4.2.2 School Health Services in Western Australia

Introduction

School Health Services in Western Australia are delivered using a population-based approach to facilitate early detection of health concerns, and health enhancement for children and adolescents as they grow and develop. Schools are ideally placed to support and promote the health and wellbeing of children and adolescents, and School Health Services are well positioned to support school communities with specialist skills, knowledge and programs.

School Health Services endeavor to promote the health of school aged children and adolescents, and to support and empower those who are most in need or at risk of poor health outcomes. Partnerships with families, schools and other agencies are highly important to these endeavors.

While epidemiology and research inform this policy, the expressed needs of children and young people are central to defining the role of School Health Services. Extensive consultations with children and young people in Australia have clearly identified what it is that they want ‘to live a good life’.

This policy is developed with a clear recognition of the most important factors identified by children and young people, which are:

- Feeling loved and safe;
- Being healthy;
- Learning;
- Participating, and;
- Having material basics.

Experiences and learning in childhood and adolescence set the foundation for future health and wellbeing. Given the substantial time children and young people spend at school, it is realistic to assume that schools play a major role in determining health knowledge, skills, attitudes and behaviour in the short and longer term.

There are several factors unique to schools that make them appropriate settings for enhancing the health and wellbeing of children:

- Schools have an existing infrastructure incorporating educational opportunities, teachers trained to facilitate learning, an environment for learning and play, various structures and supports that can reinforce health messages, and existing links to community-based agencies and support services. Health promotion strategies can therefore, be incorporated into this pre-existing structure in cost effective ways.
• Schools have strong links to several influences on children’s health, including family, peers and the local community. This access puts schools in an ideal position from which to initiate interaction between key influences on children’s health behaviours, to create supportive environments and reinforce health promotion messages.

• Schools provide an opportunity to reach all children, regardless of socioeconomic background, ethnicity or geography.

School Health Services in Western Australia work with individuals, families and school communities across three interconnected areas; early detection, health promotion and specialist health expertise.

1. Early detection

When young people’s lives are working well they want to participate in school and curriculum and want to learn. For this reason, it is important for the early school years to be as unimpeded as possible in order that children engage with schooling, achieve academic outcomes and lay the foundations for ongoing engagement and achievement. Effective learning and educational attainment is fundamental to future opportunities and full participation in work and community life.

Early detection and intervention for health problems in childhood and/or early in the pathway of a condition, helps to prevent long term problems and costs to individuals, families and communities. School Health Services play a valuable role in the early identification of problems and difficulties in the areas of vision, hearing, psychosocial and physical development, body weight issues and a range of other health and wellbeing concerns.

The School Entry Health Assessment program, which is provided for all children across Western Australia as they start school, is a key activity conducted by School Health Services. All children are screened for vision, hearing and development concerns, and assessments are carried out for any other health or development issues which are identified by parents or teachers. Care provided to individual children and their families involves assessment, brief intervention, health information, referral, monitoring and support.

For children and adolescents who are established in school, School Health Services respond to any concern raised by parents, teachers or young people themselves. School Health Services monitor and provide ready access for children and families most at risk, and collaborate with student service teams to support this work.

2. Health Promotion

The Health Promoting Schools Framework provides a comprehensive, whole-school approach in which the curriculum is supported by the environment and ethos of the school. The Framework encompasses policies and practice which are supportive of good health, such as improving the physical and social environment of the school. It includes the curricula, teaching and learning methods, and associated resources. A positive culture for health facilitates higher levels of health literacy by helping
individuals to build the personal skills, knowledge, attitudes and behaviour for maintaining good health.

There are three widely accepted, interrelated components to the Health Promoting School Framework including:

- **Curriculum, teaching and learning**: A sequential, quality curriculum which addresses issues relevant to the age and development of students; teaching and learning activities; teacher resources and training; timetabling which supports health education.

- **School organisation, ethos and environment**: The school leadership; policies and philosophical approaches to health and wellbeing, (inside and outside the classroom e.g. bullying prevention), school community relationships and the school’s physical environment (e.g. school grounds, canteen menu).

- **Partnerships and services**: Health services available in the school, family consultation and involvement, community-based programs and strong community links with the school.

Participation in decision making is a key component to children ‘having a good life’, and this is an important feature of planning health promotion in schools. Students are the main focus of health promotion strategies and their engagement in planning and implementation of these strategies is essential in gaining maximum impact of initiatives. In addition, active participation facilitates learning and empowerment.

### 3. Specialist Health Expertise

For some children and adolescents, health issues impinge on optimal achievement at school. Individuals may experience disability or chronic health conditions requiring management while at school, so their health, wellbeing and educational outcomes can be maximised. In addition, many students experience psychosocial or physical health issues which arise in childhood and adolescence. Ready access to a health professional in the school setting enables early identification and intervention, especially for disadvantaged or geographically isolated young people who have poor access to other health services.

**Students with special health needs**

Some students have specific health conditions which require the school to implement specific management strategies. Special health needs include chronic disease, disability and a range of mental or physical conditions requiring support for the student to achieve optimal health and education outcomes while at school.

School principals are ultimately responsible for student health care planning when a special health need is identified. School Health Service staff are able to support principals in the development of complex care plans, offering advice to ensure appropriate care planning, often complementing other health and medical services involved with the care of individual students. Other roles may include the sourcing and/or provision of training and resources for school staff.
Primary health care in schools

School Health Services provide many children and young people with access to primary health care, that is, an accessible first point of contact with the health system. Students may consult directly with community health staff in schools about health concerns, or they may be referred. Such concerns commonly relate to psycho-social issues, sexual health or problems associated with physical health.

School Health Service personnel provide health counselling which may include assessment, brief intervention (where appropriate), provision of information, referral, liaison and support for children, adolescents and their families. The support provided emphasises development of knowledge, skills and behaviour, and empowerment of the young person to deal with their health issue.

Other roles requiring specialist health expertise

School Health Services provide schools with access to other specialist health knowledge and skills, for example; support for immunisation surveillance and promotion.

Policy statement

This policy guides the practice of Community Health staff employed by the Department of Health WA, when delivering services to schools.

Children and adolescents are central to the planning and delivery of School Health Services. It is important that they actively contribute to planning and implementing programs and services.

In partnership with schools, School Health Services aim to;

1. Deliver early detection programs to identify health issues and refer for timely intervention so that children and adolescents may achieve optimal outcomes in health, wellbeing and learning, especially those at risk.

2. Advocate for and contribute to school health promotion strategies which enhance the long term health and wellbeing of children and adolescents. Strategies are based on sound research evidence and aligned to the Health Promoting Schools Framework.

3. Provide specialist health expertise to advise school communities on the care of children and adolescents in order that their health and wellbeing is optimal; and provide ready access to primary health care and health counseling for adolescents.
Policy interpretation
This policy is for all Community Health staff working with Western Australian schools.

1. Early Detection
To support the early identification and intervention of health problems, School Health Service staff shall;

1.1 Provide access to health screening and assessment as early as possible after school entry, including; hearing, ear health, vision and development screening, for all children, as follows;
   1.1.1 Parent Evaluated Developmental Status;
   1.1.2 Cover test;
   1.1.3 Corneal Light Reflex test;
   1.1.4 Lea Symbols Chart test;
   1.1.5 Audiometry test;
   1.1.6 Otoscopy, and;
   1.1.7 Tympanometry or other suitable test for middle ear effusion, for Aboriginal children.

1.2 Assessments of behaviour, body weight issues, development or other health issues when a concern has been identified by a child’s parent or teacher, which may include;
   1.2.1 Body Mass Index;
   1.2.2 Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) or other age-appropriate behavioural and psychosocial screening test;
   1.2.3 Trachoma screening for targeted populations (endemic), and/or;
   1.2.4 Clinical observation and assessment.

1.3 At school entry, prioritise identification, referral, monitoring and support for children for whom a concern has been raised, in collaboration with school staff and parents.

1.4 After school entry, facilitate assessment and provide primary health care for individual children and adolescents where a concern about health, development or wellbeing has been identified by the individual, parent or teacher.

1.5 Work closely with school communities and families to identify, assess and provide targeted services for children and adolescents most at risk of poor health and educational outcomes.

1.6 Facilitate timely referral to appropriate, accessible services for further assessment and/or intervention.
Consent to conduct assessments

In most circumstances, consent from a parent or guardian is required in order to conduct assessments.

However, at times there are concerns about the health and wellbeing of a child, and standard methods of communication and efforts to gain consent fail to elicit a response from a parent (or guardian).

Pursuant to section 337(1) of the Health Act 1911, the nurses specified in the Schedule, may examine medically and physically, as the nurse deems necessary, any child attending any school or child care centre. Consultation with the school principal and community health manager is to occur prior to examination.

This authorisation may be cited as the Health (Examination of School Children) Authorisation (No. 1) 2011.

2. Health Promotion

To support effective health promotion in schools, School Health Service staff shall;

2.1 Ensure all parents are offered a quality parenting program as their child commences school.

2.2 Monitor demographic, epidemiological and other sources of information to identify health issues and primary prevention needs in the school community.

2.3 Advocate for the use of the Health Promoting Schools Framework to plan coordinated school health initiatives. Significant health issues which may be addressed by evidenced-based school health promotion strategies include;

- Mental health and resilience, including prevention of bullying;
- Physical activity;
- Healthy eating;
- Sun protection;
- Injury prevention;
- Relationships and sexual health;
- Smoking prevention;
- Use of alcohol and other drugs;
- Early childhood development; and/or,
- Hand and general hygiene;

2.4 Advocate and contribute to the planning of school health promotion strategies which are based on good research evidence, including;

2.4.1 Adoption of the Health Promoting Schools Framework;
2.4.2 Involvement of students in planning and implementation, and;
2.4.3 Commitment to ‘do no harm’ and the careful selection of strategies which are known to be effective.

2.5 Link school communities to resources, programs and information to support effective health promotion and health education activity.

2.6 Support school curriculum activities by contributing specialist health knowledge and skills in the classroom.

3. **Specialist Health Expertise**

To build capacity within the school community to ensure children and adolescents are safe and provided with appropriate care for any injury, illness or condition which may affect them while at school, and; to provide ready access to primary health care for a range of psychosocial, health and lifestyle issues experienced by adolescents, School Health Services shall;

3.1 Provide advice and support for school staff, to assist in the health care planning of children and adolescents with complex health care needs.

3.2 Facilitate appropriate training for school staff so they can adequately care for students with identified health care needs.

3.3 Assist schools to plan systems for delivery of first aid and emergency health care.

3.4 Ensure adolescents have access to a Community Health Nurse on a regular basis, for health counseling and primary health care, including;
   3.4.1 Provision of HEADSS assessment;
   3.4.2 Engagement with the young person for decision-making, goal-setting and review;
   3.4.3 Facilitate timely referral to appropriate, accessible services for further assessment and/or intervention, and;
   3.4.4 Follow-up and monitor adolescents at risk.

3.5 Support schools to monitor and promote immunisation among the student population, which may include;
   3.5.1 Assisting the school in immunisation surveillance;
   3.5.2 Promoting immunisation;
   3.5.3 Assisting the school to respond to suspected and confirmed cases of infectious disease, and/or;
   3.5.4 Supporting school-based immunisation programs, as appropriate.
Related policies, procedures and guidelines

| Policy Guideline: 4.4.2 School Entry Health Assessments |
| Policy Guidelines: 4.4.2.2 How Children Develop |
| Policy Guidelines: 4.4.3 Monitoring and Surveillance for at-risk groups |
| Policy Guidelines: 4.5.2 Student Health Care Plans |
| Policy Guidelines: 4.5.3 Mental Health |
| Other policy guidelines in the Community Health Policies, Procedure and Guidelines Manual |
| Various procedures related to specific screening tests as per the Community Health Policies, Procedure and Guidelines Manual |
| Memorandum of Understanding between Department of Education and the Department of Health for the provision of School Health Services in public schools |
| Working with Youth: A Legal Resource for Community Based Health Workers |

Qualifications and workforce skills

Community health professionals providing School Health Services should be equipped with the following:

- Knowledge of child and/or youth development (physical, cognitive, emotional, social and behavioural);
- Knowledge of primary health care principles;
- Knowledge of local health, human and community services;
- Knowledge of common health and social issues for children and youth and associated risk and protective factors;
- Communication skills which enable effective engagement with children, young people and their families;
- Ability to communicate with key stakeholders and to form effective partnerships in school communities;
- Knowledge of the Social Determinants of Health and how to implement strategies to support disadvantaged children, adolescents and families;
- Family Partnerships training;
- Competence in Triple P at appropriate program level, or other evidenced-based parenting programs;
- Knowledge of the Australian Early Development Index and application in primary schools and local communities;
- Knowledge of disadvantage and refugee experience and effects on children and adolescents.
- Knowledge of the Health Promoting Schools Framework;
- Source and interpret basic demographic, epidemiological and other types of health indicator information;
- Knowledge of evidenced-based programs to promote good mental health, bullying prevention, physical activity and healthy eating;
- Knowledge of health agencies and resources which support school health promotion activity;
- Knowledge of the Ottawa and Jakarta Charters for Health Promotion, and relevant theories of health behaviour change;
- Competence in screening tests and assessments;
- Competence in identifying and responding to suicide risk, self harm, depression and anxiety;
- Competence in conducting a HEADSS adolescent psychosocial risk assessment;
- Ability in motivational interviewing techniques;
- Knowledge of immunisation recommended for Western Australian children;
- Competence in care planning and case conferencing, and;
- Knowledge of the Western Australian Education and Health systems, associated legislation and policies, and relevant Non-Government Agencies and local services;

**Monitoring and evaluation**

Monitoring and evaluation can include a range of quantitative and qualitative measures. Suggested measures include but are not limited to:

- Number and percent of children who have received school entry health assessment by the end of Year 1. (Note: Assessment may be completed in Kindergarten, Pre Primary or Year 1.)
- Number and percent of children assessed who received a referral to another service (internal or external) for further assessment. Details of services to which children were referred.
- Outcome of referrals, which may include; results of further assessment, further referrals, interventions that are planned or commenced.
- Number and percent of children starting school whose parents were offered a parenting program.
- Health promotion priorities and strategies, as negotiated in partnership with local schools.
- Descriptors of health service roles in health promotion programs. (i.e. advocating for programs, contributing to planning, policy development and input into health committees).
• Input into health education curriculum, including hours, issues, year group.
• Occasions of service related to support of complex health care plans.
• Occasions of service related to training delivered by School Health Service staff to school staff concerning care planning for students.
• Accessibility to Community Health Nurse for primary health care and health counselling.

References

Authorised on <insert date> by

________________________________________  ______________________________________
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<tr>
<th>Policy Owner</th>
<th>Review Team</th>
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<tr>
<td>Director – Child and Adolescent Community Health Policy (Statewide)</td>
<td>School Health Policy team, Child and Adolescent Community Health Policy (Statewide) in conjunction with the school Aged Health Reference Group.</td>
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### Description of terms

#### Health promotion
Relates to a combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through knowledge, attitudinal, behavioural, social and environmental changes. Health education is a part of health promotion.

#### Health education
Relates to the formal school curriculum and particularly, the Health and Physical Education learning area. Health education involves teaching and learning programs which aim to develop knowledge, attitudes, values and skills to assist students to develop healthy, active lifestyles.

#### Primary health care
A first point of contact with the health system. Care which is highly accessible, responsive and appropriate for the target population ie. school-aged children and adolescents.

#### Health counselling
Consultation between an individual and a health professional with the purpose of building knowledge and skills, and empowering the individual to more confidently make decisions, self care and improve health outcomes.

#### Mental health
Mental health is not just the absence of mental disorder. The World Health Organisation defines mental health as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.