Silos and Systems

The Relationship between Primary Schools and Health Services in Aotearoa

Research Report

Contents

"...for learning to occur, children must be healthy, ready, and able. All too frequently, ill-health compromises learning and school attendance, leading to long-term negative consequences throughout life."

Executive Summary

Education and health are interrelated. Education is positively associated with health behaviours, life expectancy, and morbidity and is an established social determinant of health. However, for learning to occur, children must be healthy, ready, and able. All too frequently, ill-health compromises learning and school attendance, leading to long-term negative consequences throughout life.

Positioning health services alongside schools, and upholding collaborative intersectoral working, has positively impacted education and health outcomes for children and young people internationally. In New Zealand, however, the education and health sectors work in silo with no formal directive to do otherwise. Achieving and maintaining inter-sectoral collaboration is therefore challenging, piecemeal, and time-consuming. It is further complicated by system structure, competing priorities, and differing perspectives of the two sectors and those working within them.

This multicase study of three urban primary schools explored the relationship between school staff and health services and the influences on this relationship. The study focused on the experiences and perspectives of participant principals, teachers, teacher aides, administrative staff, and Special Educational Needs Co-ordinators (SENCO) working with health services. Data were collected through semi-structured interviews, observations, and reviews of staff professional development and other related learning opportunities.

The findings highlighted the uncoordinated working relationship between the health and education sectors in New Zealand and the current barriers to achieving workable, inter-sectoral collaboration. This study has confirmed the need for better inter-sector alignment while acknowledging the interdependence of both sectors. Collaborative inter-sectoral work between education and health is critical. The findings from this study recommend developing and implementing a national policy enabling these sectors to work together to achieve optimal education and health outcomes for children and young people in New Zealand.

Introduction

Health and education are mutually interdependent, with pathways linking the two emerging early in life[1]. Healthy children learn better; correspondingly, better-educated adults tend to live healthier lives[2]. Whilst it is acknowledged that the overarching purpose of schools is to realise educational standards, there is a reciprocal relationship between the health status of children and their academic achievement[3].

Providing health services in schools enables the education and health sectors to form a collaborative partnership and promote improved education and health outcomes for children and young people[4]. A key strength of school health services is that they are community-based, capture where children reside and are accessible to families. School health services can reduce inequities by removing barriers to accessing health care, such as transportation, appointment schedules, and inconvenient locations[5]. In addition, the services offer an opportunity to address the broader determinants of health[6].

The World Health Organization[7] has, over time, continued to endorse intersectoral collaboration as a key strategy for improving the health of populations. In economically developed countries, such as New Zealand, where primary and secondary education is compulsory, schools have been long regarded as a suitable location to deliver health services to children, families, and, in certain contexts, entire communities[8]. There have been calls for better intersectoral and interprofessional collaboration between education and health services for children for decades[9]. However, facilitating such collaborations has been notoriously difficult to achieve[10]. Successful collaboration between two complex systems, such as health and education, requires commitment, dedication, and the skills and resource capacity at an implementation level[11]

Globally, increasing numbers of children are entering schools with physical, behavioural and mental health needs. School staff, trained primarily in education, are challenged in managing these needs[12]. Supporting children's health needs within the school environment most often requires school staff and health services to work with and alongside each other. This necessitates consideration of several factors, including available space in the school for health providers to see and deliver care to children. In addition, acknowledgement of the impact poor health can have on educational achievement, alignment of common goals to the core business of schools and health providers, and established communication pathways between the education and health sectors are all factors that should be considered[13]. The perceived relationship between people working in the health and education sectors is of central importance to these factors and the influences on their perceptions of the 'other'.

> *"At my last school, having access to health services was awesome. It helped me understand my learners and how to support them and it helped their family with supporting their learning as well."*
>
> - Participant 1

Study Aim

Explore → **Understand** → **Inform**
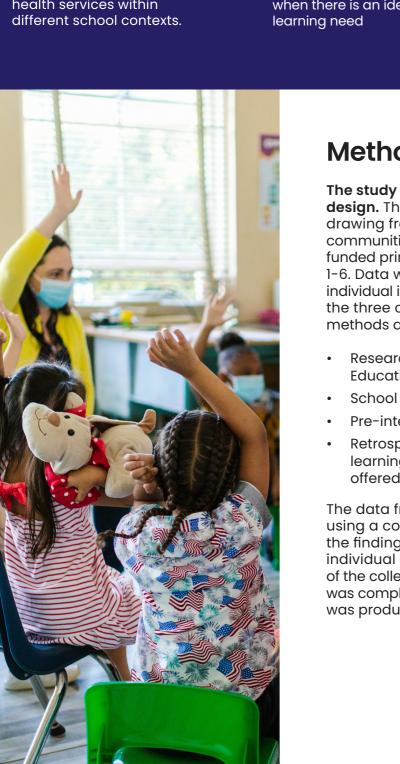
Explore the **experiences, perceptions, influences and barriers** for primary school staff accessing and interacting with health services within different school contexts.

Understand school staffs' **awareness of the interrelatedness of education and health** and how this is considered when there is an identified learning need

Inform the **design and delivery of health services in schools** in the future

Methodology

The study used a qualitative multicase study design. Three urban schools were selected, drawing from different socio-economic communities. Cases were defined as state-funded primary schools covering school years 1-6. Data were gathered primarily through individual interviews with 19 school staff across the three cases. Additional data collection methods and tools used were:

- Researcher observation of Special Educational Needs meetings
- School profile forms
- Pre-interview questionnaires
- Retrospective review of professional learning and development (PLD) offered to school staff

The data from each case was analysed using a combination of approaches, and the findings were organised initially as three individual case reports. A cross-case analysis of the collective findings across the three cases was completed, and a final cross-case report was produced.

Summary of Findings

The study findings reveal challenges relating to the actual and perceived separateness of the education and health sectors in New Zealand.

These challenges present in the form of accessibility issues, understandings of the interdependence of learning and health, visibility of health services in schools, and differing perceptions of school staff roles and responsibilities in supporting the health and wellbeing of their students. The separate operating structures of the education and health sectors hinder the ability to work collaboratively, further compounded by no directive to work together. Instead, diverse school and health service governance structures exist, with different service-driven priorities and agendas, making it challenging for school staff and health providers to sustain effective working relationships.

The ten key findings are presented as cross-case assertion statements consistent with qualitative case study methodology (Table 1). These interconnect and group together into three overarching convergent themes.

Themes

1. **Separate and Siloed Systems**, relates to the separation in the functioning of the education and health sectors in New Zealand. In particular, the siloed working practices and variances in conceptual understandings of the interdependence between learning and health.

2. **Developing and Managing Intersector Collaboration**, considers primary schools' access to health services and how the visibility of health providers, plus onerous referral processes, influences engagement.

3. **The Teacher's role in supporting student health and wellbeing**, contemplates staff roles in the context of designated role responsibility and teachers' perceptions of their professional role in supporting the health and wellbeing of their students. In this study, school staff did not always feel adequately prepared or supported in their professional practice to identify, manage, or advocate for their student' health-related needs.

Table 1: Study Findings

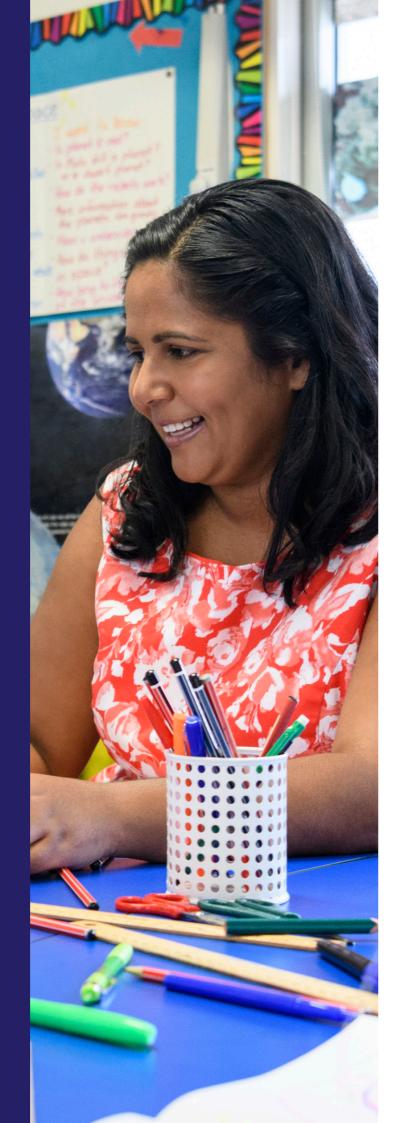**(1) Separate and Siloed Systems**

A1.	The relationship between primary school staff and health services is one of referral
A4.	Onerous processes in gaining access to health services influenced school staff's relationship with health providers
A6.	School staff perceive health and health services as separated logistically and conceptually from education and learning
A7.	A shared understanding of the inter-relatedness of learning and health reinforces the working relationship between school staff and health service providers

(2) Developing and Managing Intersector Collaboration

A2.	Visibility of health services in schools influences the relationship between school staff and health providers
A5.	Higher decile schools have a weakened relationship with health services due to less visible health service support
A8.	The relationship between education and health services can be facilitated through a nurse

(3) Teachers' Role in Supporting Student Health and Wellbeing

A3.	How school staff perceive their professional role influences how they relate to health services
A9.	It is common for classroom teachers not to have a direct relationship with health service providers due to schools' allocating this role to an intermediary
A10.	School staff perceptions of their role in supporting the health and wellbeing of their students sit on a spectrum

Recommendations

Implementing a cross sector Government directive for health and education services to work collectively nationally, collaborate regionally, and implement initiatives locally

Upholding collaboration between the education and health sector is a 'need to do' not just a 'nice to do'

Establishing an intermediary entity that supports the education and health sectors

This entity will acknowledge. the agendas of both sectors and where they intersect, as well as being responsible for implementing and upholding government policy directives.

Develop a nationally funded school health service that operates in all publicly funded schools and preschools

Operating from early childhood to secondary age, these services would work with schools using an holistic and intergrated approach, drawing from Te ao Māori and Pacific models of care.

Further research to explore teachers' expectations of their professional role in supporting student health and wellbeing

Understanding the perspective of teachers and their role in student health and wellbeing will provide an essential foundation for building future partnerships between teachers and health providers.

Conclusion

In New Zealand, the education and health sectors work in silo with no formal directive to do otherwise. Consequently, achieving and maintaining inter-sectoral collaboration is challenging, piecemeal, and time-consuming; this is further complicated by system structure, competing priorities, and differing perspectives of the two sectors and those working within them. Understanding how education staff perceive and experience health services is critical to developing health services that meet the needs of both educationalists and children in primary schools.

The current way of working relies primarily on the goodwill and effective interpersonal relationships between health service providers and school staff, but this is neither satisfactory, effective, nor sustainable. Continuing to rely on this way of working, with no formal requirement for two sectors to work together, leaves the relationship vulnerable to breakdown, thus impacting those who need it most.

This research has highlighted the need for education and health providers to be supported to work more collaboratively within an established infrastructure underpinned by legislation. However, a commitment from both parties to do things differently, plus a shared vision and mutually agreed goals, is imperative if this collaboration is to succeed.

"What we lack here is visibility...we don't know where to go next because we don't have a link or a person or a contact.."

Participant 2

"You just get by; you do your best. You get by with whatever's there, but it's not the model we want. We don't want to just get by; we want everyone to thrive. That is what we want."

Participant 7

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

Participant 9

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