



<b>POLICY</b>	
<b>School-aged health services</b>	
<b>Scope (Staff):</b>	Community health staff
<b>Scope (Area):</b>	CAHS-CH, WACHS

**This document should be read in conjunction with this [DISCLAIMER](#)**

### **Aim**

To contribute to the optimal health, development and wellbeing of school-aged children.

### **Risk**

Non-adherence to this policy will result in inconsistent practice which may negatively impact on the outcomes of school-aged children and their families.

### **Background**

Community Health Nurses (nurses) have a long history of providing services within school settings across Western Australia (WA). Services are delivered using a population-based approach to facilitate the early detection of health concerns and health enhancement for children and adolescents as they grow and develop. School settings are ideally placed to support and promote the health and wellbeing of children and adolescents, and nurses are well positioned to support school communities with specialist skills and knowledge. As a key workforce group in the WA health system’s delivery of primary health care, nurses provide families with guidance around healthy growth, development and wellbeing and identify early developmental concerns as children and adolescents prepare for, enter, and progress through school.<sup>1</sup>

There are several external WA drivers that influence work practices in the school-aged population. The main ones include the WA Sustainable Health Review<sup>2</sup>, the Premier’s Priorities<sup>3</sup> and the Auditor General’s Report on Improving Aboriginal\* Children’s Ear Health<sup>4</sup>. These highlight the areas of mental health and wellbeing; obesity; developmental readiness for school; and early detection and treatment of ear health in Aboriginal children.

The *School-aged Health Service Review 2018* report determined that the framework for services provided to school-aged children, young people and their families should be based on the same model of progressive universalism as underpins WA Child Health Services.<sup>1</sup> This acknowledges that a greater investment in working with families who need a higher level of support will improve long term health outcomes for children and communities. The use of this model supports the continuity of services from birth to adulthood. The use of common terms and guidance for both child and school health

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\* OD 0435/13 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

services provides a logical connection for families as they move through the services, and provides a shared understanding for health staff. The levels of progressive universalism identified in the *School-aged Health Service Review 2018* report include:

- **Universal** – offers services to all school-aged children with a focus on early identification of health and developmental concerns.
- **Universal Plus** – offers follow-up of issues identified in Universal services or through direct referral by a parent or a young person.
- **Partnership** – offers ongoing support for children and young people with identified complex health needs (and their families where appropriate).

Through this model, services provided to primary school children aim to promote health, development and wellbeing and assist with early identification of potential concerns. In addition, the nurses are available to respond to parent/caregiver and teacher concerns and to make observations about the child's health and wellbeing.<sup>1</sup> Services provided to secondary school-aged children aim to support the school community in addressing contemporary health and social issues facing young people and their families through health promotion, education, consultation and referral. This involves the provision of primary health care to promote the physical and psychosocial wellbeing of children and adolescents.<sup>1</sup> The role of the nurse in delivering these services is discussed further in the *School-aged health services - primary* and *School-aged health services – secondary* guidelines.

Nurses work in the public school setting under a *Memorandum of Understanding (MOU)*, between the Department of Education (DOE), Child and Adolescent Health Service-Community Health (CAHS-CH) and WA Country Health Service (WACHS), which outlines the roles and responsibilities of each involved party.<sup>5</sup> To support this partnership, the nurse and manager will meet regularly with the school leadership team to discuss how the role of the nurse can best contribute to student support services.<sup>5</sup>

Nurses advocate for the use of the Health Promoting Schools Framework to plan coordinated school health initiatives which address health issues using evidenced-based, school health promotion strategies.

In addition to the services provided in public schools, a range of services are offered to the Catholic and the Independent education sectors. These include the provision of universal School Entry Health Assessments (SEHAs), which are offered to Kindergarten or Pre-primary children attending public, non-government primary schools and for those children who are home schooled. The School Based Immunisation Program (SBIP) is offered and delivered to all children regardless of the school they attend, either by community health nurses or another immunisation provider. Services for school-aged children and their families may also be delivered outside school settings to extend access to clients, using alternative and innovative service delivery models. An example of this is the delivery of SEHAs in community settings during school holidays.

Implementation of reforms for the provision of health services for school-aged children with complex needs as identified in the *School-aged Health Service Review 2018* report are under development.<sup>1</sup>

## Definitions

**Health and Wellbeing:** the World Health Organization (WHO) defines 'health' as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease

or infirmity'.<sup>6</sup> This definition of health acknowledges there are a number of dimensions to health - physical, mental and social wellbeing. 'Wellbeing' refers to a positive rather than neutral state, framing health as a positive aspiration.<sup>7</sup> Mental health is defined as a state of wellbeing in which each individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.<sup>8</sup>

**Health Promotion** is the process of enabling people to increase control over, and to improve, their health. It includes a combination of educational, organisational, economic and political actions.<sup>9</sup> In a school setting this could be defined as any structured or planned activity, such as policies and environmental changes, undertaken to improve and/or protect the health of all school users.<sup>10</sup>

**Health Education** comprises opportunities for learning, involving some form of communication designed to improve *health literacy*, including improving knowledge, and developing *life skills* which are conducive to individual and *community health*. In the school setting this would include activities such as the nurse working in collaboration with teachers on education sessions related to the health curriculum.<sup>11</sup> Health Education is one component of Health Promotion.

**Health Promoting Schools Framework** is a model developed by the World Health Organization which seeks to improve health outcomes for all school community members.<sup>12</sup> The model is used at local, national, regional and global levels and is endorsed by DOE, CAHS-CH, WACHS and the Western Australia Health Promoting Schools Association.

**Primary Health Care** is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community can afford. It is often the first contact a client has with the health care system.<sup>11</sup>

## Principles

- The child/young person is the primary client and is at the centre of care.
- Nurses will deliver care, based on family-centred practice between children, young people and their families, with a view to optimising health outcomes.
- Staff will communicate with clients respectfully and sincerely.
- Service delivery is culturally secure, ensuring the cultural diversity, rights, views, values and expectations of Aboriginal people, and those of other cultures, are recognised and respected within Australian legislation.
- Collaboration with families, schools and other agencies is integral to the aims of the school health service.

## Implementation considerations

### Working on Department of Education sites

Nurses are identified as visitors on all school sites (primary, secondary and education support schools) and as such must follow the DOE *Visitors and Intruders on Public School Premises* policy.

## Consent for services

Nurses have a responsibility to obtain consent for treatments under the WA Health *Consent to Treatment Policy* and the CAHS-CH and WACHS *Consent for services* policies. This has relevance for the provision of immunisations where written consent is required. The majority of activities provided through school health services do not involve significant clinical risk and do not require written consent. Where the service involves the conduct of assessments, such as those undertaken as part of SEHA, consent is required from a parent or guardian.

In secondary school settings, most client contact will be covered by implied consent. Parents may need to be contacted for consent in some situations, for example when a referral is required. An emergency situation does not require consent. See below for information when a client is determined to be a 'mature minor'.

At times there are concerns about the health and wellbeing of a child, and standard methods of communication and efforts to gain consent fail to elicit a response from a parent (or guardian). Pursuant to the *Health (Miscellaneous Provisions) Act 1911*, section 337(1); nurses may examine medically and physically, a child attending any school as the nurse deems necessary. In this situation the nurse is to consult with their manager prior to examination and advise the school principal or delegate.

## Mature minors

The law in Australia recognises this concept of the 'mature minor', which is founded in common law. The law states that a child under the age of 18 years is capable of giving effective consent if they fully comprehend the nature, consequences and risks of the proposed action, irrespective of whether a parent consents.<sup>13</sup>

The assessment of a child as a 'mature minor' is not made on the basis of the child's chronological age alone and does not need to involve an accompanying parent or guardian. It is based on the child's experience, emotional maturity and intellectual capacity. The development of these attributes is a continuum and varies from one child to another. There is no cut-off point, other than the time when a child reaches the age of 18 years and is recognised by law as an adult. Consequently, health workers must assess each child's competence on a case-by-case basis for each issue.<sup>13</sup> Refer to *Working with youth: A legal resource for community based health workers* for further information.<sup>13</sup>

## Confidentiality and information sharing

Health professionals have a duty of care to maintain the confidentiality of all information obtained in the course of providing health care to clients of any age. The duty means that information cannot generally be released to others without the client's consent or, where 'incompetent' due to conditions such as intellectual disability, psychiatric illness or an acquired brain injury, the permission of the client's legal guardian (usually a parent).<sup>14</sup> This is a fundamental legal duty of health professionals.

Explaining the concept of conditional confidentiality early in a consultation with a client is important so that clients understand the limits to confidentiality, including situations when there is a serious risk of harm to the young person or to others. For more guidance, including limits of confidentiality and information sharing, refer to the *Memorandum of Understanding between the Department of Education, CAHS and WACHS* and *Working with youth: A legal resource for community based health workers*. Displaying the conditional confidentiality poster (CAHS-CH or WACHS as relevant) in the location where the nurse consults with clients is recommended.

## Staffing, skills and education

School health services are delivered throughout the metropolitan region by CAHS-CH and in country and regional areas by WACHS. It is the responsibility of the Health Service Providers to ensure that nurses delivering school health services are registered with the Australian Health Practitioner Regulation Authority (AHPRA). Nurses are required to have relevant qualifications, skills, training and supervision as identified by the Registered Nurse Standards for Practice<sup>15</sup> and the National School Nursing Standards for Practice.<sup>16</sup> These professional standards and policies for nurses include codes of conduct, standards for practice, and codes of ethics. Nurses may have additional qualifications or experience including child and adolescent community health (or similar); mental health; and maternal, child and family health.

The Health Service Provider will ensure appropriate staffing levels to provide health services to meet the school population needs and characteristics at the local level.<sup>2</sup> It is acknowledged that services are responsive to factors such as population change and dispersion, and population demographics including family, cultural, ethnic and socio-economic diversity.

Nurses will complete a service orientation and comply with the following local requirements:

- Child and Adolescent Community Health Practice Framework – Community Health Nurse (School)
- WACHS Nursing Learning Framework.

Related policies, procedures and guidelines
The following documents can be accessed in the <b>Clinical Nursing Manual</b> via the <a href="#">HealthPoint</a> link, <a href="#">Internet</a> link or for WACHS staff in the <a href="#">WACHS Policy</a> link
Clinical handover - nursing
Health promotion in schools
Mental health in adolescence
School-aged health services - primary
School-aged health services - secondary
Sexual health in adolescence
Vulnerable populations
The following documents can be accessed in the <a href="#">CAHS-CH Operational Manual</a>
Consent for services
Consent for release of client information

The following documents can be accessed in the <a href="#">CAHS Policy Manual</a>
Child and Family Centred Care
The following documents can be accessed in the <a href="#">Department of Health Policy Frameworks</a> or Government of Western Australia
Clinical Handover Policy ( <a href="#">MP0095</a> )
Clinical Incident Management Policy ( <a href="#">MP 0122/19</a> )
Consent to Treatment Policy ( <a href="#">OD0657/16</a> )
Guideline on <a href="#">Information Sharing for Government and Non-government agencies</a>
Guidelines for protecting children 2015 ( <a href="#">OD - 0606/15</a> )
Health (Miscellaneous Provisions) Act 1911 – <a href="#">WA Legislation</a>

### Related forms

The following resources and forms can be accessed from the <a href="#">CAHS-Community Health Forms</a> page on HealthPoint
Clinical handover /Referral form (CHS663)

### Related resources

The following resources and forms can be accessed from the <a href="#">CAHS-Community Health Resources</a> page on HealthPoint
Community health staff
<a href="#">Limits of Confidentiality poster</a>
<a href="#">Mandatory Training and Practice Framework (CAHS-CH)</a> – for Community Nurse (School)
MOU between DOE, CAHS and WACHS for the provision of school health services for students attending public schools: 2020-2021
Negotiating a school first aid system
Information sessions for Education Staff (4 lesson plans)
School Activity Record
School Profile
Working with Youth: A legal resource for community-based health workers

Consumers (parents and schools)
All about school health services
Community Health Nurses working with primary schools (flyer for school staff)
Community Health Nurses working with secondary schools (flyer for school staff)
Health information for parents with children starting school
Health information for parents of upper primary students

### Related WACHS resources

[WACHS School Health Intranet page](#)


[Limits of Confidentiality Poster](#)

### References

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13. Department of Health Western Australia. Working with Youth: A legal resource for community-based health workers. Perth 2007 (Revised 2013).
14. Department of Justice. The Guardianship and Administration Act 1990 (GAAA). Perth: Government of Western Australia; 1990.

15. Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice. Melbourne: Nursing and Midwifery Board of Australia; 2016.
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This document can be made available in alternative formats on request for a person with a disability.

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