



Department of **Education**

Department of **Health**

**This document represents a Memorandum of Understanding
between:**

THE DEPARTMENT OF EDUCATION

AND THE

DEPARTMENT OF HEALTH

**FOR THE PROVISION OF SCHOOL HEALTH SERVICES FOR
SCHOOL STUDENTS ATTENDING PUBLIC SCHOOLS**

DURING THE PERIOD 1 JULY 2013 TO 30 JUNE 2016

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1 GENERAL INFORMATION

1.1 Introduction

For the purpose of this Memorandum of Understanding (MOU), School Health Services are defined as the provision of health services to students (kindergarten to year 12) who attend public schools, including 'Independent Public Schools'. Public schools are schools which have been established under section 55 of the School Education Act 1999.

School Health services are provided by Department of Health (DOH) Area Health Services, and are jointly funded by the Department of Education (DOE) and the DOH. Health services provided through the proposed child and parents centres and school dental health services are outside of the scope of this MOU.

This MOU is the overarching, State-wide Agreement between the DOE and the DOH. School Level Agreements are negotiated to guide service provision at the operational level, with due consideration of policy parameters, local needs, resources and circumstances. School Level Agreements may be informed by collaborative planning between groups of local Principals and Health Service staff.

The objective of this MOU is to set out the intentions of the parties about the provision of the School Health Services in Western Australia; to outline the operation of the local agreements; and to outline the various responsibilities of the parties to this MOU in relation to School Health Services.

The aim of School Health Services is to enhance the physical and mental health and development of children and adolescents. In brief, services incorporate the following broad areas; a) health promotion; b) early detection; and, c) access to specialist health expertise. These three areas are described in more detail in section 1.4.

The MOU acknowledges the collaboration required between parties and families, to enable optimal health and wellbeing among school-aged children and adolescents.

1.2 Term of the Agreement

This MOU is for a three (3) year period commencing on the 1 July 2013 and terminating on the 30 June 2016.

This MOU continues from the previous MOU 2010-2013 which ceased on 30 June 2013.

1.3 Outcomes

The outcomes of this MOU will include:

- Access to School Health Services for students attending Public Schools in Western Australia.
- Achievement of core activities outlined in sections 1.4.1, 1.4.2 and 1.4.3 in this MOU.

- The implementation of local agreements negotiated between school Principals and School Health Service staff.
- The collaborative implementation of the Health Promoting Schools Model in Public Schools as a means of promoting health and development for students.

1.4 School Health Services overview

School Health Services encompass a range of programs under the broad service delivery areas of health promotion, early detection and specialist health expertise. In each area, services are delivered in collaboration with families and local school staff. School Health Services aim to be flexible and adaptable within the limits of the resources available, to respond to the health needs of children and young people in schools. School Health Services enable DOH staff to contribute to student and/or pastoral service teams in schools.

Early detection programs aim to improve the health outcomes of those individuals identified as having physical and mental health or development problems, by enabling early referral for further assessment and treatment. The *School Entry Health Assessment* program is offered to all children at, or soon after school entry. Early detection is a central focus for School Health Services, which aim to be highly accessible for any child or adolescent for whom a health concern is identified.

Specialist health expertise refers to the clinical knowledge and skills which can be provided to individual children and adolescents, and to school communities by health service staff.

School health service staff advocate for and support schools to develop a range of health promotion strategies suitable for the school community. Health education and health promotion strategies are used to reach all students including those who may already be showing signs of ill-health, others who may be at risk, and also students who have no apparent risk factors. A health promoting school involves the whole school community.

Description of terms

Health promotion

Relates to a combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through knowledge, attitudinal, behavioural, social and environmental changes. Health education is a part of health promotion.

Health education

Relates to the formal school curriculum and particularly, the Health and Physical Education learning area. Health education involves teaching and learning programs which aim to develop knowledge, attitudes, values and skills to assist students to develop healthy, active lifestyles.

Primary health care

A first point of contact with the health system. Care which is highly accessible, responsive and appropriate for the target population ie. school-aged children and adolescents.

Health counselling

Consultation between an individual and a health professional with the purpose of building knowledge and skills, and empowering the individual to more confidently make decisions, self care and improve health outcomes.

Mental health

Mental health is not just the absence of mental disorder. The World Health Organisation defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mental health promotion

An umbrella term that covers a variety of strategies, all aimed at having a positive effect on mental health well-being in general, through development of individual resources and skills.

1.4.1 Primary school students (K-6/7)

Core activity

School Health Services are focussed on working with children, families (guardians) and classroom teachers for the early detection of physical and psychosocial health and development issues which may impede health, wellbeing and school achievement. Care provided to individual children and their families may entail assessment, brief intervention, health information, referral, monitoring and support. Health Service staff collaborate with student service teams to support children at risk of poor health and developmental outcomes.

Core activities include;

1. The *School Entry Health Assessment* program;
 - a. Vision, hearing and ear health screening for all children;
 - b. Targeted screening of any child for whom there is an identified concern regarding development;
 - c. Targeted weight assessment if a concern is raised by parent or teacher, and;
 - d. Assessment and/or support for other health concerns as indicated by parent or teacher, such as behaviour, dental health and enuresis;
2. Health assessment and monitoring of children in the care of the State, and;
3. Monitoring and/or supporting children at risk in collaboration with school staff.

Additional services which may be negotiated locally, depending on available resources and priorities;

- Facilitating and/or delivering school-based immunisation programs, if required;
- Supporting school staff and parents to develop health care plans for students with complex health needs;
- Facilitating/providing staff training to support students with health needs;
- Deliver practical demonstrations in use of adrenaline autoinjectors (EpiPens);
- Assisting schools to plan systems for delivery of first aid and emergency health care;
- Identifying priority health issues among the student population in order that the school community can address them;
- Assisting the school to plan and implement school health promotion initiatives;
- Helping to develop healthy school policies and practices;
- Supporting teachers in health-related curriculum, and/or;
- Providing information and advice to students and their families so they may make informed decisions about their health, wellbeing and development.

1.4.2 Secondary school students

Core activity

School Health Services for secondary students are primarily focussed on the provision of primary health care and health counselling for adolescents. School Health Services provide individual students with a first point of contact for health care so they may address a wide range of health issues. Care may entail assessment, brief intervention, health information, referral, monitoring and support. Health Service staff collaborate with student services teams to support young people at risk of poor psychosocial, mental health and physical health outcomes.

Core activities include;

1. Conducting open (drop-in) and/or appointment sessions on a regular basis in the school, in order that adolescents can readily access primary health care and health counselling;
2. Health assessment and monitoring of adolescents in the care of the State, and;
3. Monitoring and/or supporting adolescents at risk in collaboration with school staff.

Additional services which may be negotiated locally, depending on available resources and priorities;

- Supporting school staff and parents to develop health care plans for students with complex health needs;

- Facilitating/providing staff training to support students with health needs;
- Deliver practical demonstrations in use of adrenaline autoinjectors (EpiPens);
- Assisting schools to plan systems for delivery of first aid and emergency health care;
- Identifying priority health issues among the student population in order that the school community can address them;
- Assisting the school to plan and implement school health promotion initiatives;
- Helping to develop healthy school policies and practices;
- Supporting teachers in health-related curriculum, and/or;
- Facilitating and/or delivering school-based immunisation programs.

1.4.3 Education Support Students.

Core activity

School Health Services are focussed on working with school communities to support the range of health needs experienced by the students with disabilities.

Core activities include;

1. The *School Entry Health Assessment* program, as per 1.4.1, and as appropriate for individual children with disabilities.
2. Providing advice and support, and collaborating with school staff, parents and other health providers to develop health care plans;
3. Facilitating/providing staff training to support students with health needs;
4. Supporting school staff to provide health care needs, for example; medication provision, gastrostomy (PEG) feeds and tracheostomy care;
5. Supporting school staff to provide for basic needs (activities of daily living) such as toileting, feeding by mouth and mobility, and generally enabling students to access the curriculum.
6. Assisting schools to plan systems for delivery of first aid and emergency health care, and;
7. Liaison, advocacy and referral for a wide range of family and individual health needs.

Additional services which may be negotiated locally, depending on available resources and priorities;

- Helping to develop healthy school policies and practices;
- Deliver practical demonstrations in use of adrenaline autoinjectors (EpiPens);
- Supporting teachers in health-related curriculum, and/or;
- Facilitating school-based immunisation programs.

2 TERMS AND CONDITIONS

2.1 Management of the MOU

A Joint Consultative Group (JCG) with equitable representation from DOE and DOH, will oversee and monitor the implementation and performance of the MOU.

2.2 Joint Consultative Group Membership

Department of Education representation including;

- Senior officers, central office
- Regional officers

DOH representatives including;

- Senior Officers, Policy Unit (Statewide)
- Senior staff, Health Services
- Operational staff, Health Services

Other representatives, as required.

2.3 Mutual Obligations

Both parties agree that they share obligations for the services provided and undertake to maintain open, transparent and accountable processes to ensure the outcomes of the MOU as outlined in section 1.3, are met.

This MOU does not release either party from any obligations imposed on, or protections provided to, the parties by legislation or common law.

Where other guidelines, protocols or policies may apply to the operation of this MOU, and there is any inconsistency between these and this MOU in relation to the operation of any provisions of this MOU, a process of resolution should be commenced at the Joint Consultative Group.

2.4 Funding Allocation for School Health Services

Both parties will contribute to the funding of the School Health Services.

Both parties will maintain a minimum base funding equivalent to 2013 base funding and where agreed, provide additional funds to ensure the delivery of the School Health Services during the term of this MOU.

The total available base funds will be determined each year prior to 30 June, by DOH and DOE collectively, and should be subject to an agreed indexation rate associated with the cost of delivery which incorporates aspects such as award movements and will take into account movement in the student population.

DOH provides the School Health Services from within Community Health Service budgets. For the purpose of this MOU, DOE will contribute an initial base allocation of \$6,467,002 as per 2012/13. In 2012/13 and subsequent years, the DOE contribution will be calculated from the previous year's base allocation with annual indexation to keep pace with award changes and other service delivery costs.

The initial allocations for the agreement are:

	Base	Indexation	Escalated amount	Total Amount (with 10% GST)
2013/14	\$6,467,002	5.0%	\$6,790,352	\$7,469,387
2014/15	\$6,790,352	4.0%	\$7,061,966	\$7,061,966
2015/16	\$7,061,966	5.0%	\$7,415,064	\$7,415,064

In order for DOH to meet cash flow needs, DOH will provide DOE with two invoices, each for 50% of the total amount agreed by 1 January and 30 May respectively of each year. Upon receipt of the invoice, DOE agrees to payment by electronic transfer in January and June of each year to the DOH, which will administer these funds.

The DOH agrees to allocate DOE monies across Health Services to supply School Health Services and inputs into Public schools.

2.4.1 Department of Health Budget Uplift 2013-17

In 2013, the Western Australian Government announced a budget increase for School Health Services, adding \$38 million over four years. The DOH will strengthen School Health Services, including ten speech pathologists to work in association with Child Parent Centres. Area Health Services will employ staff and implement the service extension over the four year period.

2.5 Reporting Requirements

The Joint Consultative Group (JCG) will compile an annual report, to be forwarded in May, to the DOE and the DOH executives. The JCG's annual reports will include details of the School Level Agreement reports, and details of the JCG's review of the MOU.

Regional reports to monitor School Level Agreements will be forwarded to the JCG in April each year.

A statement of expenditure outlays equal to the sum received will be provided by DOH to DOE at the end of each financial year no later than 30 September. This will detail the expenditure items for the School Health Services and will be signed off by the Director, Policy Unit (Statewide), Child and Adolescent Community Health.

2.6 Variations

The operation of the MOU will be reviewed annually by the JCG. Reviews will be completed by May of each year.

Variations to this MOU may be agreed from time to time and will be made possible with the consent of both signatories. Where proposed variations are not agreed, the JCG will refer the matter to the respective Directors General for decision.

Once variations are agreed, they will be documented, signed and appended to the original MOU.

2.7 Disclosures

Where either party determines that internal or external forces will impact on the implementation of this MOU, then it is incumbent upon the party to disclose this to the JCG. When required, the departmental officers on the JCG will forward information to their respective Director General for a determination of an appropriate course of action.

2.8 Termination of the MOU

This MOU will operate for a three (3) year period, commencing on the 1 July 2013, to 30 June 2016 but may be terminated by mutual agreement of both signatories.

2.9 Dispute Resolution

Where either party determines that the terms and conditions of the MOU are not being observed, fulfilled or complied with, the party should refer the matter in writing, to the Co-Chairs of the JCG. The JCG will address the issues raised. If the JCG is unable to resolve the dispute, a brief will be prepared and a request, through appropriate Department processes, will be made to the Director General of Education and the Director General of Health, either to resolve the matter, or to refer it to an independent body for resolution.

Where school staff and local Health Service staff are in dispute over the implementation of the School Level Agreements, they will attempt to resolve it at the local level. If necessary, a mutually agreed third party may be called upon to mediate, and/or a request made for members of the JCG to mediate.

Where the JCG is approached by school and/or local Health Service personnel to assist in the conciliation of a dispute, it will either seek out an independent party to do so or determine a solution at the JCG. Where the dispute is unable to be resolved, it will be forwarded to the respective Director General.

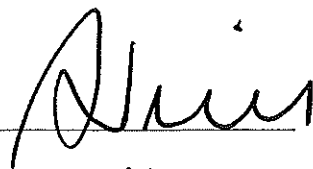
3 SIGNATORIES TO THE MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is valid for the period 1 July 2013 to 30 June 2016 and is for the provision of School Health Services for school students attending Public Schools.


Signatures

Ms Sharyn O'Neill
Director General
Department of Education

Date: _____



14 FEB 2014


Professor Bryant Stokes
A/Director General
Department of Health

Date: _____

9.2.2014

SCHEDULE 1: Roles and responsibilities of the parties of the MOU

School Health Services staff working in public school settings are responsible to their local Health Service line manager. As a visitor on a school site, School Health Service staff should be cognisant of both DOE and DOH policies.

The Department of Education and the Department of Health are jointly responsible for:

- Supporting the Health Promoting Schools Model.
- Providing and maintaining a safe working environment for all DOE and DOH staff working in the school environment, within the legislative framework of the *Occupational Safety and Health Act 1984* and the *Workers' Compensation and Rehabilitation Act 1981*. In this context, DOE site supervisors have a responsibility to ensure as far as practicable that all staff and site visitors are not exposed to hazards. DOH staff and managers have responsibility for the reporting of particular hazards to both the site manager and their own line manager.
- Ensuring all staff members working in the school environment have a sound understanding and knowledge of all appropriate legislation, interagency protocols and/or departmental policy and guidelines.
- Co-ordinating services, including School Health Services, School Student Services and other Health Services to provide collaborative care for students experiencing mental health problems.
- Collaborate to work with children at risk of poor health and development outcomes, and their families.

The Department of Education is responsible for:

- Providing a safe, appropriate and suitably resourced place for Health Service staff to conduct their work.
- Providing appropriate access to students and student's information when required for the delivery of School Health Services.
- Establishing systems in each school to ensure prompt and appropriate first aid and care for injury and illness. School Health Services staff may assist in the development of a system, if appropriate. (*Refer to Schedule 3 of this MOU.*)

The Department of Health is responsible for:

- Delivering services outlined in this MOU, Schedules and School Level Agreements.
- Allocating a contact Community Health Nurse for each school at the commencement of each year, and advising of changes to personnel during the year.
- Facilitating negotiations between Health Services and DOE to develop mechanisms for allocating Community Health Nurse staffing resources.

- Inform School Principals of contact details for the local Health Service Manager.
- Managing the distribution of School Health Service staff and their hours in accordance with DOH and Government policies, and workloads.
- The recruitment and selection of School Health Services staff, their conditions of service, leave entitlements and hours of work.
- Induction of new School Health Services staff.
- The provision of appropriate specialist equipment.
- Supervision and the maintenance of standards of practice among School Health Services.
- Staff development, ongoing professional education and support for School Health Services.
- Storage and security of Health Service records.

SCHEDULE 2: Management of sensitive and confidential information

Promoting the best interests of a child/adolescent is central to the work of staff in both the DOH, and the DOE. All staff owe a duty of care to the children with whom they work.

- The duty of care expected of DOE staff is determined by reference to legislation, the common law and Department policy.
- The duty of care owed by health professionals to clients is embedded in professional codes and in common law. This duty is outlined in the DOH document *Working with Youth – a legal resource for community based health workers*.

Sharing some level of personal and health information is often desirable when striving for the best outcomes for an individual. It is acknowledged that each Department must adhere to its own rules and procedures for sharing information and reporting issues of concern, however in school settings there are some circumstances when collaboration may be crucial to safeguard the welfare and safety of individuals.

In relation to the care and protection of children, DOE and DOH staff are required to share information about disclosures and suspicions of child abuse in accordance with the respective policies; DOE *Child Protection Policy* and DOH *Guidelines for Protecting Children*.

It is acknowledged that, for the purposes of the protection and care of children, health professionals and teachers have legislative protection to share information with (i.e. make notifications to) the Department of Child Protection. In addition, there is legislative protection for the exchange of information between public authorities, if it is likely to be relevant to the wellbeing of a child or class or group of children. Therefore, information can be exchanged between school and health service staff, by authorised officers, if it is directly relevant to the protection and care of children. Authorised officers include the Director General or delegated officer. This legislative protection does not extend to sharing information more generally. Further, when a notification relating to a school student is made to the Department of Child Protection by School Health Service staff, the School Principal should be informed of the circumstances unless there are indicators to suggest otherwise.

Health professionals have common law and professional obligations pertaining to the duty of confidentiality they owe to each client. With few exceptions (such as in emergencies, statutory requirements and in the limited circumstances when it is in the public interest to do so), they must seek consent to share information obtained in the course of providing health care to clients.

In school settings, when School Health Service staff consider a child or adolescent to be at significant risk, limited specific information may be shared with the School Principal (or delegate) to ensure the child's safety and welfare. Such circumstances include situations when an individual is experiencing one or more of the following:

- Suicide ideation
- Self harm
- Bullying
- Child abuse

It is preferable that consent to share information is provided by the young person (if competent) or their parent/guardian. In circumstances where consent is not forthcoming from the competent minor or the parent, or obtaining parental consent is not appropriate, the health professional may seek the advice of a line manager, or rely upon their professional judgement in deciding whether to share the information with the School Principal. The (DOH) Legal and Legislative Services are available to provide advice to health professionals and line managers if required.

Information that is shared should be specific and limited to that required to protect the safety and welfare of the individual. The Principal and the health professional will need to determine on a case by case basis, if and how, information should be shared with the parent (guardian) and/or other school staff members who are in positions to safeguard the safety and welfare of the individual. At the time of disclosing the information to the Principal, if the health professional believes that the Principal should not share the information with parents, then the health professional should recommend as such to the Principal accordingly indicating why the information should not be shared. Notwithstanding the request by the health professional, DOH acknowledged that the obligations of Principals and schools to disclose information to parents about a student, once with the knowledge of the principal or school, is different to that of a health professional. Principals and schools have a direct relationship with and owe obligations to parents about student information.

For DOH staff, the duty of confidentiality, and the concept of the competence of minors to provide their own consent is outlined in the DOH document *Working with Youth – a legal resource for community based health workers*. If a health professional is in doubt about when and what information should be shared with a school, she or he should consult with a line manager.

For DOE staff, the general authority to disclose or make use of information is set out in Section 242 of the School Education Act 1999.

School Health Service Records

Community Health Nurses and other health personnel are required to document assessments, care and referrals undertaken for individual students. These clinical records serve to enhance continuity of care and good management of clients. Health records may also be required in court proceedings.

School Health Service Records are DOH documents, for example:

- CHS 409 Primary School Health Record
- CHS 410 High School Health Record.

School Health Service records must be stored and handled to ensure confidentiality. The records remain the property and responsibility of the Health Service. Access to School Health Service records is restricted to School Health Service staff and information contained in the records should not be shared without consent of a competent minor, adult student or parent/guardian.

SCHEDULE 3: Management of first aid and illness

All schools need to have clearly defined procedures for managing first aid and emergency situations which are independent of Community Health Nurse availability.

In the case of serious injury or illness, including suspected anaphylaxis, altered consciousness or trauma nurses have a duty to assist if they are available on site.

Principals have a responsibility to ensure that first aid (and if necessary, procedures for accessing medical attention) can be provided to any student, member of staff or visitor during any school activity either on or off the school grounds. These responsibilities are outlined in DOE policy. To this end, the principal must ensure that (DOE) staff members are identified to be responsible for first aid and receive relevant training.

In most cases, students with minor illnesses or injury can be managed by a DOE staff member. Where doubt exists as to the nature of the concern or where incidents are recurrent or frequent, DOE staff are encouraged to seek the advice of the Community Health Nurse or refer the student to the nurse for further assessment.

SCHEDULE 4: Management of student health care plans

There are many students who require health care support at school. The DOE *Student Health Care* policy and associated *Health Care Plans* are available to assist schools with the planning process.

The following standardised Management / Emergency Response Plans are available for common health conditions and these should be used unless otherwise indicated by a medical practitioner. Standardised plans cover the following conditions:

- Severe allergy/ anaphylaxis
- Minor and moderate allergies
- Diabetes
- Seizure management
- Asthma

A generic template is available for less common health care conditions for which there is no standardised plan.

Roles and responsibilities:

Principals are responsible for ensuring health care plans are completed and implemented.

The Community Health Nurse can assist in the development of plans for students with complex health care needs for which no standardised plan is available. This role is to be negotiated and included in the School Level Agreement.

Community Health Nurses are not responsible for completing administrative tasks associated with health care planning.

Community Health Nurses may also assist schools to access appropriate information, training and resources for school staff so they can competently care for students with identified health needs.

SCHEDULE 5: School immunisation

Surveillance

Schools play a key role in collecting immunisation surveillance data at the point of enrolment. In particular, schools are expected to collect information on the immunisation status for all students, so that a timely response can be facilitated in the case of an outbreak.

School Health Service staff can assist in promoting immunisation. They may also liaise with school administration to identify children in Years Kindergarten, Pre-primary and Year 1, who have incomplete immunisation, and assist families to access local immunisation services.

Response to suspected or identified cases of communicable diseases

In the event of a suspected or a known case of a communicable disease, School Health Services will work with the school to determine an appropriate course of action to prevent further cases of disease amongst students and staff. Investigations and follow up action will vary according to the specific disease. An early coordinated response will minimise transmission of disease and allay student, staff and parental anxiety.

School immunisation programs

School immunisation programs are an efficient means of reaching a large proportion of the school age population to promote, offer and provide free immunisation to prevent (vaccine preventable) diseases. The immunisations are administered by School Health Service staff, designated community health staff and, in some cases, by the health staff of local governments, depending on local arrangements.

SCHEDULE 6: School level agreements

School Level Agreements describe the nature of School Health Services which are planned for individual schools, including core (non-negotiable) and negotiable activities. The Agreements represent the collaboration between Health Service and school staff, and include agreed strategies and support, roles and responsibilities for local implementation.

School Level Agreements are negotiated between the Health Service staff aligned to the school, and the School Principal or delegate. Groups of local Principals and Health Service staff may choose to collaborate on planning for shared health issues, needs and programs, and the development of associated School Level Agreements.

Goals and objectives are to be realistic and achievable, and described in terms of the local health service capacity to deliver.

School Level Agreements are to be established at the beginning of each school year. They are to be forwarded to the local Health Service manager for compilation of regional reports. Regional reports are required by the Joint Consultative Group by April each year.

SCHEDULE 7: Services for students with complex health care needs

There are many students with disabilities and debilitating health problems attending public schools in Western Australia. Many require support for basic needs (activities of daily living) such as toileting, feeding by mouth, mobility and other general assistance in order to access the curriculum. Some require support for health care needs such as gastrostomy (PEG) feeds, tracheostomy care and medication provision. The direct care for basic needs and health care is provided predominantly by the child's parents, and when the child attends school care plans are developed to ensure the child remains safe and well. (See Schedule 4.)

Direct care as described above, is provided predominantly by DOE staff trained to conduct specific tasks. School Health Services are often involved in care planning for complex health needs, training DOE staff for specific health care tasks, and associated activity as outlined in *1.4.3 Education Support Students*.

SCHEDULE 8: The role of School Health Services in mental health

School Health Services play an active and important role in mental health promotion and the early detection of mental ill-health.

The Mental Health Commission establishes the policy and funding framework for mental health services in WA (Mental Health Commission Consultation Paper 2020). Within this framework DOH and the Mental Health Commission describe mental health services across 4 tiers of service delivery:

- Tier 1: Primary or direct contact services for people with mild emotional and behavioural difficulties or the early stages of a disorder.
- Tier 2: Independent professionals at various agencies and in private practice working with people with moderately severe problems.
- Tier 3: Specialist mental health services for people with severe, complex and persistent mental health disorders
- Tier 4: Specialist and supra regional mental health services for people with highly specific and complex problems.

The nursing scope of practice within School Health Services enables Tier 1 activity.

Primary schools K-6/7

Research indicates that the risk factors for many mental health problems are evident from early childhood. The School Entry Health Assessment program conducted with Kindergarten students, focuses on early identification of health and developmental problems and referral for intervention. The program has increasingly incorporated the identification of children exhibiting emotional and behavioural risk factors for mental ill-health. School Health Service staff are equipped with the skills, knowledge and tools to identify problems, and to support families to access appropriate health services.

Secondary schools and colleges

During adolescence, many young people begin to seek health information and services independent of their parents. Research in Australia has indicated that school-based health services and general practitioners are the services of choice for many young people.

The most common issues which present to School Health Service staff in public secondary schools in WA include anxiety, stress, depression or low mood, relationship problems, sexual health, sexuality, reproductive health, nutrition, lifestyle or health behaviours, and drug misuse. The care provided by Community Health Nurses typically includes assessment, health education, support and referral to services specialising in mental health.

Mental health promotion

School Health Services can make a strong contribution to school mental health promotion initiatives. It is recommended that schools adopt a whole of school mental health promotion framework such as *MindMatters* or *KidsMatter*. *MindMatters* is a resource for Australian secondary schools for promoting and protecting mental health. *KidsMatter* is a mental health and wellbeing framework for primary schools and early childhood education and care services.

SCHEDULE 9: New Speech Pathology resources in the School Health Service

In 2013/14 the DOH received funding for 10 Speech Pathologists (8 metropolitan and 2 country), to provide services for school-aged clients at nominated Child and Parent Centres (CPC) and the schools affiliated with these centres. These positions will be progressively recruited over 4 years with 3 commencing in 2013/14; 2 in the metropolitan Child and Adolescent Community Health (CACH) and 1 in the WA Country Health Service (WACHS).

The service model will include school-based speech and language services tailored to local community needs, and direct clinical services. Collaborative planning between local DOH managers, Schools, CPC and local communities will determine the most appropriate mix of services, and will include consideration of other speech and language services available within the catchment area. Two key areas of activity are:

1. Capacity-building speech and language services

These services focus on building the capacity of families, teachers and other stakeholders to support speech and language development amongst school-aged children and may include:

- Information sessions for staff and/or parents on speech and language development.
- Individual or group-based advice to parents and/or school staff on speech and language development.
- Specialised speech and language advice to guide community programs.
- Consultative services to provide advice regarding speech and language services and resources.

2. Direct clinical services

The Speech Pathologists may provide direct clinical services for children from the designated catchment area who are accepted for Speech Pathology services through established CACH and WACHS referral processes. Formal referral processes are required to ensure that all the child's developmental needs are considered.

Priority for services will be given to children in Pre-Kindergarten, Kindergarten, Pre-Primary and Year One.

The Speech Pathologists will work in partnership with families, school staff and other stakeholders to optimise children's speech and language development. Services may include:

- Assessment of children referred to CACH and WACHS child development services for speech and/or language delay.
- Provision of individual or group therapy.
- Provision of school and/or home programs for improving children's speech and language abilities.
- Referral for further assessment and/or therapy where indicated.