School-aged Health Service Review

Consumer engagement summary

July 2020

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School-aged Health Service Review consumer engagement

The WA Country Health Service (WACHS) undertook a consumer engagement process in Term 4, 2019 to capture insights from School Health Service (SHS) consumers as part of the combined WACHS and Child and Adolescent Health Service (CAHS) School-aged Health Service Review (SaHSR or 'the Review').

Focus groups were conducted in each WACHS region with students and families to gain consumer insight into issues raised in the broader Review. Consumers offered suggestions to improve the SHS at the local level.

Several important themes emerged about WACHS SHS. These include:

- A need to increase awareness of SHS across WACHS school communities.
- Mental health and wellbeing is a key priority health concern for students and parents.
- There is potential to improve SHS activity at key transition times for school children.
- Review of School Entry Health Assessment (SEHA) process.
- Effective use of technology by SHS to provide information and services.
- The importance of students and families having appropriate and flexible access to SHS.

The findings and recommendations in this report are based on the information and perspectives gathered during the parent and student focus groups. Focus group techniques provide qualitative information to explore issues and perspectives; however there are limitations in generalising findings across communities.

How were consumers engaged?

WACHS Health Promotion Officers supported consumer engagement by coordinating and facilitating focus groups in primary and secondary school settings following approval through the Department of Education (see appendix). Focus groups with parents and students were planned across all seven WACHS regions – Great Southern, Wheatbelt, South West, Goldfields, Midwest, Pilbara and Kimberley. School principals from a range of small communities, larger towns and regional centres were invited to participate.

The focus groups were implemented in Term 4, 2019. Focus group questions are available on request.

Participants were recruited through the focus group facilitator and the school principal, and required completed consent forms to participate.

Who was involved?

A total of 129 participants provided feedback during this process.

There were 41 parents/carers (22 primary, 19 secondary) and 88 students (43 primary (Year 6); 45 secondary) who participated.

There were two (2) parents/carers, nine (9) primary school students (Year 6) and ten (10) secondary school students who identified as being Aboriginal.

Due to small sample sizes, participating schools are not named in this report to protect participants from being identified.

The distribution of focus groups by region, including participant numbers are shown in Table 1 below.

Table 1. Focus group participants

Region	Number primary students	Number secondary students	Number primary parents	Number secondary parents	TOTAL
Great Southern	6	8	-	-	14
South West	9	-	-	11	20
Wheatbelt	9	3	3	-	15
Goldfields	12	7	3	5	27
Midwest	-	5	8	2	15
Pilbara	7	13	2	-	22
Kimberley	-	9	6	1	16
TOTAL	43	45	22	19	129

Key themes

1. Increase awareness of School Health Services and raise the profile of the School Health Nurse

Feedback suggested that WACHS investigate opportunities to increase awareness of SHS and the role of the School Health Nurse (SHN). Students and parents indicated that resources be invested in raising the profile. It was considered important for the SHN to foster relationships to improve services.

Personal connections and relationship-building between students, families and the SHN was identified as being a key aspect to effective service delivery and an area where SHS could improve. The personal qualities and interpersonal skills of SHNs were considered as important as the clinical skills they possess. The importance of the human element of the SHN is central. Strategies are required to build awareness of the SHS and the role of the nurse; and to foster relationships between the school, the SHN, students, families and the broader school community.

"It would be useful if the nurse could introduce themselves at the beginning of terms so they (students) could find out more about them and what they do".

Ideas provided during the focus groups included:

- Clarify roles and responsibilities of the SHS and the SHN.
- Increase the profile of the nurse (e.g. through school newsletter, face-to-face contact with students, attending school community activities).
- Identify relationship-building opportunities for the nurse, students and families.
- Improve communication of screening results.
- Promote the nurse visiting schedule.

Recommendation 1 – Increase awareness of the School Health Nurse and raise the profile of WACHS School Health Services. Foster relationships between the school, School Health Nurse, students, families and the broader school community to enhance SHS.

To build student and family awareness of SHS and the role of the SHN it is recommended to use a range of WACHS-wide and localised strategies.

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2. Mental health and wellbeing is a key priority

The priority health concern raised during the focus groups was the mental health and wellbeing of students. These concerns ranged from personal and family relationships, to workload, stress, anxiety and depression.

- Parents and students in both primary and secondary focus groups indicated the importance of the SHN having a role to play in providing mental health support to students.
- Participants felt that there was a lack of services in this space.
- There was some discussion that increasing the resources invested in mental health services during the primary school years may be more effective and timely – to prevent mental health issues presenting in the secondary school years.

This was reinforced in responses to questions about primary to secondary school transition time, with many students and families highlighting that they would like to see more mental health support provided to primary school students at this time and continued in secondary school.

Recommendation 2 – Increase the mental health and wellbeing support provided by WACHS School Health Services across all school years, with an emphasis on Year 6 students transitioning to secondary school.

3. Review School Health Services at key transition times

Transition times related to:

- children starting school
- moving from primary school to secondary school
- moving from secondary school on to further study or employment.

Children starting school

Parents noted that there was a gap between the last Child Health appointment and starting school, and did not feel as though a transition occurs between these stages.

- A clearer timeline and communication strategy of how families move from Child Health Services to SHS is recommended, including key contacts and developmental milestones as they approach school age. This would increase awareness of the links between health services across childhood and depict Child Health and SHS on a continuum; as integrated rather than separate services.

Primary to secondary school

Mental health and wellbeing issues were raised by students and parents in the discussion of moving from primary to secondary school:

- Year 6 students expressed feeling worried, excited and/or sad about the transition to secondary school. Secondary students recalled similar feelings of this transition time. Students' perceptions of this time appeared to vary in relation to the size of the primary school, going to secondary school in the same town, in a bigger town nearby or moving for boarding school. Students were worried about not knowing where to go, not being able to make new friends, being bullied and not being able to keep up with the workload. Although many students indicated that their school provided orientation programs, they indicated that having the SHN provide support during this time would be helpful.
- Some parents suggested a pre-secondary school mental health screen.
- Information and support strategies being made available on a website to assist students to cope with the transition to secondary school was recommended by parents.
- Communicating effectively with parents and students at this time has been identified as important to alleviate anxiety amongst students. This may encompass written and online support materials as well as face–to-face support provided by the SHN.

"Secondary School Health Nurse (could) visit students when they are in Year 6 so they can have a familiar face and know how they can help if they need it when they get to secondary school".

Secondary school to the further education or employment

Participants of the focus groups indicated that SHS could incorporate opportunities for secondary school students to develop knowledge and skills needed to maintain health and live independently after graduation.

Suggestions included:

- how to access Medicare cards
- navigating online services such as MyGov and My Health Record
- making appointments with health services
- identifying how to obtain credible health information
- realities of parenting
- opportunities to build knowledge and skills in areas such as career planning, household budgeting and completing tax returns. These areas have the potential to positively impact an individual's social determinants of health and future health status.

Recommendation 3 – Review systems and processes to facilitate a consumer-connected School Health Service at key transition times in a child's schooling (from school entry to graduation). A connected School Health Service has clear communication, with appropriate information and services provided when and where they are needed most.

4. Seek opportunities to improve School Entry Health Assessment processes

School Entry Health Assessments (SEHA) are offered to all children as they commence school, and is an important first contact with SHS for students, families and schools. Parents suggested there could be improvements in SEHA processes and communication about assessment results, in particular.

Responses from primary school parents included:

- SEHA conducted in the first Term of kindy is preferred.
- Parents have varied opinions about whether they would like to be present during their child's SEHA. Therefore, it is suggested that WACHS should ensure that the option is provided to parents.
- Parents would like feedback about the SEHA in a physical copy or email. In particular, parents wished to receive a phone call or face–to-face contact about their child's SEHA results when issues arise that require a follow-up.

Recommendation 4 – School Entry Health Assessments are conducted in Term 1 of kindergarten (or prior), with opportunities provided for parents to be present during the assessment.

Recommendation 5 – A clear communication process is developed to provide School Entry Health Assessment results to parents which meets the needs of families.

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5. Investigate and implement School Health Services that use appropriate technology

Feedback on the use of technology for SHS included:

- Student focus groups highlighted that students (particularly in primary school) are concerned about their safety online, the information they disclose and who they interact with online. They are suspicious and wary of where they obtain information. Secondary school students also mentioned being wary of their online privacy and having others accessing their web search history.
- Online services such as Headspace, Kids Helpline and Smiling Mind were identified as being used.
- Online services in combination with face-to-face SHS were recognised by consumers as essential.
- Parents indicated that being provided information in the school newsletter (some which are provided online or by email) is an adequate communication method for health information to families.
- Linking in with school-based apps such as 'Skool Bag' and 'Connect' was suggested as providing a health section on the school website.
- Some parents urged caution about using technology just for the sake of it.

Students provided information on what a potential SHS app could include. They suggested that use of technology should be age appropriate, graphic/video dominant rather than use a lot of text, free (essential), updated regularly – as this age group can lose interest over time– reputable, secure, and have a private chat area.

Recommendation 6 – Conduct a project to investigate and implement use of technology to support the delivery of WACHS School Health Services

Feedback from students and parents indicate that technology does not replace the need for personal contact with a health care provider but can enhance and support health care delivery. It is recommended that WACHS:

- Investigate what issues students would prefer to speak with a health care provider about in person, and what they would prefer to seek support for online.
- Develop information and advice for students to ensure they know how to identify reputable health information sources and access safe online services such as counselling.
- Develop and promote a list of relevant health contacts for students and families, online and using local strategies.
- Highlight how face-to-face SHS can be utilised in combination with online services such as Headspace, Kids Helpline and Smiling Mind and show how the two types of services complement each other.
- Where possible, tap into existing technology utilised by the Department of Education such as 'Skool Bag' and 'Connect' apps, and school websites to communicate health information with parents.
- Where a clear purpose is identified to develop an app, WACHS uses the recommendations provided by student focus groups regarding what to consider when developing an app for young people.
- WACHS utilise telehealth as an optional contact method for service delivery with families.

6. Ensure flexible, confidential and equitable access to services

We asked students and parents about how they would like to access SHS. There were mixed responses depending on where people lived:

- Some people would access services offered out of hours and at other locations, particularly families with both parents working full time.
- Concerns were raised about students not being able to access out of hours services or services provided at a location other than school due to lack of transport.
- Students indicated that they would access in-person and online SHS, but it "depended what the issue was they wanted to talk about". There was no clarification about the topics people were more willing to talk about in person compared to online.
- Online services such as Headspace, Kids Helpline and Smiling Mind were the most commonly accessed by students.
- The personal relationship with the SHN is important.
- Some students and families raised concerns about existing facilities not being adequate for confidential meetings between the student and the nurse. Responses from students and parents identified that ensuring students have a confidential space is important for effective SHS delivery, especially related to providing mental health support to students.

Recommendation 7 – Maximise the ability of students and families to access School Health Services by offering a flexible, confidential and equitable service across WACHS.

- Existing services need to be flexible to meet the needs of families; this depends on the local community and individual situations. Services delivered out of school hours and/or in alternative locations may suit some families.
- Telehealth services, telephone and email contact with families could be utilised more regularly.
- Ongoing opportunities should be sought for SHNs to interact with students to build relationships with them and increase awareness of the nurse and their role.
- Further investigate student preferences of accessing services in person or online across a range of issues.
- Confidential spaces are available to students seeking support.
- Person and family-centred practice should be the approach utilised at all times, being flexible to meet the needs of students and families that need it most.

Recommendations

Recommendation 1	Increase awareness of the School Health Nurse and raise the profile of WACHS School Health Services (SHS). Foster relationships between the school, School Health Nurse, students, families and the broader school community to enhance SHS.
Recommendation 2	Increase the mental health and wellbeing support provided by WACHS School Health Services across all school years, with an emphasis on Year 6 students transitioning to secondary school.
Recommendation 3	Review systems and processes to facilitate a consumer-connected School Health Service at key transition times in a child's schooling (from school entry to graduation). A connected School Health Service has clear communication, with appropriate information and services provided when and where they are needed most.
Recommendation 4	School Entry Health Assessments are conducted in Term 1 of kindergarten (or prior), with opportunities provided for parents to be present during the assessment.
Recommendation 5	A clear communication process is developed to provide School Entry Health Assessment results to parents which meets the needs of families.
Recommendation 6	Conduct a project to investigate and implement use of technology to support the delivery of WACHS School Health Services.
Recommendation 7	Maximise the ability of students and families to access School Health Services by offering a flexible, confidential and equitable service across WACHS.

Conclusion

The focus groups conducted in Term 4 2019 explored opinions of primary and secondary students and parents about WACHS SHS across the seven regions. Whilst the number of participants does not allow for this information to be considered representative of all students and families across the state, it provides an informative snapshot of how SHS are perceived. This work has examined key health issues, transition times and service access issues. The results provide ideas and suggestions from consumers and will be useful to inform planning for the state-wide SaHSR.

Appendix

Appendix 1 – Department of Education Approval Letter

Government of **Western Australia**
Department of **Education**

Your ref   :
Our ref   :   D19/0438552
Enquiries   :

Dr Kylee Cox
Program Manager Population Health
WA Country Health Service
PO Box 6680
EAST PERTH BUSINESS CENTRE   WA   6892

Dear Dr Cox

Thank you for your application received 10 July 2019 to conduct research on Department of Education sites.

The focus and outcomes of your research project, *School aged Health Service Review Consumer Engagement*, are of interest to the Department. I give permission for you to approach principals to invite their participation in the project as outlined in your application and in subsequent email communication. It is a condition of approval, however, that upon conclusion the results of this study are forwarded to the Department at the email address below.

Consistent with Department policy, participation in your research project will be the decision of the schools invited to participate, the children in those schools and their parents. A copy of this letter must be provided to principals when requesting their participation in the research. Researchers are required to sign a confidential declaration and provide a current Working with Children Check upon arrival at Department of Education schools.

Responsibility for quality control of ethics and methodology of the proposed research resides with the institution supervising the research.

Any proposed changes to the research project will need to be submitted for Department approval prior to implementation.

Please contact Ms Bev Vickers, Principal Evaluation Officer, on (08) 9264 5512 or researchandpolicy@education.wa.edu.au if you have further enquiries.

Very best wishes for the successful completion of your project.

Yours sincerely

ALAN DODSON
DIRECTOR
SYSTEM AND SCHOOL PERFORMANCE

23 September 2019

151 Royal Street, East Perth Western Australia 6004