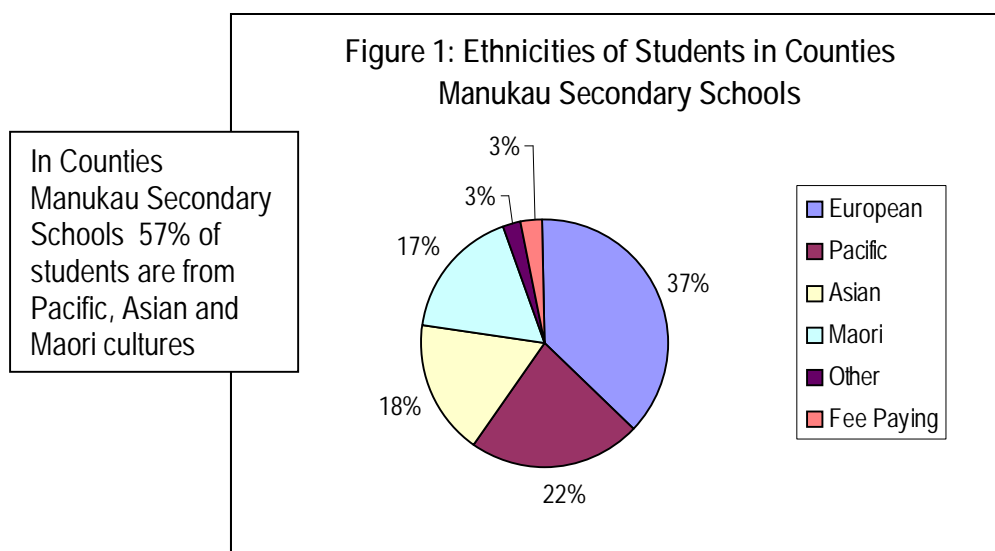


Counties Manukau School Based Health Services Review:

Review of Counties Manukau School Health Services:

Background:

There are approximately 31,574 young people in Counties Manukau attending mainstream secondary schools. 57% of these young people are of Maori, Pacific or Asian ethnicities (Figure 1). Access to health services for young people in the community can be difficult due to a variety of reasons for example poor understanding of health and the health system, financial restrictions and language and cultural barriers. Health services within Counties Manukau schools are known to vary considerably from a very basic service to one that is comprehensive, but it was not known what or who was included in these services. This scoping exercise of Counties Manukau Secondary Schools has been carried out to ascertain what service is provided, who provides that service and the schools' perception of what is needed to improve the service and therefore access to health care for Counties Manukau young people.



Process:

A questionnaire was developed in consultation with the Youth Health Project team in conjunction with the Counties Manukau Youth Interagency Project. The populations of the schools involved in this exercise cover a wide range of different ethnicities but are predominantly Pacific, Maori and Asian young people. Once initial contact and introduction of the project was made with the Principals of twenty eight Counties Manukau Secondary Schools by email and post, appointments

were then made with these Principals and other members of their staff who were involved in the health area of the school such as the Nurse, Guidance Counsellor and the Heads of Departments in Health and Physical Education. Discussions with the staff were held either as a group or individually as suited the school.

The Results:

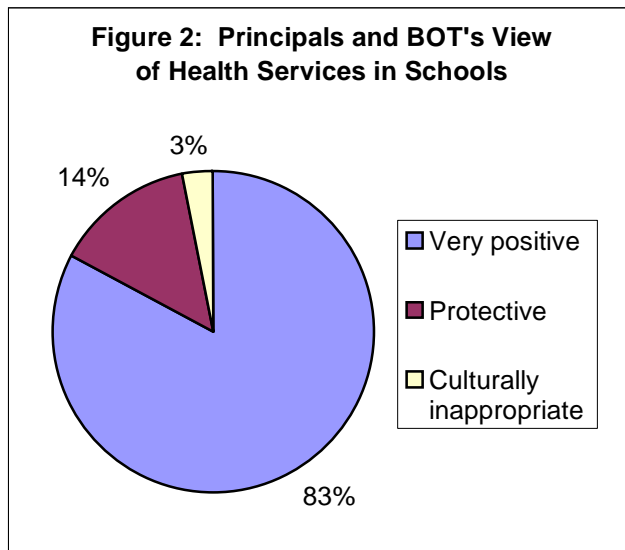
The following is a summary of these visits in a similar format to the questionnaire.

Principal and BOT view on generic health services in schools:

From the questionnaire it was found that 83% of Principals and Boards Of Trustees (BOT) are in full support of health services in schools and comment that poor health has a large impact on the students' ability to learn. 14% of these schools have Principals who support having health services in schools but their BOT and / or

Counties Manukau School Based Health Services Review:

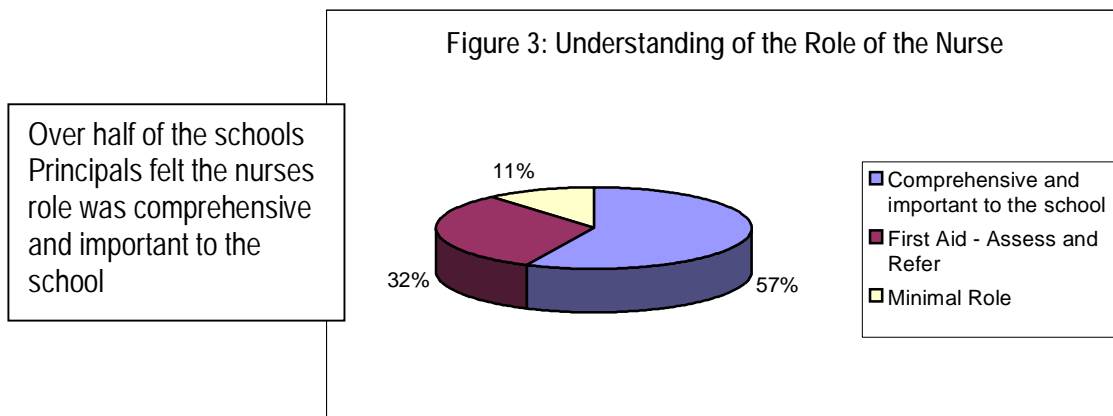
communities are protective of schools taking on health. The opinion in these schools is that "schools are places of learning not hospitals". The remaining 3% of Principals and their BOT felt that the health curriculum - particularly sexual and mental health areas, are not culturally appropriate for their school. (Figure 2)



The majority of Principals and Boards of Trustees are encouraging or health services in schools

The Principals understanding of the role of the nurse:

The majority (57%) of Principals consider the role of the nurse to be comprehensive and an important part of the school, while 32% see the role as basic first aid, assessment and referral; although these Principals are aware that the nurses "probably do a lot more behind the scenes". There is a small group of Principals (11%), whose understanding of what a nurse would do in their particular school is minimal and question whether she would have enough work to warrant the position.(Figure 3)



What are the needs of the nurse:

These needs for 89% of schools were found to be in three main areas –

- Adequate funding – although employed and paid by the education department the health department should consider the necessity to contribute
- A Working Environment - including space to be able to provide a confidential service, computer to maintain records and basic supplies
- Supervision / Support – clinically for professional accountability and through the school, to belong to and be part of a team.

Counties Manukau School Based Health Services Review:

Other than needing to have a job description a small group of schools (11%) found that they were unsure as to what these needs would be as their schools did not have a nurse.

Areas of Concern where Health could provide further support:

Resources:

In many schools teachers who are not specifically trained in health are required to teach this area of the health curriculum. Support for these teachers in the way of posters, pamphlets and on-going professional development could assist in making an often uncomfortable area more manageable. Some schools suggest a full day of professional development for all staff rather than expecting selected staff to 'feed back' when there are so many differing opinions in this area.

Several schools have introduced the full health assessment of students and the provision of the necessary equipment, such as vision and hearing screening tools and scales for measurement of body weight; plus having the necessary processes in place (particularly funding) to allow for the follow up of issues needing attention e.g. optometry and then glasses, sexual health services, Social Worker, etc. would help the students to become aware of their own needs and assist in improving attainable education levels. Some schools have commented that not a lot of difference has been noted around their schools following ear and eye checks, which is thought may be due to a lack of funding and the ability to purchase the necessary glasses or the similar need of other family members and the glasses being used by them, not the intended student.

Provision of space and equipment for specialist services to come into schools needs addressing so that these professionals are able to work efficiently e.g. a private and confidential 'space' is required if a Family Planning Association (FPA) clinic is to offer a full service i.e. not only advice but physical examination. This is thought to be particularly important in geographically isolated areas, where these types of services are already limited.

Information Sharing:

The comprehensive role of the school nurse is not well known in other health areas e.g. in out-patients clinics, and the sharing of information about the school nurses role could improve others' understanding, and hopefully shorten the process around making referral appointments i.e. time away from school, which is currently a concern.

There seems to be a need for improved communication between specialist services, families and schools in cases of hospital admissions and discharges as this information does not always come from the home, which can impact on the health of the student e.g. following surgery or in cases of medical treatments such as brain tumours, cancer, etc. Families, often, don't fully understand disclosures of health information; therefore this knowledge is not passed on.

Health initiatives such as the Meningococcal programme have caused many problems with school timetables especially for senior students. The suggestion has been made that early discussion between health and education with regard to the implementation of future major initiatives could lessen the disruption caused. Schools who predominantly use the Public Health Nurse have also found difficulties in maintaining a service due to the nurses' involvement in the Meningococcal programme taking them from the schools.

Concerns have been raised in some schools about the lack of consultation where new initiatives are being introduced; it was suggested that early discussion around the implementation and the implications of the programme to the school could assist in a more efficient outcome of these programmes.

Funding

Several comments were made about specific funding for the AIMHI – Healthy Community Schools project. It was suggested that discontinuing this project, would have an enormous negative impact on the improvement in health of young people in these communities and their workers. Staff are wondering about job security

and the concern was raised as to why the Ministry of Health cannot contribute to the full or partial funding of this health initiative even though it is operating in education.

Counties Manukau School Based Health Services Review:

Curriculum areas:

The provision of support networks and processes, including visiting speakers who are also culturally appropriate (e.g. Te Reo), are seen as necessary for a successful health programme. It was suggested that the production of resource material to cover nutrition and health issues such as mental health, sexual health, relationships, bullying, etc, in Te Reo, would be well utilized.

Additional programmes to support work with the effects of obesity (including the effects of poor or inappropriate nutrition on the student's ability to learn), drugs (including party drugs), alcohol and smoking, along with the increasing number of issues associated with poor health and established patterns of inactivity are being sought. This is in addition to assistance in educating canteen contractors and gaining their cooperation, thereby offering 'healthy food options' for students to support the curriculum.

The impact of health education in the areas covered by a comprehensive health curriculum on whole families / communities via their young people is thought to be extensive and vital. It is thought that unless these preventative and support programmes continue, the cost to the Health Ministry in the long term will be significant. This can be demonstrated by the information collected from the full health assessments (following the HEADSS assessment model) of Year Nine students through the AIMHI Healthy Community Schools project (AIMHI Healthy Community Schools Newsletter, G. Sinclair, 2004.) for example

- 34% of the students needed referral on to other health care including Primary Health Organisations (GP), sexual health, mental health, drug and alcohol services and dental health services, and
- 18% of the students required referral to social services such as a counsellor, social worker or Child Youth and Family services (CYF).

Some schools are without specific health related policies, particularly in mental health, which have now become urgent needs to those schools.

Hearing and Vision screening always misses some students – it has been suggested that the implementation of the programme could possibly be revised so that assessments were expanded to year seven and year five due to transient numbers during any given year and then follow up again in secondary school.

BOT / Community Education:

Education of the community, as to the needs of young people in all areas of health, is thought to be an area where focus is needed. Health programmes to assist in the education of the student and their families around primary health care may assist in lessening the truancy rates due to sickness of the student and/or other family members. Young people are not good at 'self-identifying' that is recognising that they may be unwell and then identifying who to access treatment from e.g. a doctor or other health or social services professional.

Sexual health is another area where the BOT and parents need promotional education to enable the implementation of programmes covering these areas and therefore support the student's learning.

It has been suggested that the promotion of health to Maori and Pacific peoples may then encourage the development of careers in the health area; teachers need a liaison person between the district health board and organisations to bring health resources into school and therefore help students to realise that they can 'make a change' – teaching the action model of health promotion.

Local Services and Agencies:

In the view of some schools there seems to be an increasing number of young people whose health needs are being neglected.

Access to services for young people is more difficult in some areas due to geographical (rural) location as well as having the general difficulties that many other schools face such as in accessing the social services. A social worker at school would be helpful in accessing / coordination of services and connecting with families e.g. a young girl who leaves home for 6 weeks at a time to "work on the streets", despite repeated referrals no action has been taken and her mother is very concerned. Knowing what services are available for young

Counties Manukau School Based Health Services Review:

people and the development of closer working relationships with these services or agencies to enable speedier responses to enquiries could also be helpful. Schools are providing opportunities for students and their families who are having difficulties to access health care. Access to specialist services within an acceptable time frame and which is also culturally sensitive can be difficult for some young people, particularly in the mental health area.

An improvement in the public health nursing service in assessing and treating home-based health issues and a liaison between public health nurses and school-based nurses about students coming into year nine with previously identified health issues, either personally or in their family, would be beneficial in having the young person's needs met. This may also enable the young person to return to an education setting, where, in their situation, schooling takes second place to care of the family.

The lack of professionalism and respect for the students and the school by some visiting practitioners needs addressing e.g. a GP arriving 1½ hours late for a school clinic, does not demonstrate a good role model and is not professional. Nor does it help in the development of improved relationships between 'health' and 'education'.

Drug and Alcohol awareness and support is another area thought to be lacking at school and in the community. Alcohol is more an issue before and after school rather than at school, although situations related to young people coming to school (for example after the weekend) still intoxicated are increasing. Another area causing concern is that parents are often accepting of and will supply their young people with alcohol, creating double standards between home and education. It is thought by the schools, that in these circumstances education programmes need to be around management and control as well as avoidance of drugs and/or alcohol.

Staffing:

Staffing of culturally appropriate health personnel within the school setting is desired but often not attainable due to budgetary restrictions. Several schools believe they are understaffed / under resourced and have poor facilities for health professionals given the needs of the students. Rural schools feel they have a very great need to be able to identify with a health services person, in an advisory off site capacity, to assist in access to services for young people.

A Registered Nurse, GP access (hopefully on site), Social Worker and /or extra Guidance staff are sought after by many schools but the ability to fund these services is not available through the existing school budget. Comments from school staff suggest that having these services available in schools would play a large role in helping young people to become healthy and therefore enhance their learning ability – many school staff believe that young people can't learn if they are not healthy. There appears to be an increasing expectation by the parents that the schools should take up the primary healthcare role.

Sexual Health:

The sexual health needs of young people are enormous and the provision of services and staff to attend to these needs are minimal; Family Planning Association of New Zealand (FPANZ) provides on site clinics in some schools although the allocated time in the school is insufficient to provide the necessary service in some areas. The sexual health clinics that are available for young people are often poorly situated, which makes access difficult. The coverage of this topic in schools is very dependent on the support of the Principal and Board of Trustees plus the 'comfort level' of the staff involved in the classroom setting. In some schools sexual health for years nine and ten is currently accessed off site and these staff members feel it would be more effective if covered on site. Some students with high needs are being missed, particularly by the offsite visits, due to truancy. There is concern that the 'U22 Doctors' (a sexual health service provided by GP's) funding has been reduced (and is possibly being withdrawn) thereby further reducing access to sexual health services for young people.

It was suggested that FPANZ centres often have unsuitable clinic times for students at school e.g. within school hours and the service can sometimes be indiscreet and unhelpful – in terms of both personnel and location.

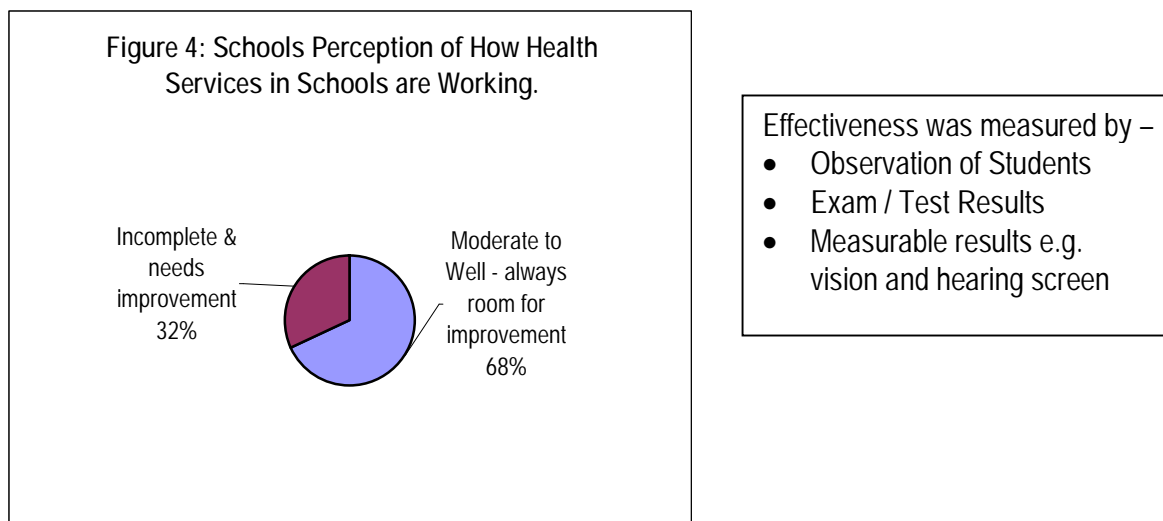
Counties Manukau School Based Health Services Review:

Provision of Health Services both On and Off the school site:

Through discussions with the schools there is a variety of health service providers accessed for the young people, although there is no consistency between the schools as to what services are provided. Therefore access to these services for some young people is limited to what is provided through the school, which may or may not be appropriate for that young person. (Appendix 1)

How is this working and how does the staff know:

68% of schools interviewed felt that their existing health programme was going moderate to well but some said that there was always room for improvement. This was measured by observation of the students, exam / test results and in some situations measurable results e.g. vision and hearing screening. The remaining 32% felt that their programmes were incomplete and needed improvement possibly with help from outside the school. This was generally thought to be due to not having a structured health programme, time and resource concerns and a lack of trained personnel to teach these areas. (Figure 4)



What are the gaps in this area and what needs to happen for this to work better:

Each school has gaps in different areas although several have common concerns.

Curriculum:

In a lot of schools Physical Education (PE) covers both PE and Health. Several of these schools find that having health included with the PE department is difficult – health (as is PE) is a specialised area, in which the teachers should have appropriate training and on going professional development to enable them to give up-to-date information and be comfortable teaching this often sensitive area. Health and PE could run side by side supporting the other and the school nurse could possibly work in conjunction with the both the PE and health departments. It is thought this area needs centralisation. There also seems to be many variations between schools. Some do not have a separate health curriculum (as previously discussed), and not all topics in health are taught in all schools, nor are they necessarily taught to the same level. For example some may have an extensive drug and alcohol programme with visiting speakers where others cover the 'basics' only. Thus the access to health information for young people, which is already difficult, is reduced further. It has also been noticed that in schools where there is a limited health curriculum the workload for the Nurse and Guidance Counsellor is found to be increased. Schools find difficulty fitting health subjects into a crowded curriculum where timetable access is already limited. Some schools have proposed timetable restructuring to

Counties Manukau School Based Health Services Review:

hopefully relieve these areas. Further comments are that health is disruptive to other areas of the curriculum and is therefore not well received by some teachers. Some schools find the current health curriculum is not sensitive to the cultural needs of their communities and therefore do not cover these topics e.g. sexual health and drugs & alcohol but if there was culturally specific information or speakers it would be then re-considered for their curriculum.

Hygiene concerns of the students are increasing and it seems that family and /or economy issues are leading to situations and conditions commonly associated with neglect. Teachers constantly have to scan the students for health issues; it can't be assumed that the parents will take care of these problems. Continuing the promotion of personal hygiene for students by the school nurse has in some schools made a considerable impact to this problem.

The 'Healthy Eating'- food and nutrition programme has made little impact on change to what the young people are actually eating and drinking although they are aware of what they should be eating.

Careers Guidance is another area thought to need more emphasis in the curriculum possibly by using positive role models from the community to work with the students. As an example a visiting health worker might encourage students into the health area.

Sexual Health:

Many gaps were identified in this area ranging from the way this subject is taught in schools to the provision of services for young people, which need to be easily and readily available. Many schools do not like the school nurse to be off-site during school hours and some nurses feel this restricts the access to some services for young people due to transport and support difficulties. Other schools suggest that for students to access services which are off site is very time consuming for both the student and the 'adult' who may be needed to transport. Another school states that it is too unsafe for students to walk out of the school grounds. For example, a visit to a Family Planning Service, leaves students vulnerable to violence on the streets but having a similar service come to the school as a safer option also incurs community disapproval, despite the very large need in this particular school. The difficulties in accessing the Sexual Health Service based in Auckland by bus from some areas has proved to be a barrier for young people to access the service e.g. a Year 12 student travelled for over 4 hours (plus her appointment time) in school time to get to and from one appointment on the bus – it seems the 'taxi chit' system currently in place to assist young people in accessing the service is either not used or not known. Many suggestions were offered around having these services provided on the school site or in the case of rural schools having a mobile service. Due to the distance barrier to access sexual health care it was suggested that the Public Health Nurse's and FPANZ services were being used for urgent sexual health issues.

Of great concern to staff members of a rural school is the prevalence of sexually transmitted infections (STI). The young people apparently feel there is a possible lack of confidentiality with the local medical practice (being in a small town) and transport (requiring transport from a rural area to the service) are barriers to accessing the available service. There is perceived to be a high number of unintended pregnancies in the area. The Emergency Contraceptive Pill (ECP) is accessed but the clinic (a small FPA clinic on the school site) is only available one day per week. It is suggested that a school nurse (this school doesn't have a nurse) and a full Family Planning Association (FPA) clinic on the school site would considerably help these young people to access help and information.

Another area of concern is co-ed classes for sexual health 'lessons'. This is thought to be a disadvantage to those students, in that they would perhaps be less inclined to ask questions to further their understanding, and that separate classes for males and females for any sensitive subjects should be important.

Counties Manukau School Based Health Services Review:

Drugs and Alcohol:

Across the schools, drugs and alcohol are areas of concern.

Alcohol is generally problematic outside of school, although there are some instances of students arriving at school after the weekend still noticeably 'under the influence'. Parents are often happy for young people to drink alcohol and will supply it, it is not seen as unacceptable. Some areas have introduced an 'Alcohol Watch' person from the local council.

Drugs and more recently 'Party drugs' are easily accessed but the information available to schools about these, and to pass on to the students, is not readily available. Of concern to a particular Board of Trustees (BOT) is their policy on drug use and that the rehabilitation is between the parents and student involving the GP but no follow up person. A person involved in drug rehabilitation to support both the parents and the young person could have a higher success rate.

Several schools have suggested the introduction of a rehabilitation programme, for both drugs and alcohol, within the school i.e. random testing, would be beneficial.

Time and Resources:

Most schools have many gaps across a lot of areas in health e.g. sexual health, abuse, hygiene, drugs and alcohol, nutrition and exercise; and due to the large number of issues that are identified and need to be attended to the time and resources available to provide these services are insufficient.

The provision of programmes and staff and the allocation of curriculum time have and continue to be debated by the Ministries of Health and Education as to who should / could provide these services.

In some schools the backup by other staff members, for the school nurse when taking students to appointments, is inconsistent. With the lack of support for young people in the community the school increasingly needs to assume the primary health role.

The availability of Anger Management courses / counselling, HEADSS assessments, Vision and Hearing screening, GP visiting on site and Early Intervention are all considered to be integral to the health and well-being of the young person. But to have these working well they would require the Nurse to have time with the students to deliver the programmes, time for planning and time to make contacts. Several schools are attempting to negotiate with local providers around these areas.

Some smaller or new schools, which don't have a school nurse, suggested job sharing or a mobile schools health bus as a way of providing a health service.

Nutrition:

Students are frequently coming to school either hungry or having eaten inappropriate foods to start their day at school e.g. coke and chips, - as previously discussed, the students are aware of what they should be eating. With the introduction of breakfast clubs, bringing lunch, the inclusion of and ongoing education around healthy eating and the affects, and more care at home this could be reduced. Programmes involving visiting speakers need to be put in place to work with young people who are obese.

Difficulties involving the school canteen and the food / drinks available have arisen through trying to promote healthy eating e.g. pies being cheaper to buy than sandwiches, etc. Sponsorships also play a part in this in that due to contractual arrangements only the sponsor's product can be sold in the school, as is the case where a major soft drink company have sponsored the canteen.

Schools' Perceptions of Services:

Students' access to health services is generally poor and there is an increasing number of young people whose health needs are being neglected. A 'Think Tank' type meeting, was suggested, with in the school and possibly the community with all health providers including Maori and Pacific peoples to help raise the awareness and access for young people. Evident is the lack of access to culturally sensitive specialist assistance for young people, particularly in mental health where this is almost impossible.

The cost for parents (both transport and financial) in accessing medical care for their children - especially where frequent visits are expected - is often a barrier. Financial structuring for doctors visits and GP clinics in schools would assist this area of concern.

Counties Manukau School Based Health Services Review:

The home visiting role in many schools is seen as being a vital connection between home and school for some students. Situations in the home have only become apparent following a home visit by a Public Health Nurse (PHN) or a Family Liaison officer or a Social Worker. It was also suggested that where Truancy Services go so should a PHN – young people who are truant often have serious health issues and they can be difficult to keep track of.

Outside service providers must be accountable - in some schools the "service received is worse than when it was free" and "they are paid good money to provide the service" e.g. the PHO for the GP clinic. Some providers have no commitment to a service for young people.

Dental health access in some areas, particularly when shared with a larger school, can be poor, and the mobile dental services are often over full, with many students missing out on this service. Parents are involved to take the student to a local provider but this can require transport, which then becomes a barrier. One school has a dental clinic building on site, which is owned by the Ministry of Health but is unused, it was suggested that this clinic be reinstated.

There is no Maori RTL service and the general service that is available is overloaded.

CYF is a frustrating, variable and people-dependent service with many inconsistencies and requires a lot of persistence and perseverance from the schools to gain access to the service. The support offered is often slow, very little or inappropriate e.g. a student had a 'Family Group Conference' and there was no follow up until the family was contacted some 6 months later and asked about their satisfaction level with the service; no follow up on a student even after a court case for neglect; the CYF workers are invited to case management meetings and may only attend once; Placements of young people can be inappropriate and the lack of communication with schools about changes in custody arrangements can and has put schools in challenging situations.

Group Special Education (GSE) has very poor interaction with the schools and they are very difficult to refer to due to the strict criteria to access their service. There have been varied responses from GSE to improved communication and persistence with referrals by the schools.

Communication:

Many issues arose from poor communication between various sections of the schools and some schools predominantly more than others. An outstanding area, for one school, is the need for the health staff to be included as an integral part of the overall school system and not as an 'appendage'.

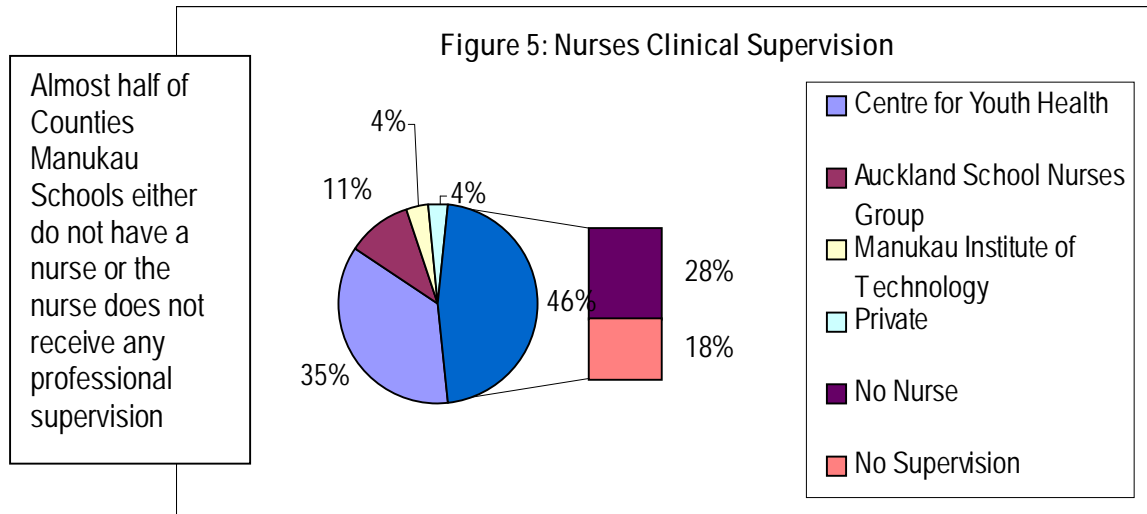
Communication between all appropriate staff around individual students situations (disclosures) can also be important in helping young people to access the services they require e.g. a student whose parents were killed told a teacher but no-one else was aware until it was eventually uncovered some time later after this student was making repeated visits to the school health clinic.

Several instances were evident where misunderstandings among staff had led to a 'health / education' clash – this in turn created barriers for the young people to access their health needs.

How Does the Nurse fulfil her clinical supervision:

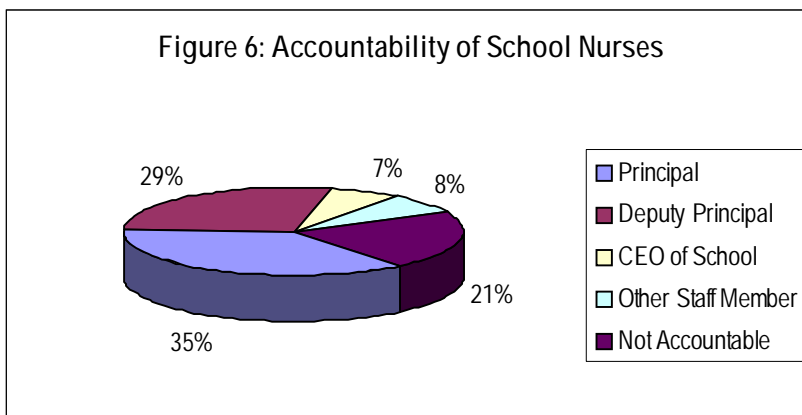
Supervision for nurses in Counties Manukau secondary schools is obtained from two main sources –Centre for Youth Health (36%) and the Auckland School Nurses Group (11%). Manukau Institute of Technology and private supervision were also included but minority numbers of (3.5% each). 18% of school nurses in these schools are not currently accessing supervision and 28% of secondary schools in Counties Manukau do not have a nurse (registered or enrolled). (Figure 5)

Counties Manukau School Based Health Services Review:



Who is the Nurse accountable to?

At present 36% of nurses are accountable to their Principal, while 28.5% report to the Deputy Principal, and 7% report to the CEO of the school. Other nurses (7.5%) are accountable to other staff within their school with 21% of school nurses in Counties Manukau not being accountable to anyone in particular. (Figure 6)



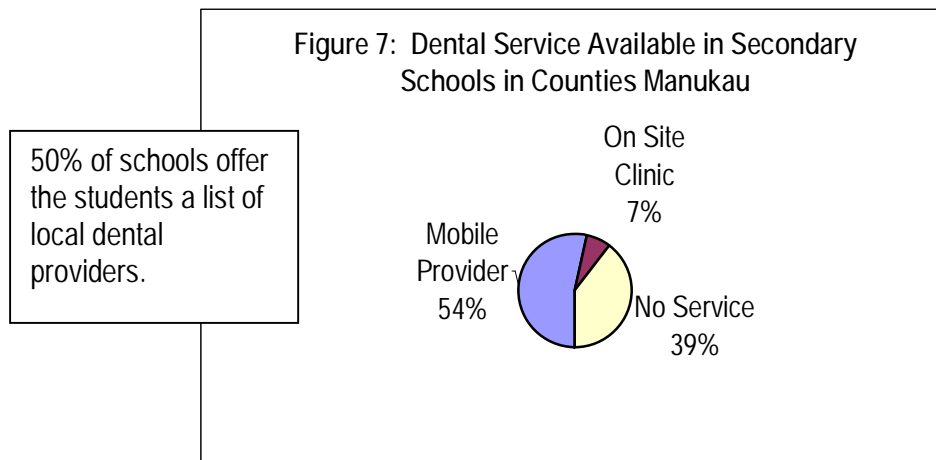
64% of School Nurses are accountable to the Principal or Deputy Principal, but 21% are not accountable to anyone.

How does the nurse manage clinical aspects?

There are several levels at which the nurses practice within schools. Of the schools in this exercise 46% of nurses are able to practice autonomously i.e. they are able to work with the young people and involve outside agencies when needed, keeping the senior management informed - sometimes on a "need to know" basis or when actions are taken. A further 25% work in conjunction with other members of the student support team prior to making an action plan around a young person's needs. The remaining 28% of schools do not have a registered or enrolled nurse and rely on first aid trained staff and the ability to access care from the local GP.

Does the school have a Mobile Dental provider visiting? Is a list of local providers given?

Schools vary in the way dental care is accessed for young people. 53% of schools provide access via a mobile dental provider and 7% through on site clinics. 39% of schools involved do not have a dental health service, either visiting or onsite. However, 50% of schools do provide the young people with a list of local dental providers. (Figure 7)



Accessing mental health, particularly Campbell Lodge:

According to most schools access to mental health services in the past through Campbell Lodge was very difficult. Over the last two years, several schools have found that with a lot of relationship development from both Campbell Lodge and the schools, this service has improved and these schools now have regular meetings with the Campbell Lodge staff and are able to ring for advice if concerned.

Despite this improvement for a number of other schools it remains difficult to access mental health services for a variety of reasons such as the referral criteria involving the parents consent where often the parents are not involved with the young person or in the case of boarding schools not easily accessible and the high workloads of case workers leading to delayed response times or a lack of knowledge about the actual service e.g. A Principal – new to the school – was unaware of the service provided by Campbell Lodge and managed a suicidal girl, using a private counsellor and the girls friends, over a period of several weeks. There are also concerns about the quality of service provided due to the caseworkers' high workload such as care being discontinued prematurely and inappropriate referrals.

Other concerns around the mental health area are –

- Youth Suicide programmes could be improved so that the causes and signs in school are dealt with. Of concern is that young people seem to suicide after leaving school
- The continuing lack of community awareness around mental health conditions
- Psychological assessments are very expensive and this cost is covered by the schools e.g. \$400 to \$600 per student
- There is a growing concern for young people of parents with mental health problems – this appears to be an under-resourced area where, often, a lot of work is done with the young people at school without follow-up at home. The Guidance Counsellors often have to 'work in the dark', not knowing what the parents' conditions are but for the young people concerned, this is better than nothing. There is also concern for the Guidance Counsellor around safety from the parents. This group of young people needs support from Campbell Lodge.
- Some Guidance Counsellors have expressed concern at the low level of support offered to them (by Campbell Lodge) when they often have to deal with mental health issues both in acute situations and long term.
- School health staff members feel their opinions are sometimes disregarded and they are not recognised as professionals by mental health workers.

Counties Manukau School Based Health Services Review:

Does health overall interface with the curriculum :

The degree to which health as a whole interfaces with the curriculum depends on the level at which health topics are covered by the individual schools (including support from the Principal and BOT) as well as the comfort level of the teaching staff particularly for topics such as sexual health. Some schools cover very limited health topics and have little or no interface with other areas of the curriculum, while others are considerably more detailed and interface with several other topics such as Science, Social Studies, English, Food and Nutrition, Physical Education / Sports Science, Careers.

Conclusion:

There are many differing practices throughout the area of health in the education setting, brought about by many differing influences such as staff opinions, knowledge and abilities, funding, facilities available and access to services. Young people have an increasing number of needs, which are not being met, due to poor access to health services and a variety of other reasons.

To improve young people's access to services and therefore their health (and possibly that of their families) a coordinated school-based health service is required across the schools, which would provide professional health support for the school and the nurse within that school including supervision, which in turn would provide consistency in levels and standards of practice and of information taught / provided. All these services then provide a reliable place for young people to access accurate information in this, often complex, area.

Counties Manukau District Health Board have invited representation from the Auckland School Nurses Group, to discuss, plan, involve others where appropriate and implement a way forward to improve access and services available to young people in Counties Manukau Secondary Schools and to review the professional standing of Nurses in Counties Manukau Schools.

The information gained from this scoping project of Counties Manukau Secondary Schools will be made available in various forms to these people as required.

Counties Manukau School Based Health Services Review:

Appendix 1:

What Health Services are available and who provides them.

Key:

√	Funded by School	GSE	Group Special Education	PHN	Public Health Nurse
ACC	Accident Compensation Commission	MYC	Manukau Youth Centre	PHO	Primary Health Organisation
CFYH	Centre for Youth Health	PACT	Papatoetoe Adolescent Christian Trust	Priv	Privately funded
CYF	Child Youth and Family				

Services Provided On School Site:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Asthma – Bus Nurse Ed.								√				√				√	√	√										
Attitude	√			√	√	√				√			√	√					√		√	√	√		√			√
Blood Bank Bus								√		√			√														√	
Breakfast Club				Spon					√																			
Chaplan					√		√															√					√	
Community Ed.																		Priv										
Counselling – Sexual abuse	ACC		√	√	√		√	√	√			√					√	√										
Diabetes Trust				√			√	√																				
Drivers Lic Ed																MYC						√						
Drugs & Alcohol – FADE CADS Random testing (D&A)	√		√	√	√	√		√		√		PACT		√	√	√	√	√	√		√	√	√		√		√	√
Ear/Hearing checks			√	√				PHN	√		GSE	√			√	√						√						
Exercise Programmes			√	√			√	√						√													√	
Family Planning Assoc Clinic Speaker Packs	Free √				√	√	√			√	√		√	√			√										√	

Counties Manukau School Based Health Services Review:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
First Aid – Basic Certificate – Students Staff Natural Remedies		√		√	√					√												√			√			√
GSE																		Priv	√									
HEADDS Assess. Y9	√		√	√					√			√		√	√	√							√					
Heart Foundation	√							√		√			√							√	√	√						
Homework Centre									√																		√	
Life Skills – Drama W/shops			√		√	√			√	√		√							√		√	√			√	√	√	√
Medical –GP Spec. Paed								PHO	X2						PHO	PHO		√										
Mental Health – Specialist Hauora Anger Management		√	√	√		√		√				√				√			√			√	√				√	√
Nursing Service – ACC Registered EN RN First Aider / Other Public Health Nurse District Nurse				√		√			√	√												√			√		√	
Nutrition – Snr's Jnr's	√	√				√	√		√	√	√	√			√	√	√		√	√		√			√		√	√
Personal Health			√	√				√	√						√	MYC						√					√	√
Physiotherapist	ACC			ACC				√	√						ACC	ACC	ACC					ACC						
Police	√				√					√									√	√					√			√
PSSP				√	√			√		√			√												√			
Rape Crisis	√				Opt.									√														
Rainbow Youth					Opt.					√																		
RTLB											√							Priv				√						
Security Guard																										X 2		

Counties Manukau School Based Health Services Review:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
Sexual Health –																		Basic										√		
Puberty	√		√	FLEP	√	√		√			√		√	FLEP		√	√		√	√	FLEP	√	√			√		FLEP		
Relationships	√		√	√	√	√		√	√		√		√			√	√		√	√	√	√	√	√		√		√		
Decision Making			√	CFYH	√			√			√		√			√	√		√	√	√	√	√			√		√		
Reprod. A & P	√		√	√	√			√			√		√			√	√		√	√		√			√		√		√	
STI's	√		√	√	√	√		√			√		√			√	√		√	√		√	√		√		√		√	
Safe Sex	√		√	√	√			√			√		√			√	√		√	√		√	√		√		√		√	
Contraception	√			√	√	√		√			√		√			√	√		√	√			√		√		√		√	
Sexual Health Clinic									√																√		√		√	
Student Services –																														
Social Worker			√	√										√		√	√					√								
Guidance Counsellor	√				√	√	√	√	√	√	√	√	√		√		√	√	x 2	√	√	√	√			√		√	√	√
Smoking Cessation			√					√	√	√	√			√		MYC	√				√					√	√			
Teen Preg/ Parenting					√					√																√				
Tuck Shop – changes			√				√			√			√			√				√			√			√				
University Research				√			√	√													√									
Vision Screening												√		√	√							√								
Youth Aid	√																													
Youth Support Wkrs											√																			

Services provided Off School Site –

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
Activity Centre																				√										
AIDS Foundation										√			√				√													
Audiology(PH)								√	√		Priv		√	√							√				PHN					
Awhitia				√																										
CADS															√	√														
CFYH					√	√	√	√																						

Counties Manukau School Based Health Services Review:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
Counselling – Family				√															Priv			√		Priv					
CYFS					√											√													
Dare To Be Diff.													√														√	√	
Family Planning Assoc.			√		√	√	√			√	√			√	√	√	√		√										
Epsom Day Unit								√																					
Medical – GP U22 Dr	PHO		Free		PHO	√		√			PHO	PHO	PHO	PHO		PHO			PHO					PHO	PHO	PHO		PHO	PHO
Super Clinic / A&E			√					√								√			√										
Gym	√																												
Homai School for Blind				√																									
Mental Health - Campbell Lodge					√		√				√									√								√	
Optometrist							√	√	√		√	Priv		√	√								Priv						
Physiotherapist			ACC									ACC		ACC														ACC	
Professional Development														√		√			√										
Rainbow Youth													√																
Rape Counselling								√																					
Rape Crisis –Auck								√																					
RTL B																				√		√							
Sexual Health Clinic	√						PHO	√					√																
Tattoo Removal															√	√													
Truancy Service													√			√													
University Research							√																						
Youth Aid					√																								