

Silos and Systems

The relationship between schools and health services in New Zealand

AUT

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The Study



Research Question:

What is the relationship between primary schools and health services in New Zealand, and how is this influenced?



Aim:

To explore the experiences of school staff in working with health services to better understand the facilitators and barriers to this relationship.

Justification



Lack of formal education and persistent poor health negatively impacts long term outcomes for children and young people



Few countries mandate for inter-sector collaboration



Education and Health are interdependent



Limited studies that examine the day to day working relationship



An opportunity to determine how health services are perceived in the education setting

New Zealand Context



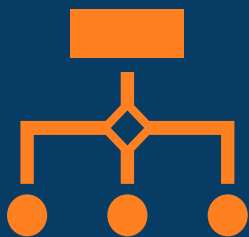
Health services in primary schools have received little attention



Academic and health outcomes for our most disadvantaged children are poor



The self-governing nature of schools complicates the ability to work together



There is no formal requirement for Health and Education to work together



Schools offer an accessible location to deliver health services

Methodology & Methods

Multicase Study Design

Data gathered through individual interviews with school staff



Cases = 3 primary schools drawing from different socio-economic communities

Additional data collected through:

- Field observation
- School profiling
- Questionnaires
- Review of PLD



Data Analysis

Data analysed using different approaches including thematic and content analysis

Cross case analysis performed
Findings collated as a cross case report



The initial findings collated as three individual case reports

In accordance with the methodological approach, the findings are presented as Cross Case Assertions (statements of fact)



Participant Quotes



- “If we’re talking about onsite delivery of health, then you need to build it, you need to build capacity around visibility and connections...”***
- “You’re so damn busy trying to get the educational side of things done and just running the classroom and teaching the kids, as well as the usual meetings, PD and everything, that you run out of time to search for healthcare...”***
- “I think what we lack here is visibility of health services. As a result we get stuck with a child and we don’t know where to go next, because we don’t have a link, or a person, or even a contact...”***

“ What we need is happy, healthy kids...the learning comes when they're happy and healthy ... ”

“ At my last school, having access to health services was awesome. It helped me understand my learners and how to help them with their learning. It helped the learners with their learning and it helped the family support the learner....and that's just having the public health nurse alone... ”

“ Some teachers couldn't be bothered doing it (making health referrals), and don't do it, so those kids miss out... ”

“ We do kind of know that health affects learning, but we try and get on with it ourselves rather than thinking of it as a health problem... ”



Findings



1. The relationship between education and health services is one of referral



2. Visibility of health services in schools influences the relationship



3. How school staff perceive their professional role influences how they relate with health services



4. Onerous processes to access health services, influences the relationship



5. Higher decile schools have a weakened relationship with health services due to less visible health service support

Findings



6. School staff view health services as physically and philosophically separate to education



8. The relationship between schools and health services can be facilitated through a nurse



9. It is usual for classroom teachers to be removed from having a direct relationship with health services



7. A shared understanding of the interdependence of learning and health, assists in strengthening the relationship



10. School staff perceptions of their role in supporting the health and wellbeing of their students sits on a spectrum

Recommendations

Policy:

- ✓ Implement a Ministry of Education led directive that specifies schools' requirement to collaborate with providers of health services
- ✓ Implement a Ministry of Health led directive that specifies DHBs requirement to collaborate with providers of state funded education



Recommendations

Practice:

- ✓ Establish an intermediary entity that is committed and to a broader agenda and to implementing the directives
- ✓ Develop a model for universal health service delivery in schools
- ✓ Leverage off existing infrastructures in both Education and Health that support collaboration and interagency working
- ✓ Provision of dedicated health spaces within low decile primary schools



Whare Hauora



Recommendations

Workforce Development:

- ✓ Invest in the development of school nursing in New Zealand, both as a workforce and as a career development pathway for community nurses
- ✓ Review the undergraduate teacher training curriculum, and ongoing professional development programmes for qualified teachers



Recommendations

Further Research:

- ✓ How health professionals view their relationship with schools
- ✓ The perspectives of children and their caregivers on accessing and utilising health services through, and in schools
- ✓ Teachers expectations of their professional role in supporting the health and wellbeing of their students
- ✓ Exploration into models of intersectoral collaboration between education and health and their utility in the NZ context



Limitations

- ✓ **Generalisability: Each case was unique and had notable differences which influenced their relationship with health services**
- ✓ **The study focused on school staff perspectives and not health service providers, thus limiting a more holistic overview of the relationship**
- ✓ **The study was conducted in one geographical area**



Conclusion

The most compelling finding in this study is the lack of **supporting infrastructure** and directives for **intersectoral working** despite overwhelming evidence of the benefits of doing so

There is an unequivocal need for education and health providers to work more **collaboratively** and **efficiently** from the onset of schooling if we seek to improve both **education and health outcomes** for the children and young people of Aotearoa New Zealand





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Questions?



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