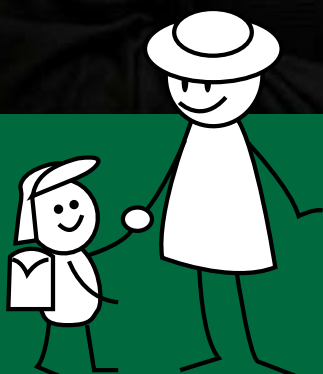




Government of Western Australia  
Child and Adolescent Health Service  
WA Country Health Service

# School-aged Health Service Review



key findings

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## School-aged Health Service Review: key findings

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## Background

Community Health Nurses (CHNs) have played an important role in primary and secondary schools across Western Australia (WA) for over a century. They work with students, school staff and parents to identify early health or developmental concerns, support health promotion, refer to other services where appropriate, and support students with complex health needs.

Over recent years, the State Government has significantly increased investment in school health services. We want to make sure that these services are effective and up-to-date, and serve the needs of all Western Australian school-aged children and their families.

## The Review

Child and Adolescent Health Service (CAHS) and the WA Country Health Service (WACHS) run school health services across the state. We have carried out a review of school health services with input from the Department of Education and feedback from stakeholders, including children and young people, parents, community health staff, education providers and relevant community agencies.

We also looked at research evidence and best practice standards, data about current school health services in WA, and how other states and countries deliver school health services.

## Recommendations

The Review has provided recommendations to improve school-aged health services in WA, including how and when we offer school health services, the role of nurses working with school age children, and how we support our staff.

The Review itself has identified six key themes:

- Health services for primary-aged children
- Health services for adolescents and young people
- Health services for vulnerable children and families
- The use of technology
- Health promotion
- Referral pathways (to other services/specialists)

Consumer and stakeholder feedback and the published evidence generally identified the same priorities:

- the need to clearly describe the services we provide and the outcomes we expect
- improved flexibility and responsiveness in how we deliver these services to meet the changing needs of families
- an increased focus on vulnerable families
- exploring innovative ways to use technology to access services and improve communication.

The Review has developed nine conclusions and associated recommendations described in this document. These will be further developed in 2019, with implementation planned for the beginning of the 2020 school year.

## Conclusion One: Service principles

We will base community health services for school-aged children, young people and their families on the principles of primary prevention (keeping families healthy) and availability to everyone, but with additional access for families that require a greater level of support.

Community health nurses (CHNs) are well situated to work with families, to help and provide information around healthy growth and development, and identify any problems as children prepare for and start school.

CHNs also help schools to identify health priorities, promote healthy lifestyles and behaviours in children and young people, and measure the impact of these activities.

### Recommendations:

- Develop and promote a clear description of the services that we will offer for school-aged children, young people and their families
- Clarify the role of our CHNs, and their role with other professionals involved with schools.
- Describe the service framework for school-aged children, young people and their families using the following levels:
  - a. **Universal** – includes providing health and development information, and identifying children and young people who may need further assessment for developmental or other health issues including mental health.
  - b. **Universal Plus** – additional assessments based on referrals from teachers or other early childhood workers, brief interventions with young people, and coordination of student health care planning.
  - c. **Partnership** – ongoing support for children and young people with identified complex health needs (and their families where appropriate), which could include liaison with other health care providers.
- Identify the resources and staff we need to support schools in health promotion strategies based on health priorities, including obesity and mental health.



## Conclusion Two: Service flexibility

Community health services provided to school-aged children, young people and their families must be more flexible and reach into the wider community.

Services also need to be available outside school hours and school buildings.

This could be through partnerships with other service providers such as local government or non-government organisations, and include recreation facilities, libraries and youth-friendly spaces.

### Recommendations:

- Work with Department of Education to explore using school sites outside school hours.
- Work with appropriate service providers to increase access for young people not attending school or students from diverse cultural backgrounds.
- Develop more flexible ways to enable CHNs to work outside school hours.



## Conclusion Three: School readiness

School-aged community health services should start well before school entry and continue into primary school.

There is strong evidence that assessing children before they start school is key for monitoring a child's health and development. If we can identify and support children with developmental issues early, it increases the likelihood that these children will meet expected developmental milestones.

It is also important that we continue to monitor and support the social and emotional wellbeing of children and families prior to starting school. We need to improve the 'visibility' of nurses and the services we offer in primary schools.

### Recommendations:

- Determine ways for screening and assessing all children before starting Kindergarten/Pre-primary.
- Develop a formal handover process between child and school health services to ensure continued care for children with higher needs or who require follow-up.
- Explore ways to encourage more families to attend the 2-year-old child health appointment so we can identify and intervene early for children at risk of developmental delay or other concerns.
- Work with schools to use the enrolment process to ensure all children have an assessment before starting Kindergarten/Pre-primary.
- Promote our services, particularly the importance of school readiness, before starting Kindergarten/Pre-primary.
- Ensure that all parents have access to high quality parenting programs wherever they live.



## Conclusion Four: Service reorientation

Focus on vulnerable children, young people and their families to maximise health and development outcomes.

There is strong evidence to support a greater investment in services for families who need it most, and that often these families are identified well before children start school. We need CHNs to have access to all relevant health information when children start school to ensure timely and appropriate support.

### Recommendations:

- Formally add CHNs to Student Services and pastoral care processes in school settings to support vulnerable children and their families.
- All CHNs working with school-aged children and young people have appropriate training and support to work well with vulnerable families.



## Conclusion Five: Priority health issues

School-aged community health services need to be focussed on supporting children and young people with chronic or complex health conditions including mental health and wellbeing, obesity, sexual health, diabetes and asthma.

Research evidence and feedback from staff, young people and their parents identified mental health issues as the greatest health and wellbeing concern. CHNs expressed concerns about their capacity to support young people experiencing mental health concerns, particularly where families cannot access specialist or acute services in a reasonable time frame.

### Recommendations:

- CHNs need to be known, 'visible' and easily accessible to school-aged children and young people, including at community locations outside school hours and school buildings.
- Services, particularly for adolescents, should include drop-in sessions and private appointments for students to be able to easily access the CHN.
- Explore better use of technology for making appointments or giving information.



## Conclusion Six: Complex health needs

The demand for nursing services for children and young people with complex and ongoing (chronic) health needs has increased.

There are now more children and young people with complex and ongoing intensive health care needs in schools. However, current support for students with complex needs is not consistent across the diverse range of school settings in Western Australia.

A number of other states have adopted a "nurse-led consultancy and training" model, where nurses who have specialist skills provide support for parents and carers, and training for educators, of children with complex health needs.

### Recommendation:

- Develop a statewide, nurse-led consultancy and training model for school staff to manage students with complex health needs, in collaboration with all service partners, including education, disability and tertiary health care providers.



## Conclusion Seven: Technology

**Consumers expect health information, advice and support using technology.**

Feedback from staff, students and families showed the need for a greater use of technology to engage with consumers and to deliver information, advice and support, as well as for CHNs to manage health records.

### Recommendations:

- Develop and promote high quality, evidence-based online content to provide health information for school-aged children and their families.
- Investigate the use of online screening tools and checklists.
- Ensure CHNs have access to, and skills to use, appropriate current software and hardware to communicate securely with children and families, and other services.
- Work with Department of Education to explore ways to manage student health information and records.
- Ensure electronic clinical health records are available for all health providers throughout Western Australia, to better link children and young people using the services.



## Conclusion Eight: Skilled workforce

**We need a highly skilled workforce to deliver community health services to children, young people and their families.**

We need to ensure all our staff are appropriately qualified and supported to work with school-aged children and young people.

### Recommendations:

- All CHNs working with children and families should have formal training and qualifications in child development and primary health care.
- CHNs working with adolescents require appropriate formal training and skills in adolescent health and development, mental health and sexual health as a minimum.
- CHNs working with children and young people should have skills and knowledge in other priority public health issues including vaccine-preventable diseases, sexually transmitted infections, alcohol and other drug use, and obesity prevention, and pathways to access other health service providers.



## Conclusion Nine: Measuring what we do

To check that we are really making a difference, we need ways to measure how our services are contributing to better health outcomes. We need to develop these measures in partnership with our consumers – children, young people and their families.

### Recommendations:

- In partnership with consumers and other agencies, develop ways to monitor the effectiveness of the services we deliver to children, young people and their families. Indicators could include ease of access and satisfaction, as well as health outcomes.
- Regularly share our findings with staff, consumers and other agencies.

