Successful School Health Services for Adolescents

Best Practice Review

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Disclaimer

This literature review and analysis was commissioned by Counties Manukau District Health Board to inform future policy, programme and service development. The opinions expressed in this document do not necessarily reflect the official views of CMDHB.

TABLE OF CONTENTS

SUCCESSFUL SCHOOL HEALTH SERVICES FOR ADOLESCENTS - BEST PRACTICE REVIEW

Executive Summary

This review identifies current best practice in providing healthcare for adolescents in a school setting. It is based on available literature in 2005, from Aoteaora New Zealand and internationally. In addition local youth health providers and stakeholders have provided guidance and input.

Using the available evidence, it builds on the New Zealand Ministry of Health document, *'Improving the Health of Young People'* (MoH 2004) to provide more detail about the practical implementation of the principles outlined by the Ministry working party. These guidelines need to be interpreted in light of the particular constraints and opportunities faced by each community when developing school-based health services.

The literature review has been organised into **four areas describing the important components of effective school health services.** These areas are summarised below. This is followed by an outline of the **implications for service delivery** and a **summary and discussion of the literature** that formed the basis of these guidelines.

1. Wide engagement with school and community

(a) Engagement with school

Supporting and working with the school to promote the health and educational achievement of students is fundamental to a successful school health service. Close working relationships between health providers, pastoral care team members and teaching staff facilitate quality care for students. These partnerships are particularly important for students who are persistently absent because of sickness or truancy and therefore at risk of failing to achieve their potential.

(b) Engagement with community

Similarly community participation is essential in the development of school-based health services to ensure appropriateness and acceptability of service provision. Participation should reflect the socio-economic and cultural diversity of the community served by the school, include consultation and assessment of existing needs and services, and include early involvement of local primary care providers.

The relationship building necessary for good collaboration takes time and this needs to be factored into both planning time frames and expectations of staff.

2. Youth focus and participation

(a) Youth friendly staff and facilities

Appropriate youth friendly staff and facilities enhance the ability of a service to deliver high quality care responsive to young people. This includes ensuring clinic design assures privacy and confidentiality and providing non-threatening reasons to attend the service

(b) Assurance of confidentiality while respecting family values and connections

The assurance of confidentiality is an important aspect of improving access for young people. At the same time parents and families are crucial in the lives of young people. With careful navigation of these needs services can provide care that both respects young peoples rights as individuals and supports family communication.

In New Zealand, there is no legal precedent for requiring parental consent for young people to access school-based health services. However, parents should be provided with explicit information about the service at the time of student enrolment. There is then a range of practices appropriate to the different settings and communities within which these services function, with many accepting opt-off consent while others require opt-on consent. In all instances it is considered good practice to provide parents with an opportunity to discuss any concerns they may have about the service with the health care provider. It is not appropriate, however, to provide them with information about individual clinical contacts (including with their child).

(c) Youth participation in planning and service delivery

Youth participation in service development is a key component in ensuring services are youth appropriate and gives a clear message about the value of young people. To ensure young people can contribute effectively requires them to be given information, support and enough time to make a meaningful contribution to the planning and provision of services.

3. Delivery of high quality comprehensive care

Health services for young people need to meet multiple health needs and address complex issues. This requires a team of multidisciplinary practitioners who: work to high standards and competencies as defined by their professional organisations, are trained in youth health, are able to deal with complex psychosocial issues among students, and can communicate with students from a wide range of backgrounds and cultures.

(a) Addressing the importance of culture

Recognising the importance of culture in health and well-being is fundamental to good primary health care, and this needs to be addressed strategically, operationally and clinically. The Maori Whare Tapa Wha model of health is the basis of the School Health and Physical Education curriculum, with similar concepts underpinning the Pacific Falefono model. This model provides a basis for service provision in line with youth development models, and appropriate for young people from diverse ethnicities.

(b) A multidisciplinary approach

To provide services able to address the broad scope of youth health (e.g. mental health, sexual health, substance use, cultural, spiritual or personal well-being and risky behaviours) requires a collaborative multidisciplinary team approach.

(c) Screening and preventive care

All clinical contacts should be viewed as opportunities for screening and preventive services. This requires providers to be trained in appropriate interviewing and psychosocial screening skills. In addition, consideration should also be given to offering regular health checks in liaison with local primary care providers so as to avoid duplication.

(d) Engaging adolescent males

Strategies to engage adolescent males need to be explored.

(e) Appropriate staffing

To provide effective and high quality care in School-based settings requires a sufficient work force who are appropriately trained. Furthermore as school based providers are often working independently with complex presentations, time for collaboration and follow-up are essential.

(f) Facilitating access to other services

Students need to be supported when referring to other health providers to enable continuity and transition of care. Facilitating access to alternative primary care health care when the school clinic isn't available and in the longer term when students leave school is critical.

(g) Safety standards

Standard expectations of training and equipment for acute emergency care and hygiene and safety for health providers should apply to school-based health services.

4. Effective administrative/ clinical systems and governance to support service delivery

(a) Administrative/clinical systems

Effective implementation of any service requires not only appropriate staff and relationships, but also supportive systems and structures. Adequate funding, efficient systems of documentation (including prompts for preventive services and follow up) and coordinated case management are vital to delivering effective school-based health services.

(b) Staff professional development and administration time

Ongoing professional development of staff is crucial given the infancy of school-based health services in New Zealand. This needs to be strategically planned, with consideration as to how training will support organisational goals, measures to support staff to attend (e.g. allocated time) and evaluation to determine to what extent the activities have led to change in practice. This should include regional and national linking with other youth services to reduce professional isolation, promote standards of care and allow for policy development.

c) Governance

The presence of a functioning school health council/committee increases the likelihood of suitable policies and programmes to support school health initiatives. In Aotearoa New Zealand it is important that there is appropriate Maori partnership in this governance group in keeping with the Treaty of Waitangi framework.

(d) Evaluation and quality improvement practices

To ensure high quality service provision, it is important that appropriate and ongoing evaluation of services is conducted. This includes gathering information on outcomes, processes and experiences of services from a wide range of sources, including regular surveys of students' perceptions of their health care. These data should be used for performance improvement practices, to review and enhance service provision, and presented to the health council/committee.

SUCCESSFUL SCHOOL HEALTH SERVICES FOR ADOLESCENTS

Implications for service delivery

The following implications for service delivery have been distilled from the literature and consultation with the youth health sector in New Zealand. They are designed to support the achievement of the four critical areas of success factors identified by this review.

1. Wide engagement with school and community

☑ Early formation of an advisory board with community and school representation. The advisory board should reflect the diversity of the school community

☑ Consultation within the school including: principal, staff, school pastoral team, Board of Trustees, students and parents. Consultation beyond the school including iwi and PHOs or GPs in the school zone

☑ Stocktake of existing services in the school and wider community. Ongoing co-ordination and integration with these services

☑ Mutually agreed roles and responsibilities of each party - the school and the school-based health service - drafted into a formal agreement. This should include reference to relevant school policies, financial arrangements, facilities to be provided by the school, key contact people for each organisation, liability coverage of each party, and reporting requirements

☑ Commitment to communication on a regular basis between all staff providing health and support services in the school. This would include both case review (usually fortnightly or weekly) and service development meetings (e.g. quarterly)

☑ Health service personnel aware of the school's health curriculum, and available to contribute where requested

☑ Health staff working closely with education staff to identify and assist those students with issues influencing their educational performance

☑ Health service staff available to contribute to whole school approaches for improving student health and well-being

☑ Ongoing communication with the school and the wider community e.g. presentations at school assemblies, involvement in health classes, presence of staff at school meetings, newsletters, visits for new students

2. Youth focus and participation

☑ All school-based health services have or utilise a youth advisory group

☑ Known youth health access issues addressed, including

- youth friendly staff who genuinely respect and enjoy working with young people

- appropriate location of the service

- operating hours appropriate for needs of students where possible e.g. available over lunch time

- confidentiality policies displayed clearly in the waiting room and personally reiterated by health care providers in their clinical contacts

- a youth friendly version of the Patient Code of Rights on display

☑ Strategies to help raise both student and parent awareness of available services, and how to access them. Information should be provided in languages and in cultural settings appropriate to the school community

☑ Linkages developed with peer support health initiatives in the school. For instance involving peer supporters in the health service (with adequate training, supervision and clear roles)

3. Delivery of high quality comprehensive care

☑ Cultural needs considered and addressed strategically, operationally and clinically. This includes enhancing cultural competence of staff and supporting students' connections to their own cultures

☑ Staff providing school-based services maintaining their own specific professional development and competencies, and regular professional supervision. In addition staff should have appropriate training in youth health. For clinical leaders this should include holding, or working towards, a postgraduate qualification in Youth Health

☑ Given the potential for complex nursing judgements to be required in the school setting, all nurses working independently in the school setting should be fully registered nurses

☑ Staff have dedicated time and resource available for collaboration, professional development, quality and related policy issues

☑ Comprehensive opportunistic screening for important adolescent health issues offered to all young people receiving care. In liaison with local primary care providers, consideration should also be given to offering regular health check ups e.g. Yr 9, 11 and 13.

☑ Screening, assessment and primary care level mental health services provided on site. Ready access to further mental health services where necessary

☑ Local guidelines for relevant clinical practice adopted, along with establishment of a medical protocol and procedures manual

☑ Mechanisms and processes for the exchange of medical information (with student permission) between school-based providers and other services such as the school pastoral team, student's family doctor or nurse and referral agencies

☑ Provision and dispensing of medicines for common medical problems should preferably be on-site with secure storage of medications. Alternatively school-based health services should arrange for medications to be available free or at a subsidised rate from a nearby pharmacy

8

☑ Where a doctor is not on site or only infrequently, consideration of the use of standing orders. These may be arranged with local primary medical care providers to allow dispensing of some medication by appropriately trained nursing staff

☑ Examination and treatment areas comply with standard infection control and safety regulations.

☑ Staff trained in general first aid, including regular CPR updates. An emergency plan and appropriate easily accessible equipment and drugs for emergencies be available and regularly checked for expiry

4. Effective administrative/clinical systems, and governance to support service delivery

☑ A functioning oversight committee operating with sound business procedures and based on the Treaty of Waitangi framework consistent with the NZ Health Strategy

☑ Appropriate written policies on consent, confidentiality, collection and use of health information, and protection of records. These must be in line with the New Zealand Public Health and Disabilities Act 2000, and the Health Information Privacy Code 1994

☑ Systems to prompt screening, and appropriate documentation of care, along with tracking missed and follow-up appointments, and laboratory and referral reports

☑ A professional development strategy recognising the need for quality primary care provision in addition to youth specific issues

☑ A system for gathering data on key indicators of quality youth health services

☑ Monitoring and evaluating appropriateness and accessibility of services with regular surveys of students/school/community

☑ Service development based on periodic review of data

SUCCESSFUL SCHOOL HEALTH SERVICES FOR ADOLESCENTS

Best Practice Literature Review

The establishment of comprehensive school based health services has occurred relatively recently in Aotearoa New Zealand. As a result resources to help providers and schools develop high quality services are limited. A recent document from the Ministry of Health, Improving the Health of Young People, outlines principles of effective school-based health care in Aotearoa New Zealand. The current review builds upon that document by reviewing the best available evidence from international and local scientific literature, consensus statements and expert opinions to produce evidence based guidelines for the development of high quality school based health services in Aotearoa New Zealand.

This document is intended to provide guidance on appropriate standards of care, but needs to be interpreted with consideration to the constraints and opportunities a community faces when developing school-based health services (5). It is important to also note that while guidelines are an important step in improving the consistency and quality of health services (2), they are not effective unless supported with appropriate training, resources and implementation policies (3, 4).

The term 'school-based' will be used in this report to include both situations where health services are provided in a school in the absence of a formal health clinic and where there is an on-site health centre.

Why School-based Health Care?

Results from the nation-wide Youth2000 survey of 10,000 New Zealand secondary school students showed that while the majority of young people are healthy, a significant number of students engage in behaviours that threaten their health, such as unsafe sexual activity, suicide attempts, and substance use (6). In particular students who are failing in education have exceptionally high healthcare needs (7). It is then a particular concern that half of the students surveyed identified barriers to accessing health care (6). These barriers could typically be categorised in two ways: external/ provider issues and internal/ young person issues. External/ provider issues include things like cost, not feeling comfortable with the health provider and worries about privacy. Internal/ young person issues include not wanting to make a fuss, couldn't be bothered and being scared. School based health care has the potential to address these barriers in accessing health services.

The benefits of accessible, high quality primary health care are considerable. The health outcomes of communities are improved and people feel better about the health care they receive (10). **Accessible and appropriate primary care services also have the potential to enhance educational outcomes by improving students' physical and mental health, thereby removing barriers to learning (12).** This means teachers have more time to spend on education issues because they are confident their students' health and social needs are being attended to and students themselves are more ready to learn (13, 16, 17).

Appropriate primary care services can also promote long-term health by encouraging the avoidance of behaviours that have serious health consequences in adulthood. For example, cigarette smoking is often initiated during adolescence and is one of the main preventable causes of mortality in adulthood. In addition, maturing adolescents can be seen as 'new patients' who are learning how to navigate the health care system for themselves (14). This is an important step towards students taking long term responsibility for their own health. School-based services, especially when working in partnership with health curriculum teaching in the classroom, have significant potential to facilitate lifelong healthy behaviours.

What does 'Success' Mean for School Health Services?

To be effective, any service needs to have clear goals and principles against which success can be measured. These goals and principles need to be clearly articulated so there is accountability regarding funding and service arrangements (15).

Clearly the most important goal of school-based healthcare is to improve the health and wellbeing of young people in schools. Many of the major threats to the health and wellbeing of young people in New Zealand are from health risking behaviours. Health services targeted at this age group need to be: specifically orientated towards these behaviours, offer anticipatory preventive health counselling, and provide interventions and treatments for students already engaging in health risk behaviours.

The cost-effectiveness estimates for preventing adolescent health risking behaviours are compelling and have been judged as comparable to or better than many other accepted medical interventions. However, to actually measure the impact of services on long-term health outcomes is very difficult (18). Instead school based health services are often judged on intermediate outcomes such as better access, quality of service provision and effective coordination of services. These are all important aspects of high quality health care and can reasonably be expected to result in improvement in health outcomes.

Overseas, and in Aotearoa New Zealand, school-based health services were initially funded as a means of improving disparities in access to healthcare, particularly for those students who were likely to experience financial barriers to accessing care at other sites. A number of overseas studies have found that students with less access and greater health care needs are significantly more likely to visit school-based services (19-21). However while financial access is important, other aspects of access have been shown to be equally important to young people. In the United States insurance status reflects differences in financial access, and yet regardless of insurance status, young people report using school-based services for similar reasons – they are easy to get to, they feel they can trust the staff and find the care provided helpful (22). Lack of transport is another barrier to primary care cited by young people and is addressed by school-based services. It is also interrelated with the need for potentially complex planning to access primary care services.

As stated by one veteran of school-based services in the US, 'health services need to be where students can trip over them; adolescents do not carry appointment books, and school is the only place where they are required to spend time.' (Philip J. Porter, M.D cited in 25). With appropriate planning and policies, school-based health services can also reduce other barriers to care identified by young people: confidentiality, fragmentation, lack of knowledge, embarrassment, cultural barriers, and non-youth focus (26, 27).

In addition to addressing access in this broad sense, there can be other purposes for establishing school-based services. These may include: increasing health promotion/education to influence behaviours that are likely to persist into adult life, providing case management for at risk students, educating students to access other community resources to assist with their health needs, and in some instances providing health services for staff as well as students (28). The potential role of school-based services in meeting the needs of families for coordination and convenience (reducing time parents may have to take off work to help their young person seek healthcare) has also been

> 'health services need to be where students can trip over them; adolescents do not carry appointment books, and school is the only place where they are required to spend time.'

noted (29). If these are goals of the service, then success will need to be measured against such aims.

In addition to the need for each school-based service to articulate its own unique goals and principles against which success can be measured, several external frameworks have been suggested as appropriate to measure programme 'success'. Both the US Society of Adolescent Medicine, in a position paper on services to improve healthcare access for adolescents (30), and the New Zealand Ministry of Health (31) have outlined similar criteria for evaluating the effectiveness of services for young people:

- Accessibility (including affordability, convenience, visibility / service promotion)

- Acceptability (responsiveness - adjusting for cultural, ethnic and social diversity, culturally appropriate, confidential)

- Quality of care (timing, assessment, approaches used, treatment options, safety, monitoring and evaluation)

- Coordination and continuity of care (ensuring comprehensive services are available on site or by referral)

It has also been suggested that if school-based services are to be an important part of the primary care system, they should be judged by the same standards as other primary care systems and could be assessed according to Starfield's framework for primary care (32). In addition to the criteria above, this framework also considers:

- First contact care (offering adolescents healthcare when needed - so decreasing their use of services such as A&E, reaching high need groups, screening appropriately)

- Comprehensive care (based on what is considered essential and appropriate by adolescents and their communities of interest, and patterns of consultation in other clinics)

- Community-oriented care (involving the community in planning)

- Family-centred care (as discussed below there are tensions in respecting confidentiality for young people and involving parents in their care)

For simplicity in this report we have distilled these frameworks and others into **four critical areas of success** that best practice and evidence recommends will determine the outcomes of school-based services in Aotearoa New Zealand, while taking into account local context. **These four areas of success are:**

1. **Wide engagement with school and community**

2. **Youth focus and participation**

3. **Delivery of high quality comprehensive care**

4. **Effective administrative/clinical systems and governance to support service delivery.**

Methodology

A literature search was conducted to identify critical success factors for adolescent health services delivered or based in school settings. Evidence was sought for the influence of variables related to school health service on equity of access, health outcomes, patient satisfaction and continuity of care.

Currently there are limitations in terms of available evidence on the effectiveness of school based health services. There are no randomised controlled trials of school based health services and few rigorous case control studies. This is because school-based health services are community level interventions which make randomisation studies difficult. It is difficult to randomise individuals to whether or not they have access to school based services and organisational factors often make randomisation of schools challenging. Quasi-experimental designs can attempt to compare schools with health services against schools without health services matched by controlling for socio-economic variables or neighbourhood, but even this may not account for other contextual variables.

A further problem is in measuring the impact of preventive health services. Arguably some of the most important health outcomes that school-based health services can hope to influence are preventing students from engaging in health risking behaviours, such as smoking, unsafe sexual behaviours and injuries. However the number of students required to show significant impacts makes such studies impractical (18). There is some evidence from other health settings that clinical preventive care for adolescents can impact smoking and alcohol use, and perhaps adherence to contraceptive routines (5). Howevr this evidence is not robust and not specifically related to school based health settings. Hence, as has been noted by previous authors, 'strong evidence' of the impact of school-based services on outcomes is very limited (18, 33).

That said there are factors or approaches for which there is promising evidence and a clear consensus in available literature and expert opinion. Much of the available evidence comes from the United States. Within the US caution has been expressed about making generalisations, because of the diversity in the range of services, staffing and organisation in school-based health services (32). This is even more important when attempting to use such evidence in Aotearoa New Zealand. Although similar terms may be used, the definition of these may be quite different (e.g. the role of school nurse). Furthermore, staffing levels in school-based services in New Zealand are likely to be significantly less than services in the US, where the average number of FTE staff per school in one review was 4.6 (19).

In light of these shortcomings, the recommendations of this paper rely on the evidence we do have about factors influencing measurable intermediate outcomes, and endorsed consensus statements and expert opinion. Concrete operational guidelines, termed in this report 'implications for service delivery', are based particularly on:

- the synthesis of State standards and the Performance Evaluation guide produced by the US National Assembly on School Based Health Care (35, 36)

- the guidelines produced by the American Academy of Pediatrics (37)

- recommendations by other authors that school-based health centres should meet standards of care similar to those of community health centres including certification, credentialing of providers and a systematic evaluation of the outcomes of services (38).

Critical Areas for Success in School Health Services

1. Wide engagement with school and community

Engagement with school

Supporting and working with the school to promote the health and educational success of students is fundamental to a successful school health service (39). The collaboration of health and education can be challenging given the different disciplines, histories and guidelines for practice, particularly those affecting information sharing (40), but 'collaboration is the hall mark of school based health care' (12, 41, 42). Ultimately, school and health services management 'sharing measurable objectives with mutual accountability' should be the aim (40).

At a functional level, services are likely to be more effective where teachers and health providers have good working relationships and where health teaching in the curriculum is strong (31). In the New Zealand setting, close working relationships with the pastoral care team of the school are also vital. In many instances these 'in school' relationships are facilitated for school nurses by the fact that they are often employed by the education sector (personal communication, Auckland School Nurses group).

> The collaboration of health and education can be challenging given the different disciplines, histories and guidelines for practice, particularly those affecting information sharing (40), but 'collaboration is the hall mark of school based health care'

Given the association between dropping out of school and having high need and/or risk behaviour, it has been suggested that school health service staff should be proactively involved with students who are persistently absent because of sickness or truancy, and those being considered for suspension or expulsion from school (36, 43-45). In these instances psychosocial screening and appropriate mental health referral have been demonstrated to decrease absences and truancy (46).

Engagement with community

Nationally and internationally, community participation is also seen as essential in the development of school-based health services (17, 31, 47, 48). Indeed in some states in the US broad based community input into planning and operations is mandated (49). This community participation needs to reflect the socio-economic and cultural diversity of the school and community.

Community consultation and assessment of existing needs and services are seen as a vital prerequisite to service development to ensure appropriateness of service provision (15, 32, 48). These should include consideration of available local health data[1], the identification of local health service providers and current gaps and barriers to care. The latter can be obtained by surveys of students, parents and the wider community, supplemented by key informant interviews. Overseas and in New Zealand, community surveys of adolescent health behaviour have proven important in gaining community support and mobilising broad local involvement in adolescent health promotion (50, 51).

Just as issues about enrolment and reimbursement have challenged managed care in the US, this needs to be considered in relation to Primary Health Organisations (PHOs) in New Zealand. Where initiatives to introduce school-based services are not led by local primary care providers, it is important that they be involved in discussions at an early stage.

The relationship building necessary for good collaboration takes time. Realistically it may take 6 – 12 months to initiate and develop appropriate plans for a new school-based health service (52).

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[1] Regional level data from national surveys like Youth 2000 can be useful as initial data for a community needs assessment

2. Youth focus and participation

Young people have identified features of health services that are important to them when receiving health care. These features are very similar in international qualitative studies (23,53); Aotearoa New Zealand studies (27,54) and in local Counties Manukau investigations(26). In each of these settings young people have identified that services need to be age and culturally appropriate, confidential, trustworthy, low cost, and involve young people in the management and running of the service.

Youth friendly staff and facilities

The importance of employing appropriate staff at a school-based health service has been highlighted. All staff need to genuinely enjoy working with young people, and be trained in listening to adolescents (55). This includes the person at reception, who, as the initial contact and the way into the service, is arguably the most important person on staff in an adolescent health service (39). Trusting relationships with health providers in the school can be an important source of 'connection to school', which is demonstrated to improve health and wellbeing outcomes for young people (56, 57).

Appropriate facilities enhance the ability of providers to deliver high quality private care responsive to young people. Where specifications exist about the physical site of school-based services, they include recommendations that design ensures privacy and confidentiality (36, 49). It has also been noted that an appropriately renovated and well-situated facility provides a positive message to students about the service (39). Young people consulted in planning for the Manukau Youth Centre suggested that services offered through schools should be able to be discretely accessed, well advertised (in ways that young people could understand), and provide some non-threatening reasons to go - e.g. careers info, physical health services (26). Creating a youth friendly environment, including thinking specifically about male-friendly posters and reading material, is advocated (58) and can be a good way to involve young people.

Assurance of confidentiality while respecting family values and connections

Perceived lack of confidentiality and lack of privacy have been identified as significant barriers to young people seeking care. Young people are concerned about their privacy and about friends, teachers or parents finding out about their personal health issues (59). A randomised controlled trial has demonstrated that young people are 'more willing to communicate with and seek health care from physicians who assure confidentiality' (60, 61).

Adolescents state that requiring parental permission will reduce or delay their use of reproductive health care, without changing their sexual behaviour (55, 62). The estimated economic costs of lost care from requiring parental consent for contraceptive care are considerable (63). Another study suggested that educating young people about places they can receive confidential health care can increase the proportion who will seek it (64). Best practice guidelines therefore reiterate the importance of providing developmentally appropriate confidential care for adolescents (14, 31, 65).

However, there can be a tension between the provision of confidential care and an appreciation of the importance of relationships with parents and family/whanau to the resilience and well-being of adolescents. Providing confidential care for young people can be a tool that helps to enhance their whanau relationships when such

care is respectful of family values and diversity and seeks to strengthen their important "connections". In this way, school-based health services have the potential to be catalysts for family communication and to strengthen connections between school and family, especially if the service is involved in wider school efforts to involve parents in meeting the needs of their young people (66).

It has been stated that 'engaging parents is not a single, identifiable program…[but] a process' (66). Consulting widely, involving the community in planning and keeping them well informed about who is providing what services and why are effective ways to allay parental concerns (17, 49). 'Parents are not the enemy' (67, p 260), and indeed can be effective advocates for improving access to care for their young people.

Most state guidelines in the US include mandatory parental consent for young people to access school-based health services (49). However, this is in the context of different jurisdictions with regard to the giving of consent by legal minors. In New Zealand, while it is considered good professional practice to strongly encourage young people to involve their parents in their health care decisions, young people can consent to their own care unless the provider establishes that they are not competent to consent (68)[2]. Parents/guardians and others do not automatically have a right to access the health information of their children (Health Information Privacy Code, 1994). In addition the Contraception, Sterilisation and Abortion Act 1977 in New Zealand states that a young person at any age can access reproductive health care without their parents' consent.

> Providing confidential care for young people can be a tool that helps to enhance their whanau relationships when such care is respectful of family values and diversity and seeks to strengthen their important "connections".

Hence, there is no legal precedent for requiring parental consent for young people to access school-based health services in New Zealand. However, in light of the school's responsibility to provide 'duty of care' for its students, a principle of promoting effective communication with parents about the health services available in the school is vital. As is already the case in most schools providing adolescent health services, parents should be provided with explicit information about the service at the time of student enrolment. There is then a range of practices appropriate to the different settings and communities within which these services function, with many accepting opt-off consent while others require opt-on consent[3].

In all instances it is considered good practice to provide parents with an opportunity to discuss any concerns they may have about the service with the health care provider. It is not appropriate, however, to provide them with information about individual clinical contacts (including with their child).

Youth participation in planning and service delivery

A recent New Zealand study has demonstrated there may be a gap between young people's ideas about health issues, and access, and the thoughts of the professionals who work with them (69), so it is important that the voices of young people are heard. Failure to respect the validity of their views is of concern to young people (27), but it is important that their involvement is more than just tokenism. This requires that young people be given information, support and enough time to make a meaningful contribution to the planning and provision of services (54).

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[2]Children should be assumed to be competent unless assessed otherwise. Minors are thus able to consent to medical treatment if they are mature enough to understand what is proposed and are capable of expressing their own wishes. For further guidelines see the New Zealand Ministry of Health (1998) document 'Consent in Child and Youth Health'

[3]'Opt-off consent' means that a parent or guardian is able to refuse for their child to access the health service through the school; however if they take no action the child may access the service. In contrast 'opt-on' means that the parent/guardian must agree that their child may access the service. In this case if the parent takes no action the child is not able to access the service.

3. Delivery of high quality comprehensive care

Young people needing health care are often engaging in multiple health risk behaviours and often come from complex psychosocial backgrounds. Health services targeted at this age group need to be comprehensive and able to work with complex issues. For example school-based health services are required to deliver high quality health care across a range of youth health issues such as sexually transmitted infections, mental health concerns, substance use, contraception and injuries. Furthermore school based health services need to be able to deal with complex psychosocial needs and students from diverse backgrounds. This requires a team of multidisciplinary practitioners working to the high standards and competencies defined by their professional organizations, trained in youth health and able to deal with complex psychosocial issues among students from a wide range of backgrounds and cultures.

> Comprehensive care requires promotion of a collaborative multidisciplinary team approach, as no one provider is likely to be able to serve the diverse needs of adolescents independently

Addressing the importance of culture

The importance of culture to well-being is recognised by health professionals as fundamental to good health care (70, 71), and this was reiterated in the community consultation for the Manukau Youth Centre (26). Health care provision in Aoteaora New Zealand has the privilege of being informed by models based on the holistic concepts of health drawn from Maori and Polynesian perspectives. These recognise the need to consider and work with the wider contextual influences on well-being. The Maori Whare Tapa Wha model is a foundation of the Health and Physical Education curriculum used in New Zealand schools (72), with similar concepts underpinning the Pacific Falefono model. With its emphasis on hauora (health/well-being) and consideration of social, emotional/mental and spiritual dimensions in addition to physical health (73), this model provides a basis for service design. This is in line with youth development models, and is appropriate for young people from diverse ethnicities. In urban settings, school-based health services are likely to need to consider the cultural needs of Asian students, and young people who are refugees and migrants from diverse countries.

> There is clear evidence that providing sexual and reproductive health services does not increase the rates of sexual activity within a school.

Consideration of culture needs to be addressed not only at a constitutional level and in service provision, but also clinically. Acculturation has been identified as a risk factor for poor health outcomes (74, 75), while enhancing cultural competence is protective (75).

A multidisciplinary approach

Comprehensive care requires promotion of a collaborative multidisciplinary team approach (48), as no one provider is likely to be able to serve the diverse needs of adolescents independently. School-based services are typically based around nurses, counselors, social workers and doctors with auxiliary services provided by dentists, physiotherapists and nutritionists. Increasingly both overseas and in New Zealand, school based services are moving towards a nurse practitioner model of care, whereby nurses provide comprehensive first point of care and follow-up. In the US, school-based nurse practitioners commonly diagnose and prescribe medications for most of the common youth health problems, such as sexually transmitted infections, asthma and depression. Support for the school nurse practitioner is provided by a team approach consisting of nurse assistants, counselors and social workers. Doctors are usually available either off-site or on-site in a more limited capacity.

The ability of school-based services to deal with mental health and substance use issues are essential. The need for mental health services is confirmed by utilisation studies of school-based services in the United States. These demonstrate that young people are 10 – 20 times more likely to have a visit coded as being for a mental health or substance use issue in a school based service than a community facility (77, 78). School-based services are a common entry point to, and provider of, mental health services for young people (79). This has been attributed to the likelihood that providers working in school-based services are more liable to have specific training to identify common emotional problems in this age group, improved access/easy referral to a social worker/mental health provider, and potentially decreased stigma. Overall it may be anticipated that a quarter to a third of visits will be for mental health or substance use issues if these services are provided appropriately (77, 78, 80).

The provision of confidential reproductive health services by school-based health services is an issue about which there may be divided opinion within a

school and its community, despite the fact that sexuality is considered a core part of the health curriculum. There is clear evidence that providing sexual and reproductive health services does not increase the rates of sexual activity within a school (82, 83). Many school clinics have differentiated between prescribing and dispensing contraceptives, whereas parents in one study did not show this distinction, possibly because the source of the contraception is of less concern to them than the fact that their adolescent needs them (62). Seventy per cent of parents in that study indicated that it was acceptable for their child to be supplied with contraception if they were already sexually active, 93% supporting contraceptive supply if parents have given permission (62). Given that New Zealand has high rates of teenage pregnancy, it is appropriate to consider Kirby's recommendations to health service providers in such instances (82):

> It is salutary to be reminded of the missed opportunities for STI screening that occur simply because the subject is not broached.

- give high priority to pregnancy prevention;

- conduct more outreach in the school – education about the services, and programmes to provide information/skills/ motivation for better sexual and contraceptive decisions;

- develop programmes to delay and reduce sexual activity;

- identify and target students engaged in sexual activity;

- make contraceptives available through the clinic;

- have effective follow-up;

- emphasise condoms and male responsibility at the time of sports physicals (or in the NZ context, through contact for sports injuries).

Along with contraceptive health care, school-based health services need to provide STI screening and treatment. The high rate of chlamydia in young people in Aotearoa New Zealand has been identified as of concern (86). In the US it has been suggested that expansion of STI screening and treatment in schools is likely to be a critical component of any strategy to decrease such bacterial STIs (87), with evidence that screening for chlamydia by any criteria is one of the few interventions shown to be cost effective even when indirect costs are excluded. It is salutary to be reminded of the missed opportunities for STI screening that occur simply because the subject is not broached (88).

Screening and preventive care

The fact that young people may not have talked about issues important to them despite being seen by a health provider has been highlighted in several studies (89, 90). This underscores the need for appropriate interviewing and psychosocial screening skills for adolescent health providers. Students presenting to school nurses with headaches, dizziness or tiredness have been shown to be more likely to have school and family problems, stress and depression, although the students may not recognise these associations, or want specific treatment for such symptoms (91).

Unpublished data from 155 consultations at a South Auckland youth clinic revealed that psychosocial screening (using the HEADSS framework) uncovered important risk factors, or concerns that the young person wanted addressed in over half of all the consultations. Sixteen of these students had a mental health diagnosis, of whom only two had sought help because of their mental health issues, and yet 12 required further mental health referral (personal communication, Dr Vicki Shaw). Hence psychosocial screening, and exploring ways to help young people understand that they can learn skills to help them deal with such concerns, should be considered for all consultations.
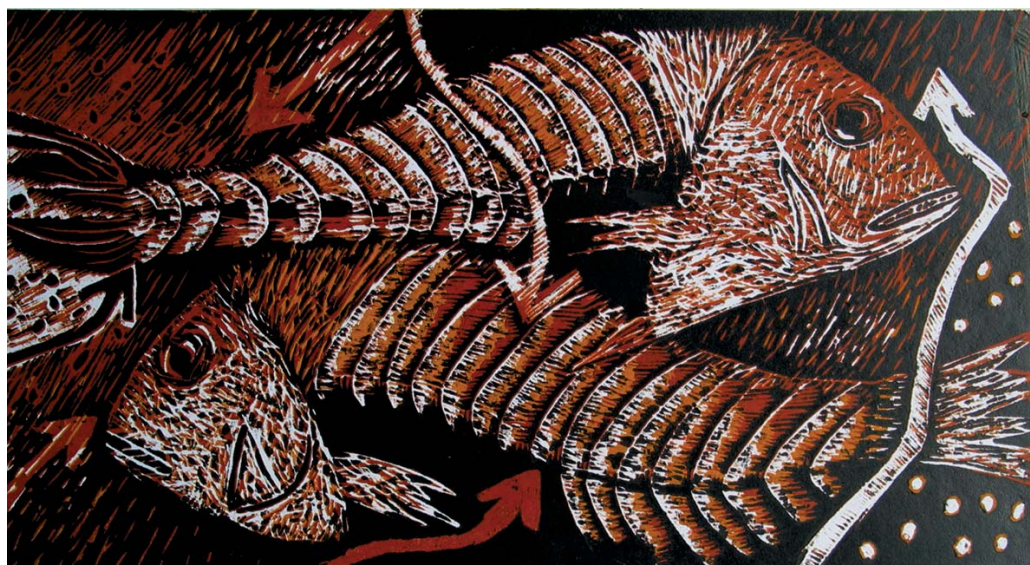
In the late 1990s several guidelines for adolescent preventive care were produced by national professional organisations in the US (34). The content of these guidelines is fairly similar, recognising that biomedical problems are often less important than health risk behaviours, mental health and psychosocial issues in adolescents and hence encouraging education and counseling for health damaging behaviours (5).

It has been suggested that all clinical contacts be viewed as opportunities for preventive services (34, 92). In addition, American guidelines recommend annual visits for 'health care maintenance' on the basis that rates of alcohol/ tobacco/other drug use and sexual activity increase significantly each year from the 9 - 12th grade (Years 10 – 13 here), so primary prevention requires annual contact if discussions are to take place before risk behaviours begin (55). Annual visits also provide opportunities to reinforce health promotion messages, and develop relationships to foster future care.

In New Zealand, the College of General Practitioners guide for effective care for young people suggests young people could be offered a preventive health consultation (92), but it stops short of recommending regular checks through adolescence. This is an area that could usefully be explored with local primary care providers to ensure young people are provided with regular opportunities to discuss issues with a health professional, but without duplication of this provision.

Preventive health checks should also include basic physical screening. The significant rate of failure of vision screening in the Year 9 assessments performed in the AIMHI school cluster suggests offering additional screening opportunities has the potential to detect a number of important health issues (93).

Engaging adolescent males

It is recognised that engaging adolescent males is challenging for health services. Advocating that parents take an active role through adolescence to ensure their sons receive health care when they need it has been recommended as an important strategy to enhance the well-being of young males (58). Informed females, including mothers and aunts, have been instrumental in some settings for young males attending health care (94).

During any health care visits by young men it is useful to assess health risks and teach about how and when to access services. In addition, in-depth evaluation should be considered for any young male who has declining school performance, known difficulties at home, is seeking care for frequent minor complaints, or is seen to have lost interest in his usual activities (58). Appropriate follow up is important to ensure engagement. It has also been suggested that it is particularly important to use a resiliency approach with adolescent males to decrease the chance of adding to the shame they may feel at discussing their behaviour (94).

Offering a choice of gender in staff is useful, but seems to be less of an issue for young males than females (58). The fact that adolescent males are seen in higher proportions in school-based services than community or hospital based services has been attributed in part to the provision of mental health and substance use services. Treatment of accidents/injuries is also seen to be a draw-card for young males (95).

Appropriate staffing

The collaboration necessary for a multidisciplinary team to provide effective services, both with school staff and external agencies, requires sufficiently resourced time (48, 52, 96), and this needs to be factored into considerations of staffing levels.

US recommendations state that ideally there should be one school nurse per 750 students, but as previously noted the role of school nurses in the US is not necessarily comparable with the situation in New Zealand. It has been documented that increasing the ratio of nurses

to students towards that goal did improve services providing follow up, counselling and chronic disease (e.g. diabetes, asthma) care (97). The level of need indicated by student and neighbourhood characteristics are also important considerations in determining the appropriate ratio of nurses to students (98).

The American Academy of Pediatrics guidelines for school-based care assume nurses in such positions are registered nurses (37). In Aotearoa New Zealand current legislation allows people trained prior to 2000 to call themselves a nurse, whether they trained as a fully registered nurse or enrolled nurse. The scope of practice defined by the Nursing Council for enrolled nurses states that he/she will need to work under the direction or supervision of a registered nurse and with a population with stable and predictable outcomes, presenting problems which do not require complex nursing judgements (99). Given the wide ranging situations presented to school nurses in the New Zealand setting (76, 93), this would preclude an enrolled nurse working in an unsupervised school setting.
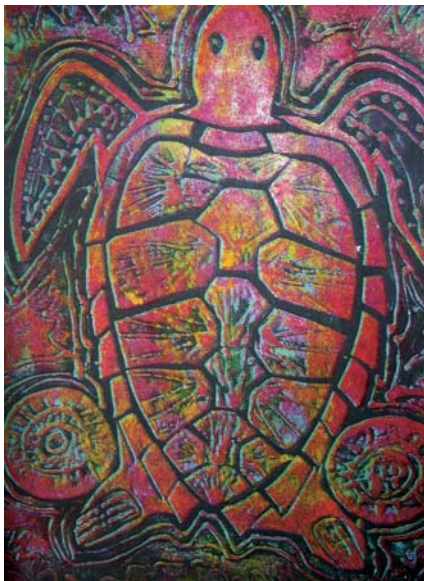
Facilitating access to other services

A comprehensive, collaborative approach requires working closely with other services. While comprehensive care within the clinic is advocated, staff will need to be familiar with a range of other services. Students will need to be supported to use other primary health providers to enable continuity of care with their usual family doctor. Facilitating access when the school clinic isn't available and in the longer term when students leave school (49) is particularly critical.

Referrals of adolescents to outside services are often unsuccessful; appointments with other providers may not be kept or attended only reluctantly. Accompanying the young person to the new service or offering a joint appointment with the new service may be useful. It is important to provide follow up to check that the referral has been successful. Shared care or the use of specialist support or advice may be more effective than a simple transfer of a case from one service to another.

Comprehensive completion of consultation records which meet legal requirements to support management provided (45) are important for case management within the clinical team, and to facilitate sharing of clinical information/records with other providers. Such information transfer should be planned in conjunction with the student. Most students in New Zealand will be registered with a general practice team, and requesting permission to send copies of consultation notes to this team can be a useful contribution to enhancing student relationships with other health providers. Helping students complete referral processes can also provide valuable opportunities to assist them to learn how to negotiate the health care system for themselves (20).

Safety standards

Young people are entitled to safe care (31), so standard expectations of training and equipment for acute emergency care and hygiene and safety for health providers should apply to school-based health services (45, 100, 101). Some evidence also suggests that young people may be deterred from seeking care because of concerns about 'catching something' in a medical setting (102). This reinforces the need to be seen to be proactively addressing such concerns, e.g. by staff washing hands and removing instruments from sterile packs in front of student patients. Displaying certificates/diplomas also assures students of competence.
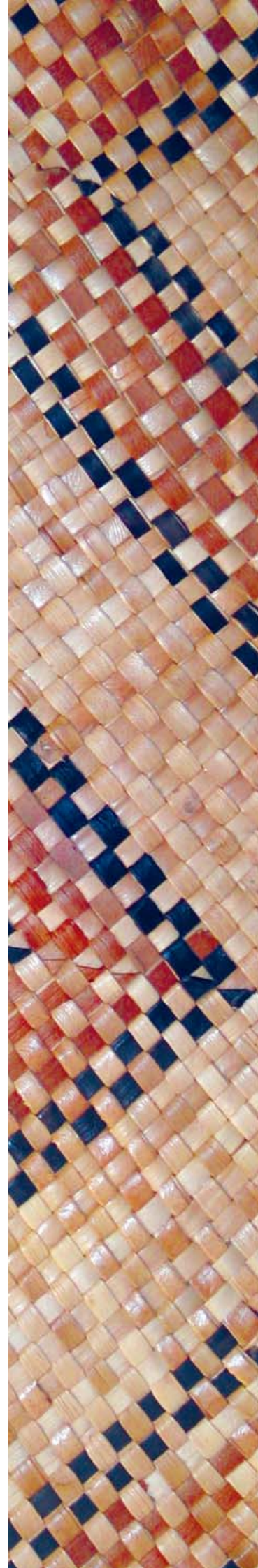
4. Effective systems and governance to support service delivery

The provision of health promotion and anticipatory preventive care are often described as key advantages of school-based services. However evidence suggests that while the rate of these visits may be greater in school based services than community clinics, there is still a tendency for this emphasis to be lost if staff are busy with acute presentations (78). This can result in a "band-aid" or problem-focused approach rather than a screening and preventive health care process.

Administrative and clinical systems

Effective implementation of preventive services requires a belief by clinicians that what is done can make a difference, but also needs systems and structures to support the process, such as adequate funded time and coordinated referral services (5). In standard primary care settings adolescent consultations have typically been shown to be relatively short compared to other groups of patients (30, 103). However it is estimated that to deliver appropriate preventive care a consultation is likely to take 20 – 45 minutes, depending on issues present (55). In addition to funded time, this may require a 'mindset' change for those used to working in other primary care settings.

Systems level interventions, such as policies that mandate annual use of screening forms (24) and documentation that specifically prompts screening (34) have been demonstrated to significantly increase preventive care where they are instituted with appropriate training and support materials (104). Such training needs to focus not only on increasing adolescent health knowledge and skills (105) but also on increasing clinician confidence that he/she can effectively use these skills. Where providers may have previously worked in a setting where they have been trained to identify and refer, rather than proactively be involved in early intervention, such self-efficacy is likely to be particularly important. Involving office staff in training is also important in the implementation of service delivery systems (107).

> Effective implementation of preventive services requires a belief by clinicians that what is done can make a difference, but also needs systems and structures to support the process, such as adequate funded time and coordinated referral

Staff professional development and administration time

It is important that staff training is part of an overall plan for professional development, with consideration of how it will support organisational goals, and evaluation to determine to what extent the activities have led to change in practice (108, 109). Continuity of care is vital in the provision of effective primary care for young people. This is enhanced by professional development, along with competitive salaries, both of which are likely to promote staff retention (12, 30).

Health service providers also need to have funded dedicated time to address quality and related policy issues, including regional and national linking with other youth services to reduce professional isolation and obtain peer reflections on local processes. This is in line with requirements of the Health Practitioners Competency Assurance Act 2003. Professional guidelines, such as those of the Association of Salaried Medical Specialists (ASMS)[4], have acknowledged the sort of time such responsibilities require (e.g. ASMS recommends a minimum of 30% of a clinicians time should be available for tasks not directly related to patients seen - clinical follow up and case management are not included in this 30%) (110).

> Early evaluation planning will ensure that appropriate data is collected, at the right time, to report on key indicators

Governance

Consistent policy implementation requires appropriate governance. Evidence has demonstrated that the presence of a functioning school health council/committee increases the likelihood of policies and programmes (related to health services, mental health and social services, and family and community involvement) operating effectively in schools (111).

It is recommended that governance policies should be reviewed and updated every 2 years (100).

In Aotearoa New Zealand it is important that there is appropriate Maori partnership in this governance group, in keeping with a Treaty of Waitangi framework.

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[4] this recommendation has been endorsed by the Council of Medical Colleges of New Zealand, and is found in Clause 49.1, Section 4 of the referenced DHB collective agreement for senior medical and dental officers.

Evaluation and quality improvement practices

For school health councils/committees to ensure that sustainable and appropriate resources are invested in school-based health services (48), it is important that they are provided with appropriate ongoing evaluation of the service on which to base their decisions. Early evaluation planning will ensure that appropriate data is collected, at the right time, to report on key indicators (48). Lansky suggests this should include data on results, processes and experience of care (112). Monitoring utilisation is important to assess whether the service is reaching the target audience. To assess the quality of care provided, it is also important to look at the content of care (113).

Adolescent self-report of care received from health care providers is another way of assessing quality of health services. Adolescent self-report has been shown to be moderate or highly sensitive and specific compared to recorded interviews (64, 114). It is suggested as a valid method of assessing provider behaviour and adherence to guidelines. Student self-report survey can also be a tool for educating young people about their health care while serving its purpose as a quality improvement strategy (64).

It is important the data collected is analysed regularly and used as part of performance improvement practices to review and enhance service provision. Results need to be fed back to practitioners and co-workers in a way that enables them to learn and change (116). An educational approach is probably the best option and should be integrated within a programme of continuing professional development and quality improvement.

> It is important the data collected is analysed regularly and used as part of performance improvement practices to review and enhance service provision.

CONCLUSION

This report identifies **four areas of success** that are likely to ensure effective school-based services in Aotearoa New Zealand. These areas are: wide engagement with school and community; youth focus and participation; delivery of high quality comprehensive care; and effective systems and governance to support service delivery. The implications for service delivery are summarised at the beginning of this report. It is hoped that these guidelines will serve the basis for ongoing development of high quality school based health services in Aotearoa New Zealand.

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