <p>D.SN12 evaluate how evidence-based interventions help school-aged children and young people consider the impacts of and risks associated with specific behaviour choices related to social media, alcohol/substances, violence, exploitation and gang culture</p> <p>D.SN13 evaluate the effects of trauma on children and young people's development and adjustment and use culturally appropriate, evidence-based, trauma-informed approaches to assess, support and monitor, using professional judgement when making decisions to refer to specialist services.</p> |
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Sphere D: Outcomes – Occupational Health Nurse

OHN

At the point of registration, the SCPHN occupational health nurse will be able to:

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| D.OHN1 | use evidence to justify the impact and value of occupational health services for employees, organisations and the wider population | D.OHN5 | influence and provide impartial advice on the design of inclusive, adaptive and supportive workplaces |
| D.OHN2 | apply specialist knowledge to interpret, inform and provide impartial advice on health and safety legislation and case law | D.OHN6 | develop inclusive strategies that enable innovative, <u>person-centred</u> approaches for employees who may need adaptations and adjustments to their work due to health and wellbeing reasons |
| D.OHN3 | critically analyse and apply the principles of occupational hygiene, engineering controls and ergonomics when advising on the creation and maintenance of healthy work environments | D.OHN7 | develop evidence-informed strategies to support and enable employees with multiple or long term conditions to have sustainable, productive and fulfilling work |
| D.OHN4 | evaluate how disease, illness and impairment act as barriers to gaining, sustaining and returning to work and the impact of this on people and all areas of life | D.OHN8 | provide specialist, personalised occupational health advice on work adjustments to employees and employers which considers the impact of diagnoses, therapies, interventions, medications and treatments |
| | | D.OHN9 | apply specialist knowledge and skills to contribute to organisational disaster planning and preparedness to support business continuity and in optimising the ongoing safety and health of people. |

Sphere of influence E: Advancing public health services and promoting healthy places, environments and cultures



Health visitors actively seek out opportunities to promote and improve health visiting services and the quality of care that is provided to children, parents, carers and families by their services. They promote healthy environments, attitudes and cultures for infants and children that acknowledge and respect the uniquely individual nature of each home setting and family unit.

School nurses actively promote the value of school nursing services when working collaboratively with educators, local authorities, voluntary sector organisations, the youth justice sector and their local community. They encourage the development of healthy environments and cultures and evaluate the impact of these on the health and wellbeing of school-aged children and young people.



Occupational health nurses put health and wellbeing at the core of job design and workplace strategies. With their specialist input they help to embed employee health and wellbeing initiatives within the business planning cycle, leading on ambitious strategies that are also environmentally sound. They harness new and emerging technologies which enables participation in work for all people in society.

Sphere E: Outcomes

Core

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

- E.1** critically appraise and apply strategies and initiatives that improve home, community and workplace cultures and environments to enhance the health and wellbeing of people and communities in the places they live, learn and work
- E.2** critically appraise the use of new and assistive technologies that support and influence people's choices for their own health and wellbeing, and assist with access to services
- E.3** demonstrate professional business and financial acumen when developing and presenting business cases to create investment for change and value for money
- E.4** tailor nationwide programmes or commission new services that promote healthy cultures, environments and behaviours for local implementation and evaluate their effectiveness
- E.5** lead and support a culture of learning and continuous professional development for colleagues, and with interdisciplinary and interagency teams
- E.6** recognise individual abilities and learning needs when applying the standards of education and training for pre- and post-registration nursing, midwifery and nursing associate students, in order to educate, supervise and assess effectively
- E.7** promote and lead effective public health workplace cultures that benefit people, communities and populations
- E.8** advance public health through identifying sustainable development goals and prepare to take action on risks to the environment and its impact on the health and wellbeing of people

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- E.9** share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes
 - E.10** know how to assess and manage major incidents and outbreaks including contamination and communicable disease across local or wider boundaries
 - E.11** know how to identify, critically analyse and manage new and enduring hazards and risks to health at local, national and global levels
 - E.12** plan for emergencies and pandemic threats to population health taking account of the direct and wider risk, impacts and hierarchy of controls on health and wellbeing and service provision.

Sphere E: Outcomes – Health Visitor

HV

At the point of registration, the SCPHN health visitor will be able to:

- E.HV1** work in partnership with parents and carers to promote child safety, reduce risk behaviours and enhance awareness of the differentials of risk in relation to the child's age, stage of development and home environment
- E.HV2** respect parents' and carers' need for autonomy and control with sensitivity to a wide range of attitudes, values, beliefs, expectations, faiths, cultures and approaches to parenting, using a transparent approach whilst simultaneously safeguarding the welfare of the children at all times
- E.HV3** demonstrate sensitivity and respect for privacy in assessing whether the child or family's home situation and environment is appropriate for facilitating and encouraging open discussion and disclosure of personal issues
- E.HV4** evaluate community health needs and assets, and advance practice through community profiling, the synthesis and application of data and information, use of informatics, and other techniques
- E.HV5** develop sustainable and innovative health visiting strategies that contribute to place-based complex interventions and improve public health outcomes for children and families, reporting outcomes and areas for improvement in line with local and national governance and audit requirements.

Sphere E: Outcomes – School Nurse

SN

At the point of registration, the SCPHN school nurse will be able to:

- E.SN1** use community and population profiling to identify and assess health and wellbeing needs and priorities for school-aged children and young people
- E.SN2** lead, support and advocate for collaborative cultural and community developments that improve health and wellbeing in the school-aged population
- E.SN3** lead, co-design, provide and evaluate local health education, health promotion and safety campaigns aligned to key public health priorities for school-aged children and young people
- E.SN4** recognise the impact of the school environment, its culture and relationships that school-aged children and young people form and their effect on their health, wellbeing and achievement

- E.SN5** raise awareness of the impact of socio-economic disadvantage including digital poverty, and work with others to facilitate policy changes that support school-aged children and young people to achieve their potential
- E.SN6** evaluate lived experiences which may impact on school-aged children and young people's behaviour, health and wellbeing, ensuring that their needs, rights and safety remain paramount and central to all planning interventions
- E.SN7** respect parents' and carers' need for autonomy and control with sensitivity to a wide range of attitudes, values, beliefs, expectations, faiths, cultures and approaches to parenting, using a transparent approach whilst simultaneously safeguarding the welfare of school-aged children and young people at all times

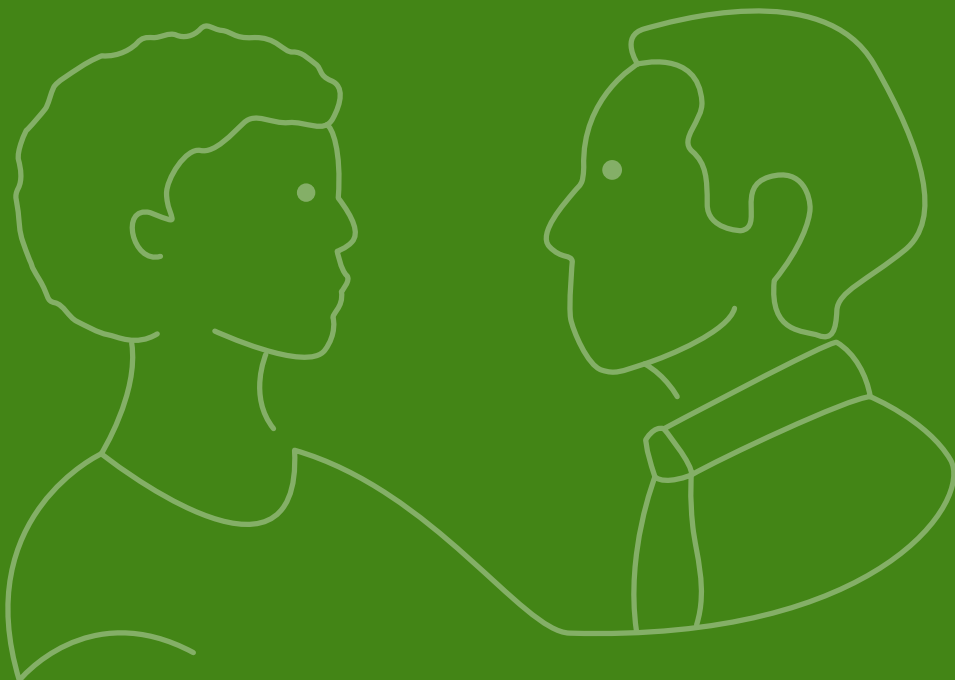
Sphere E: Outcomes – Occupational Health Nurse

OHN

At the point of registration, the SCPHN occupational health nurse will be able to:

- E.OHN1** develop sustainable, data-driven occupational health strategies with short, medium and long term aims to improve employee health and wellbeing, embedded as part of the business improvement cycle
- E.OHN2** focus on inclusion and innovation in job design to lead, improve and innovate ways to address health hazards by elimination, mitigation and control
- E.OHN3** lead on the organisational response to safe, appropriate and economically viable approaches to waste management for food, hazardous chemicals, biological and clinical waste, taking into consideration infection control measures and the impact of environmental pollution on health and wellbeing
- E.OHN4** recognise and act on the importance of the environmental impact of work processes and products, and collaborate on reducing and controlling emissions and other pollutants that may impact on safety, health and wellbeing and the environment
- E.OHN5** critically examine and apply the hierarchy of control to manage risks to health, safety and wellbeing in the workplace
- E.OHN6** anticipate and appraise the impact of new and emerging technology to improve workability now and in the future
- E.OHN7** facilitate workplace adjustments that enable wider participation of people in work, effectively using assistive technologies
- E.OHN8** evaluate the impact of job redesign and the potential need for skills development and/or redeployment on the health and wellbeing of people
- E.OHN9** critically examine the effect of worklessness on the health and wellbeing of people, families and communities
- E.OHN10** critically appraise and use assistive technologies, recognising their potentially varied impact on individual people's work and health.

Sphere of influence F: Leading and collaborating: from investment to action and dissemination



Health visitors take the leading role in providing, managing and coordinating care. They promote collaborative working, through leading and working within interdisciplinary and interagency teams and ensuring smooth transition between services, and also by working in partnership with families, communities and populations.

School nurses lead, manage and coordinate school nursing services and individual caseloads. They collaborate with interdisciplinary and interagency teams and services to ensure that public health programmes are embedded in schools and within the local community. School nurses lead safe and effective universal services, early help interventions and provide targeted interventions to school-aged children and young people when needed.

Occupational health nurses are leaders of services, with the ability to influence strategic planning and policy making. They bring their unique specialist nursing knowledge and skills, combining them with the business acumen required to plan the resources for occupational interventions that are tailored to the specific requirements of the employees and organisations they work with.

Sphere F: Outcomes

Core

At the point of registration, the registered SCPHN HV, SN, OHN and SCPHN PHN will be able to:

- F.1** lead public health services that promote and improve the health and wellbeing of people, communities and populations
- F.2** lead teams that are effective in delivering public health services, both on their own and in collaboration with others
- F.3** assess service requirements influencing and leading on policy development and strategic planning to address population health needs incorporating approaches for prevention and risk management
- F.4** monitor and report on the outcomes of strategy and policy implementation and make recommendations for improvement including changes to commissioning
- F.5** evaluate the efficacy of service provision by triangulating information obtained from audit, continuous improvement activity, governance, risk management and performance monitoring
- F.6** compassionately lead and support a culture of critical reflection and continuous professional development that promotes team and interdisciplinary learning
- F.7** build alliances and partnerships that support equality, diversity and inclusion, collaboration and sharing of new ideas and innovations and be able to agree shared goals and priorities
- F.8** use a range of advanced communication skills with people, communities, peers and interdisciplinary and interagency colleagues, including use of digital and other modalities to support communication in virtual and remote environments
- F.9** communicate simple and complex public health information in a variety of formats, tailored for different community and population audiences
- F.10** use a range of techniques to influence, challenge, and persuade peers and senior stakeholders in relation to public health strategies and policies that affect people, communities and populations.

Sphere F: Outcomes – Health Visitor

HV

At the point of registration, the SCPHN health visitor will be able to:


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| <p>F.HV1 lead creative, flexible approaches to engage parents and carers in child health promotion programmes, providing advice and support to enable co-design and collective decision making</p> <p>F.HV2 lead discussions and collaborate on the development of services for children with high impact health and care needs and ensure workforce readiness for implementation</p> <p>F.HV3 involve, escalate, report and make decisions with interdisciplinary and interagency teams on the immediate and continuing risk of domestic violence, child maltreatment and other forms of abuse to the safety of infants, children and families and collaborate on all necessary actions</p> | <p>F.HV4 lead interdisciplinary and interagency discussions and make decisions regarding the referral, transfer, support and management of children and families where there are complex mental or physical health needs and/or concerns</p> <p>F.HV5 work in partnership with midwives and other interdisciplinary and interagency teams and services during the antenatal period and first days of the infant's life to ensure consistency and continuity of care for infants, parents and carers, and a smooth transition between midwifery and health visiting services</p> <p>F.HV6 work in partnership with school nurses to ensure the transition of support for the child and family from the health visitor to the school nursing service is positive, seamless and effective.</p> |
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Sphere F: Outcomes – School Nurse

SN

At the point of registration, the SCPHN school nurse will be able to:

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| F.SN1 | synthesise data, information and intelligence related to home, school and community environments, and apply professional judgement to determine how this intelligence can be widely reported to positively influence policy and strategy to improve health and wellbeing | F.SN4 | design and lead the delivery and evaluation of evidence-based school nursing services, educational campaigns and <u>co-produced</u> interventions aligned to regional and national public health initiatives to protect and promote the health and wellbeing of school-aged children and young people |
| F.SN2 | evaluate existing services to identify gaps in available support for school-aged children and young people and develop strategies to maximise support and access to relevant services according to age and maturity | F.SN5 | use specialist public health knowledge, skills and evidence when influencing and advocating and making decisions for the safety and wellbeing of school-aged children and young people at interagency meetings and hearings |
| F.SN3 | advocate for school-aged children and young people in public health services, ensuring their voice is heard, supporting co-production, <u>co-design</u> and development at universal, targeted and specialist service levels | F.SN6 | capture the lived experience and lived existence of school-aged children and young people and evaluate how this and other sources of evidence influences and informs current and future specialist practice, policy decisions and school nursing service design |

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- F.SN7** lead and promote visibility of school nursing services and ensure accessibility through engagement with school-aged children and young people, parents, carers, families, school staff, other professionals and voluntary sector organisations
 - F.SN8** use specialist skills and knowledge to design school nursing services which recognise and respect children and young people's privacy and dignity
 - F.SN9** critically analyse the opportunities, benefits and risks for school nursing services when communicating with school-aged children and young people face to face and via social media and virtual platforms
 - F.SN10** work in partnership with relevant professionals and services to ensure the transition of support for school-aged children and young people to adult services mitigates risks and is positive, seamless and effective.

Sphere F: Outcomes – Occupational Health Nurse

OHN

At the point of registration, the SCPHN occupational health nurse will be able to:

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| <p>F.OHN1 triangulate and appraise organisational and workforce profiling data to secure resources for the development and delivery of occupational and employee health, safety and wellbeing</p> <p>F.OHN2 create systems to allow data collection, information retrieval and dissemination protocols for enhancing occupational health nursing practice</p> <p>F.OHN3 develop and manage a safe and effective occupational health nursing service, which promotes innovative, evidence-informed workplace protocols and strategies</p> | <p>F.OHN4 influence organisational policy and strategy for employee health and wellbeing which embraces and reflects national and international public health agendas and strategies</p> <p>F.OHN5 critically apply business acumen to develop, promote and report on evidence-based occupational health and wellbeing initiatives that take account of economic and non-economic resources</p> <p>F.OHN6 evaluate, synthesise and communicate data and information to quantify and qualify the positive impact of occupational health interventions on workplace and business targets and outcomes.</p> |
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Glossary

The words in the glossary have been included to explain their specific meaning in the context of these regulatory standards. The meaning might expand on or be slightly more nuanced than the dictionary meaning of some of these words.



Biopsychosocial: a model that assumes that biological, psychological and social factors must be considered to understand disease, illness and health

Community assets: resources that can be used to contribute to developing and improving local health and wellbeing. It may include people and their knowledge, skill, networks and relationships, physical structures, local services, businesses, charities and funds

Co-design: a partnership of representative people or groups of people who come together to design care pathways, develop new pathways and revise existing services models

Co-produce: a partnership approach which brings people together to find shared solutions and involves partnering with people from the start to the end of any initiative or change that affects them

Cultural competence: knowledge, skills and attitudes needed to support and provide health and care services to people that are respectful, responsive and honours the culturally based needs of diverse populations

Determinants of health: includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours

Hierarchy of controls: a step-by-step approach to eliminating or reducing risks, ranking risk controls from the highest level of protection and reliability through to the lowest and least reliable protection

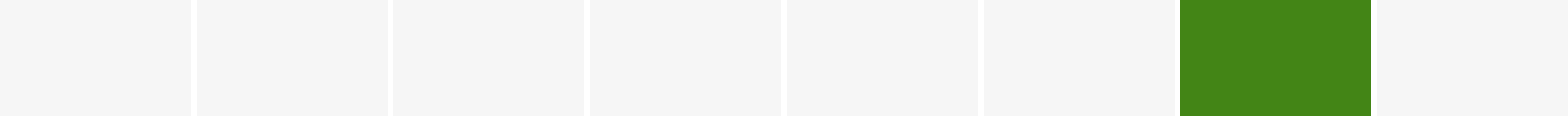
Holistic assessment: collection, analysis and sorting of multiple sources of observation and information about a person or people to inform interventions to improve health. The focus is on the whole person, not just a potential or actual illness

Person-centred: an approach where the person is at the centre of the decision making processes and the design of their health and care needs, their public health nursing care and treatment plan. In the context of public health this can also apply to public health services

Place-based interventions: service providers, communities and civic partners working together in a specific location to improve health and care for the populations they serve

Protective factors: individual or environmental characteristics, conditions, or behaviours that reduce the effects of stressful life events. These factors also increase people's resilience and ability to avoid risks, and support wellbeing

Self-efficacy: belief in one's own capability to organise and take action which could influence the adoption and maintenance of health-promoting behaviour



Shared value: awareness of behaviours and attitudes to health and recognition that individuals, families, workplace, communities and populations have a role in improving health for all

Social-structural factors: the social environment, physical environment, health services, and structural and societal factors that can influence health

Sustainable development goals: development of institutions, infrastructure and services to end poverty and protect the environment, aims which go beyond health and wellbeing as set out by the United Nations
<https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

Workability: consideration of people's health and their ability to work

Worklessness: having no paid work or employment, may be extended to people who are unable to work or be employed as a result of disability, carer responsibilities, students and pensioners

The role of the Nursing and Midwifery Council

What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the independent regulator of more than 758,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.



23 Portland Place, London W1B 1PZ

T +44 20 7333 9333

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NMC Nursing &
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Council

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362)

These standards were approved by Council at their meeting on 26 May 2022.