

Dear Parent/Carer.

We would like to introduce ourselves as your Islington School Health Team. Our team which is made up of qualified nurses, nursing associates and health care assistants, work across education and health with the aim of supporting you and the school in improving the health and wellbeing of children and young people within Islington.

To support you and your child we are involved in a number of activities during the school year and these include:

1. Half termly health and wellbeing clinics which are done face to face or virtually.
2. Vision & Hearing Screening in Reception and catch up in Year 1.
3. National Childhood Measurement Programme (NCMP) Reception & Year 6.
4. Support in keeping your child in school when they have a complex health condition.
5. Referrals to other services including CAMHS, dietician and healthy living service.
6. Health promotion workshops for parents and children.

When you talk to your school health team you talk 'in confidence' which means the health professional will not talk about what you have said to other people or to your school without discussing this with you first wherever possible and getting your consent to share. We always encourage you to work with us and the school to manage any issues and the priority will always be to keep your child safe.

You can access the school health team via the contact details at the top of this letter and via our website <https://www.whittington.nhs.uk/default.asp?c=40796>

Your school office will be aware of the dates we will be in school and can also book you into the half termly health and well being clinic.

**Things you can discuss with your school health team:**

- Sleep routines
- Dental health
- Toileting routines including bedwetting and soiling.
- Diet and nutrition including fussy eating or concern about weight.

Whittington Health NHS Trust

Interim Chair: David Holt    Chief Executive: Siobhan Harrington



- Infections including management of head lice and threadworms.
- Body changes and puberty
- Emotional health of your child or yourself
- Support in managing health issues that impact on attendance.
- Worried about school and COVID
- Healthy lifestyle

We look forward to meeting you.

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## Referral to Islington School Health Team

Child/Young Person Name:

Date of Birth:

NHS Number (if known)

Parent/Guardian Name:

Address:

Postcode:

Telephone:

Email:

School:

G.P:

Interpreter required: **No / Yes**

Language required:

Is the child/young person known to any other service or already in receipt of additional support?

Please State:

Parent/Guardian consent to referral? Yes  No

Is the child aware of referral? Yes  No   
 (If child is not aware please state why)

**Relevant Background Information:** (e.g. Length of time problem has been an issue, poor attendance, family situation etc.)

From the following list of services provided by school nursing can you select what you think is most relevant for this child/family:

Bedwetting/Soiling		Oral health	
Diet & Nutrition		Personal Hygiene / Body changes	
Managing minor ailments		Healthy relationships /sexual health	
Other:			

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**Name of referrer:**

**Designation:**

**Date of referral:**

**Telephone:**

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**Please email the completed form to:** [whh-tr.islingtonschoolnursing@nhs.net](mailto:whh-tr.islingtonschoolnursing@nhs.net)

If you require further information or to discuss a referral please contact the School Health Team on: **020 3316 8021**

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**Office use only**

**Date referral received:** \_\_\_\_\_ **Date assigned:** \_\_\_\_\_