

# **Improving the Health of Young People**

Guidelines for  
school-based  
health care

Cover:

We are grateful to staff and students of  
Wellington High School's Year 12 English class  
for agreeing to be photographed.

The photos were taken by Robyn Greening.

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MANATŪ HAUORA

# Foreword

Research tells us that as a population adolescents tend to be under users of health services. A 2001 survey of 10,000 New Zealand secondary school students found that around 50 percent of students did not seek health care when they needed it. Students gave a variety of reasons: not wanting to make a fuss; being too scared, and being worried their parents might find out. For some, cost was a problem. Concerns about confidentiality worried others.

Internationally, a growing concern about the wellbeing of young people is being matched by research that shows a range of adolescent health problems can be avoided if young people are connected into health services and have access to ‘youth friendly’ primary health care.

The challenge for health professionals is to find ways to connect with adolescents and develop relationships of trust, so good health practices and regular health checks become a normal and acceptable part of young people’s lives.

The evidence suggests that school-based and youth-specific health services are effective in connecting young people to health care, particularly young people from high need populations.

Implementation of the Primary Health Care Strategy will be a key approach to assist in meeting the needs of adolescents.



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The guide draws on and incorporates the experiences and resources of the following schools that have been among the pioneers in school-based health service development: Papanui High School, Christchurch; Western Heights High School, Rotorua; Rotorua Girls High School, Rotorua; Rotorua Boys High School, Rotorua; Rotorua Lakes High School Rotorua; Otahuhu College, Auckland; and Kaipara College, Auckland.

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# Introduction

In June 2003 the Ministry of the Health held a workshop in Auckland to develop guidelines for school-based health services, with a particular focus on services in secondary schools. This was part of a wider initiative to improve access to primary health care for New Zealand's young people. The workshop brought together a cross-section of people with an interest in youth health, an interest in improving access to health care for young people, and a specific interest in school-based health care.

The workshop aimed to:

- create better links between health professionals and educators
- identify issues of concern to both sectors
- get a clearer picture of current health care provision in secondary schools
- gain consensus on the key operating principles for school-based health services and the basic steps when setting up such a service.

This booklet is one of the outcomes of the workshop. It brings together the perspectives of educators, health professionals and students into a guide for health professionals looking to work with schools to improve the health of young people.

# An Educator's Perspective

The education sector's focus is on student engagement and achievement in education. Poor physical, mental or emotional health may be a barrier to this. Educators are in favour of health sector initiatives that assist children and young people and their families to identify and resolve health issues.

For health services to be effective in a school context, health and education staff need to take a collaborative approach as they both focus on the wellbeing of children and young people. Each group needs to see the other group as assisting them in achieving their goals. Therefore, educators need to see health services supporting them to achieve the goals of student engagement and achievement in education.

The implication of this is that health care services in schools need to link with other initiatives in the school aimed at achieving student engagement and educational achievement. Health care services need to contribute to building a climate of health and wellbeing for all. For emotional wellbeing, a mental health focus is vital, not just a physical health focus.

# Current Approaches to Health in Secondary Schools

Every school has a responsibility under the Education Act 1989 to provide a safe physical and emotional environment for their students.

A growing number of schools are taking a whole-of-school approach to students' wellbeing – linking all aspects of school life into a health promoting framework.

Some schools have formally adopted the World Health Organization's Health Promoting Schools model, advocated by the Ministry of Health.

## Health Promoting Schools

Health Promoting Schools is a whole-of-school approach to promoting student, staff and community health and wellbeing. It aims to help schools:

- connect the physical, emotional, social, spiritual and environmental aspects of health
- create the best possible learning environment for students
- create a pleasant and healthy workplace for staff
- strengthen school-community links
- empower community members to participate actively in the school.

It is an ongoing process that forms an integral part of the school's way of being – part of the school's everyday business.

For those who want to know more, the Health Promoting Schools website – [www.hps.org.nz](http://www.hps.org.nz) – backgrounds the Health Promoting Schools' philosophy and practice.

Local public health nursing services can provide more information.

## **Most schools provide some level of health care service**

Most secondary schools provide some level of health care service for their students. Nearly all have guidance counsellors, and most have regular visits from the public health nursing service. Some schools have full-time school nurses and many have access to Family Planning Association services.

A growing number of schools are seeing the benefits of developing more comprehensive student support centres, and Wellness Centres have become a feature in some schools.

## **Many are parent-initiated**

Many school-based services have been local initiatives, with parents and local GPs (often parents themselves) getting together with school principals and boards of trustees to organise some level of health care provision.

- In Rotorua, a GP parent's concern about Western Heights' student health led to the start of a health service at Western Heights High School in 1997. With the support of the Rotorua General Practice Group, this initiative was built on and progressively extended to all Rotorua high schools over the following 5 years.

## **Models vary between schools**

The models of school-based health services vary from school to school, with different scales of service and different sources of funding.

- Kaipara College north of Auckland received initial funding from the Ministry of Education's Innovations Funding Pool to help set up its student health centre. A public health nurse operates this service with the support of a guidance counsellor and student peer support workers. The school meets the cost of the service from its own funds.
- Auckland's Otahuhu College's new student health centre aims to provide a comprehensive primary health care service to the 1000 plus students of Auckland's largest multicultural school.

The new service builds on and extends the health service already provided by the school. It is a ‘joint venture’ between the college and South Seas Healthcare, receiving both education and health funding.

- The Wellington Independent Practitioner Association (WIPA) set up health clinics in four Porirua schools in 2001. Each clinic now has its own ethos, with its own ‘board’ comprising representatives from the board of trustees, students, clinic staff, WIPA and the public health service.

As the examples show, there is no one way to provide health care in schools. However, experience has shown that, regardless of the model or the scale of the initiative, there are certain steps that are necessary if a successful outcome is to be achieved. These steps are outlined in the next chapter.

## **The importance of a good relationship between health professionals and educators**

Experience provides some useful pointers for Primary Health Organisations (PHOs) and other health professionals beginning a relationship with schools.

- When considering schools as a setting for health care services, it is important to be aware of schools’ priorities and educational imperatives, and to be sensitive to the pressures on teaching staff.
- Proposed initiatives need to be described so their contribution to improving students’ health and education is explicit.
- Encouraging a whole-of-school approach to student health and wellbeing is likely to lead to better overall health – at a lower cost.
- Health initiatives have the potential to link with teachers’ delivery of the health and physical education curriculum. Health professionals need to be aware of the content and breadth of the curriculum, and the extent to which classroom learning is contributing to better knowledge about health.
- Part of the learning in the curriculum is about health care in the community. Making community-based health services more visible to students may be as important as delivering services on the school site.

# Setting up a Health Care Service in a Secondary School

## Step 1: Identifying need

The first step is to assess the school population's health care needs. There may already be services or programmes coming into the school.

- Is the school a part of the Health Promoting Schools network?
- Does the school have specific policies relating to health?
- Does the school have a guidance counsellor or a visiting social worker?
- Does the school have a school nurse?
- Does a public health nurse visit the school regularly?
- Do students have access to Family Planning Association services?
- Do other health promotion groups or resources come into the school?

Talk with the principal about surveying students to get a better idea of their needs. Before any decision is made about service provision, students' views about what should be provided need to be canvassed. This is fundamental to a youth development approach to health. What students think is important may not necessarily coincide with adult perceptions or assumptions.

The student survey could form part of the consultative phase of the project (see Step 2). There might be an opportunity to incorporate it as a part of the classroom teaching of the health and physical education curriculum. This would be a practical way of demonstrating how a health centre's health activities can link in with the curriculum.

## Step 2: Consulting with stakeholders

When the draft proposal has been drawn up, consult with the stakeholders of the proposed service.

There are several key groups whose support for the project is critical to its success: students, the principal and staff, the board of trustees and parents.

In some settings, it will be appropriate to involve iwi. In schools where there is a diversity of ethnicities, involving the wider community may be a critical factor in the acceptability of the service.

Other PHOs and/or general practices in the school zone may also need to be consulted.

While research indicates that the majority of parents, students and educators are likely to support the idea of school-based health services, each of the stakeholder groups will almost certainly have some concerns that will need to be addressed.

**Students** are likely to be concerned about privacy and confidentiality, and about the siting and staffing of the service. Students should have the opportunity to raise any concerns and have them addressed. A student representative on the service's management committee is desirable.

**Principals** may have concerns about possible additional administrative responsibilities associated with the service. They may also have concerns about students leaving classes and discipline. Principals and staff may share concerns about the potential for the 'medicalisation' of students with behaviour problems.

**Staff** may have concerns about disruption to classes. They may also feel they are having a further responsibility imposed on them by having to deal with another dimension of students' lives. Staff may welcome the opportunity to refer students with health-related issues to a health professional. It is important to be aware that

different privacy and confidentiality protocols apply in the education and health sectors. This is one issue that needs to be worked through carefully.

**Parents** may have concerns about their children seeking care or advice without their knowledge. Some may have concerns about doctors other than their own GP seeing their children. Others may have concerns specifically about access to sexual health advice and contraception.

**Boards of trustees** are likely to reflect the issues raised by the wider parent body, but may also have concerns about governance and the service's financial viability and sustainability.

## **Step 3:**

### **Working out what is feasible**

Reassess the draft proposal in light of the feedback and support from the school community.

#### **Funding**

- Is funding available for the service?
- What is the likely level of funding?
- Where will funding come from?
- How sustainable is the service?
- Is the school willing to fundraise to extend the service beyond the original proposal?
- Are there other funding sources that could be tapped?

Each school-based health service is unique, and very few are funded in exactly the same way. Some school health services are funded directly by their District Health Board, others are funded by their PHO or local independent practitioner association. A few low decile schools who are part of the AIMHI School Project have funding from the Ministry of Education. In some instances, the school community has supplemented the health and education funds with their own fundraising efforts.

In most instances, schools have provided the premises, and the health sector has provided the services. However, who will pay for the consumables needs to be discussed.

#### **Services**

- What services do the students want?
- What services do parents and school management want?
- Which service is it feasible to provide?
- Is there a possibility of working with other health providers?

Very few school-based health services are in a position to offer all the services that the students or the school might want. To start off, assess where the priority lies, taking into account the profile of the

school's student body, the students' expressed preferences, and the services most likely to reduce health inequalities.

## **Staffing**

In light of the expressed preference for the service's focus, consider what skills or roles are most appropriate for the staff of the service:

- peer supporters
- school nurses or public health nurses
- nurse practitioners
- nurses with mental health training
- GPs.

## **Hours**

Consider how many hours per day or week the service would operate. Experience suggests that a service needs to be open at least 20 hours per week to establish itself in students' consciousness.

## **Step 4: Finding a suitable location**

Ideally, the service will have its own space and not be part of the staff and administration block. Seek input from students when choosing between sites.

Privacy and confidentiality are extremely important to young people. They are concerned about gossip, about being made fun of, and about adults sharing confidential matters with each other. Research has shown that some teens would forgo treatment if they thought their parents would find out.

Students need to be able to come and go from the health centre without it being obvious that they have been there. The waiting area should be out of sight of other students and staff.

Some centres have taken great care to place the consulting rooms in areas that can be accessed (or exited) through more than one door.

In practical terms, the consulting room(s) need to have sufficient space for a bed and toilet facilities. The space needs to be welcoming and conducive to students' talking things through.

Involve students in designing and decorating the space.

## Step 5: Recruiting staff

Empathy and expertise are the two vital qualities for staff working with young people. From the person on the reception desk to the visiting general practitioner, all need to have a knowledge and an understanding of young people's issues from a youth development perspective.<sup>1</sup> Most importantly, the whole service must engender trust.

Surveys show that these qualities are more important to young people than whether the staff member is male or female, young, or from the same cultural background. What alienates young people is a feeling that they are being judged or patronised or not listened to.

The person at reception (the student's first point of contact) is arguably the most important person on the staff. Ideally warm, wise, sensitive, intuitive, patient and well organised, this person may single-handedly determine the service's success. Some student support centres say that a reassuring chat with this person is often enough to allay student concerns and avoid the need for further consultation.

Some services report that getting young men to use the service is still a challenge. Having a male presence in the service – perhaps as peer supporters or in the general practitioner role – should be canvassed with students in the consultation phase. If that is not an option, young men should be made to feel welcome by having advertising and service options that are specifically targeted to them.

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<sup>1</sup> Ideally all staff in a school health centre should undertake some training in adolescent health. As a minimum, core skills training is available through the Centre for Youth Health. There is also a diploma course.

## Step 6: Developing practice policies

Students, the school, parents and health practitioners need to have a clear understanding of the school health service's policy on consent and confidentiality.

Young people's and their families' rights, and health practitioners' obligations, are covered in legislation and codes of practice.

In *Consent in Child and Youth Health* the Ministry of Health (1998) clarified some of the grey areas around the issue of consent and young people. An electronic version of this booklet can be accessed on the Ministry's website, [www.moh.govt.nz](http://www.moh.govt.nz). The section below is drawn from this resource.

### Consent

#### **At what age may a young person give consent to health care?**

Under the Guardianship Act 1968, *young people over the age of 16* may consent to health care procedures. As with any adult, a health care practitioner may overturn this right if there are reasonable grounds for believing the person is not competent to give their informed consent.

*Young people under 16* may consent to their own medical treatment in the case of:

- abortion – parental consent is not required whatever the age of the young person (section 25a Guardianship Act 1968)
- contraceptive advice and treatment (repeal of section 3 Contraception, Sterilisation and Abortion Act 1977).

In all other situations, the legal position is governed by the Code of Health and Disability Services Consumers' Rights and common law. New Zealand courts generally accept as binding a House of Lords' decision that a child's ability to give effective consent to medical treatment *depends on the child's individual capacity to make an informed decision*.<sup>2</sup> The decision rests on the principle that

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<sup>2</sup> See *Gillick v West Norfolk and Wisbech Area Health Authority* [1985] 3 All ER 403 (HL).

children are individuals who grow in intelligence, competence and autonomy as they move towards adulthood.

Before providing medical treatment for someone under the age of 16, the practitioner must determine whether the young person has the understanding and maturity to form a balanced judgement about the proposed treatment. If so, the young person can be treated with their consent and without parental consent being obtained; if not, parental consent must be secured before treatment is given.

The House of Lords stressed that practitioners should make every effort to encourage the young person to involve his or her parents. This approach respects young people's participation rights, parents' wish to be a part of decisions affecting their children, and cultural practices.

## **Privacy and confidentiality**

Privacy and confidentiality are significant issues for young people seeking health care.

It is important that health care professionals are sensitive to young people's confidentiality concerns, and that a school-based health service has policies and practices that respect young people's needs and rights.

Improving young people's trust in the confidentiality around health consultations will remove one of the greatest barriers to teenagers seeking health care.

### **Key points**

- Confidentiality applies to all information gathered and received during the course of a consultation. Health professionals have a duty to protect this information. It must not be disclosed to a third party unless the young person agrees.
- The exception to absolute confidentiality is *The Three Harms*: if someone might harm the client; if the client might harm themselves; or if the client might harm someone else, it is necessary, justifiable and legally defensible to discuss the situation with other appropriate professionals. In such a case

the client should be advised of the need to discuss the situation with someone else, and the reason why this is necessary.

- It is important that young people are told what information is being collected, why it is being collected, who will hold it and who will have access to it.
- Every practice should have a clear and explicit privacy and confidentiality policy that all members of the practice have signed up to. The policy should be set out in any leaflets and on posters on reception area walls.
- For most adolescents, their family/whānau will be their greatest source of support, and health professionals should encourage young people to talk to their parents or to allow the health professional to do so on their behalf.

### **Privacy of health information of young people under 16**

The Health Information Privacy Code provides that where a person is under the age of 16, the parent or guardian of that person is their representative. Under the Health Act 1956 any person *or their representative* may have access to health information held about them.<sup>3</sup>

This suggests that where a young person **under 16** has consulted a school health service, the parent or guardian of that young person has a right to access information about the individual's health status and the health services involved. However, the Health Information Privacy Code sets out exceptions to the Code.

Health professionals may refuse to disclose information if:

- they have reasonable grounds to believe that the young person does not want the information to be disclosed
- the disclosure of the information would be contrary to the young person's interests.

### **Privacy of health information of young people 16 and over**

From the age of 16, young people have full control over their health information.

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<sup>3</sup> See section 22F Health Act 1956.

The only situation where information may be disclosed without the young person's agreement is 'to prevent or lessen a serious threat to the health or life of an individual' – but even in these circumstances the health professional may decide not to disclose.

## **Sexual and reproductive health care issues**

Surveys show that sexual health and contraception are concerns for many adolescents. Existing school health services report that young people's ability to access good advice, as well as contraceptives, is reducing the number of unwanted pregnancies and unsafe sexual practices among students.

However, in some communities there may be concerns about school health services providing contraceptives, particularly to under 16-year-olds.

- There is no legal impediment to young people of any age having access to contraceptive advice or contraceptives, but, ideally, schools will have consulted with their communities over this issue.

The New Zealand Health and Physical Education Curriculum, which contains the goals for learning in the area of sexuality education, says:

- The whole school community should be involved in developing policies and practices that support learning in this curriculum. Healthy school communities are those in which a commitment to hauora is consistently reinforced in the classroom, in the whole school environment, and in positive relationships with parents and caregivers.

Health care professionals working in school settings will need to balance their responsibilities to individual patients with the overall school policy on the subject.

More detailed information on health professionals' obligations in respect of confidentiality and privacy in health settings is available in:

- Health Information Privacy Code 1994
- Privacy Commissioner. 1999. *On the Record: A practical guide to health information*. Auckland: Privacy Commissioner.

## **Step 7:**

### **Protecting records**

Particular care needs to be taken to protect the confidentiality of health records, and to ensure that *only those directly involved in the treatment and care of the young person have access to case notes*.

Paper records should be locked away and computer-based notes secured appropriately.

Inadvertent disclosure (for example, through appointment reminder notices being sent to home addresses) is a risk that needs to be guarded against when developing privacy and confidentiality policies.

### **Storage and security**

The storage and security of health information needs to be considered carefully. The Health Information Privacy Code requires health information to be protected by such security safeguards as is reasonable in the circumstances against:

- loss
- access, use, modification or disclosure, except with the authority of the agency
- other misuse.

The Code provides a range of suggestions for ensuring the security of records, whether they are paper based or electronic. These are comprehensive and practical and are worth referring to.

The Code acknowledges that different systems for protecting records will apply in different settings, in light of the different risks that may exist in each setting. Since health service delivery in school settings is likely to take a variety of forms, there will not be one ‘right way’ to protect records.

However, no matter the size or shape of the service, there is a basic principle that applies to the protection of health information: put the best interest of the patient first.

This may mean the practitioner has access to the patient's records in more than one place, and that more than one practitioner has access to the records. However, it also means that the individual's privacy needs to be addressed with clear identification of who has access to case notes. To that end, an agreed confidentiality and privacy protocol needs to be in place.

## **Step 8:**

### **Developing protocols with other practices**

Students attending the school health service may be registered with another practice or Primary Health Organisation. It is advisable to consult with other practices in the school's catchment area about the implications of this.

If there are other PHOs in the catchment area, it may pay to discuss reimbursement options with the local District Health Board or the Ministry of Health.

There is also the issue of out-of-school and school holiday coverage of students' health needs.

- How can these best be met?
- What information do students need to locate health service providers over school holidays?

Ensuring continuity of care for students is important.

## **Step 9: Clarifying governance issues**

It is important to be clear where accountability for the health service lies.

A formal agreement should be drawn up between the health service provider and the school, documenting:

- the roles and responsibilities of both parties
- the school's policies
- financial arrangements
- the facilities to be provided by the school
- key contact people for each organisation
- reporting requirements.

In the Rotorua schools model (discussed on page 4), the schools have overall governance responsibility with the independent practitioner association or PHO responsible for clinical governance, answerable to the local District Health Board. In this model, the school decides the extent to which students have a say. The school maintains veto rights over using specific general practitioners.

## **Step 10:**

### **Promoting and launching the service**

Before the health service starts, it is important that students, staff and parents know:

- where to find the service
- who will staff the service
- what services will be provided
- what hours the service will be open
- the service's policies on cost, consent and confidentiality.

All of this information can be included in a simple pamphlet with copies given to every student and their families.

A practical idea for students is a business card they can put into their wallets with the centre's opening hours and telephone number(s).

Promoting the health service and keeping people informed about the services it provides need to be ongoing.

New students entering the school each term will need to be informed about the service. Some school health centres introduce their services by doing a 'How are you?' interview with each new student; others give new students and new teachers a tour of the centre. At Rotorua's Western Heights High School, this orientation is provided by the students' Year 13 class buddies.

The centre may want to promote particular topics or introduce new staff or services. In some schools, centre staff talk to school assemblies; in others, they run a regular column in school newsletters.

The more the school and its community know about the service – how it is working and the impact it is having – the more likely it is to be valued and supported.

## **Step 11:**

### **Devising a monitoring system**

Each school-based health service needs to have a clear objective. This is likely to vary from service to service and will depend on the service's capacity and the resources available to it.

Even the most modest service needs to be clear about what it wants to achieve, so that it can assess how effective it has been, and justify ongoing or additional funding. An innovative service is more likely to gain support and funding security if it is demonstrably meeting its objectives and making a difference for the students and community it serves.

Data on the number of consultations, by age, sex, ethnicity and the reason for the consultation should be routinely collected to satisfy funder requirements. This information provides baseline data, so any changes in consulting patterns can be analysed, with questions raised by the data being explored in more depth.

When monitoring the service ask the following questions.

- Is the service improving access to health care for the most disadvantaged students (and making a contribution to reducing health inequalities)? Compare the profile of those using the service with the profile of the student body.
- Is the service meeting students' expectations in relation to confidentiality, privacy, empathy and general youth friendliness? Survey student satisfaction or run some student focus groups to gauge success on this count.
- Are there knowledge gaps among the centre's staff? Have young people presented with health problems that staff have had difficulty responding to? There may be resources or CME opportunities that could be tapped into.
- Is the school's academic staff happy with, and have confidence in the health service? If the school staff have any misgivings about the centre, the centre's resources may not be being used to maximum effect.

For extensive coverage of school-based health centre issues from quality assurance to presenting the case for school-based health to the media see, [www.healthinschools.org](http://www.healthinschools.org).

## **Operating Principles for School-based Health Services**

Participants at the workshop agreed that a good youth health service could become a great youth health service if six key operating principles were observed. These six principles are outlined below.

### **Promote a youth development philosophy, with a focus on keeping students well and building on their strengths**

School-based health services provide an excellent opportunity to put youth development principles into practice.

In school-based settings, a youth development approach can be applied in many ways.

- Involve young people as partners in making the school community healthier.
- Provide opportunities for learning and mastering new skills.
- Ask young people for their help and advice to make the new health service work effectively.
- Support young people and listen carefully to their concerns.
- Work to each young person's strengths and talents to help them develop their own solutions to their health concerns.
- Give as much attention to keeping young people well as to treating their ill health.

The Ministry of Youth Affairs' *Youth Development Strategy* is an excellent resource for people working with young people. It should be on all school-based health professionals' reading list.

### **Actively involve students in all aspects of the service, its design, governance and service delivery**

Being involved and having a say in how your environment is shaped is a health promoting activity. If students are involved from the outset in the development of a school-based health service, it is far more likely that they will value and use the service. As well, the whole school community benefits from tapping into young people's energy, creativity and ideas.

Students can be involved in a variety of ways in health centres, as the experience in existing school-based services shows; for example:

- as peer support workers
- on the management committee
- on the board
- as graphic designers and artists.

The Ministry of Youth Affairs has produced a useful resource on ways to involve young people. Get copies of *Keepin' it Real* from the Ministry of Youth Affairs or through the Ministry's website: [www.youthaffairs.govt.nz](http://www.youthaffairs.govt.nz).

### **Work with the school community to develop a health promoting environment for students and staff**

Ideally, any health service provided in a school setting will become an integral part of the school's educational programme, with health professionals supporting teachers in reinforcing and extending students' classroom learning experience, as well as helping to maintain students' physical and emotional wellbeing.

Many primary schools are already part of the Health Promoting Schools network. For these schools, incorporating primary health care into the school's operation will be a natural extension of an holistic approach to staff and student wellbeing. Other schools may be encouraged to take a wider view of health as a result of initiatives to introduce a primary health care service into the school.

### **Integrate the health messages promoted in the health centre with what is being taught and learnt in the classroom**

With health professionals and teachers on one site, there is an excellent opportunity to create links between health centre activities and classroom learning. The health and physical education curriculum provides plenty of scope for these groups to work together, reinforcing health messages and giving students the opportunity to apply or test what they have learned in the classroom.

There are four strands of learning in the health and physical education curriculum and at least two of them (Strands A and D) lend themselves to collaborative effort. The four strands are:

- Strand A: Personal health and physical development
- Strand B: Movement concepts and motor skills
- Strand C: Relationships with other people
- Strand D: Healthy communities and environments.

In Strand A, students develop the knowledge, understanding, skills and attitudes to meet their health and physical activity needs now and in the future. They learn about influences on their wellbeing and develop self-management skills to enhance their health.

In Strand D, learning focuses on the interdependence of students, their communities, society and the environment.

There are seven key areas of learning in the curriculum, at least five of which intersect with health professionals' areas of expertise:

- mental health
- sexuality education
- food and nutrition
- body care and physical safety
- physical activity
- sports studies
- outdoor education.

Some of the themes in the curriculum are particularly relevant to school health centres:

- learning about the health services available in the community
- understanding personal health, growth, sexuality and pubertal change
- managing risks around sexual decision-making, drug use and physical threat
- responsible behaviour and safe practices in relation to hygiene, nutrition, sexuality and drug use
- maintaining mental health and learning how to handle stress.

In many of these areas, health centre staff are likely to have specialist knowledge and skills they can share with and use to support the classroom teachers.

### **Encourage the professional development and ongoing learning of the centre's staff**

Adolescent health is a specialist area of knowledge and practice. It is also a growing area for research. In New Zealand, few health professionals are formally qualified in youth health and the opportunities to gain qualifications have been limited. This is beginning to change.

There are now opportunities to undertake postgraduate training in Youth Health Clinical Skills and Youth Health Population Perspectives at the Faculty of Medical and Health Sciences, University of Auckland.

The Centre for Youth Health at Middlemore in Auckland runs workshops during the year on aspects of adolescent health. These are designed for a wide range of people who work with youth. For more information about these courses and the postgraduate courses at the University of Auckland, email [cfyh@middlemore.co.nz](mailto:cfyh@middlemore.co.nz). (A similar centre is being set up in Christchurch to complement and work with the Auckland Centre for Youth Health. The Christchurch centre plans to run the Auckland diploma course as well as periodic research seminars.)

Aside from this formal training, staff should be encouraged to join an appropriate professional organisation and to follow local and international websites with a youth focus. The New Zealand Association for Adolescent Health and Development can be found at [www.nzaahd.org.nz](http://www.nzaahd.org.nz).

### **Take care to see that the service's policies and practices contribute to reducing, not increasing, health inequalities**

Reducing health inequalities between populations is a Government priority. A large part of the rationale for extending school-based health services is to improve access to health care for those young people who are least likely to be linked into the primary health care system. Māori, Pacific peoples and young people from disadvantaged neighbourhoods are among this group.

Each health centre will need to take steps to make sure its client profile reflects the school's student body. There is some risk that only those young people who are already confident in accessing health services may come to the centre. From the very start, each centre will need to go out of its way to make all students feel welcome. There are lots of ways of making centres user-friendly and most of these will be identified in the consultative phase of the project.

Regular monitoring of attendance patterns will confirm whether the service is successfully reaching all groups in the school.

# Resources for Youth Health Care

## Books

Adolescent Health Research Group. 2003. *New Zealand Youth: A profile of their health and wellbeing*. Auckland: University of Auckland 2003.

McPherson A, Donovan C, Macfarlane A. 2002. *Healthcare of Young People*. Oxford: Radcliffe Medical Press.

Minister of Health and Minister of Youth Affairs. 2002. *Youth Health: A guide to action*. Wellington: Ministry of Health.

Ministry of Education. 1999. *Health and Physical Education in the New Zealand Curriculum*. Wellington: Ministry of Education.

Ministry of Health. 2002. *New Zealand Youth Health Status Report*. Wellington: Ministry of Health. Available only at [www.moh.govt.nz](http://www.moh.govt.nz).

Ministry of Youth Affairs. 2003. *Keepin' it Real*. Wellington: Ministry of Youth Affairs.

Privacy Commissioner. 1999. *On the Record: A practical guide to health information*. Auckland: Privacy Commissioner.

Privacy Commissioner. 2000. *Health Information Privacy Code*. Auckland: Privacy Commissioner.

## Websites

[www.fpanz.org.nz](http://www.fpanz.org.nz) – The New Zealand Family Planning Association. (The site incorporates The Word – a site providing sexual health advice for young people.)

[www.healthinschools.org](http://www.healthinschools.org) – An American site covering a range of topics related to the delivery of health services in schools.

[www.hps.org.nz](http://www.hps.org.nz) – New Zealand Health Promoting Schools.

[www.nzaahd.org.nz](http://www.nzaahd.org.nz) – The New Zealand Association for Adolescent Health and Development.

[www.urge.co.nz](http://www.urge.co.nz) – New Zealand health information targeted at young people.

[www.youth2000.ac.nz](http://www.youth2000.ac.nz) – The results of the survey of the health and wellbeing of 10,000 New Zealand secondary school students.

[www.youthaffairs.govt.nz](http://www.youthaffairs.govt.nz) – The Ministry of Youth Development website.