THE VICTORIAN SCHOOL NURSING PROGRAM: a brief history by Glenda Perry

1913 - 2003

Nurses have worked with children in schools since around the turn of last century. While nursing has never been a static profession, the role of the nurse in the school setting has also evolved over the years, taking different directions according to changing needs and varying government policies. In the United States school nursing has tended to adopt a more clinical focus with the advent of the nurse practitioner role, and the establishment in some areas of school health clinics to provide primary health care to students at school. In many countries however, including the United Kingdom and Australia, school nursing was initially established as part of a medical service and the first school nurses were employed to assist doctors to carry out medical examinations of children at school.

In the UK, while doctors are still part of the school health service in many areas, nurses now undertake much of their original role in schools. And in Australia too, the trend has been for school medical examinations by doctors to be replaced by nurses’ health assessments. There has been a reduction in mass screening programs in most states, accompanied by an increase in health promotion activities and recognition of the need to offer increasing support to families with children.

While there is still a need in developing countries for an emphasis on disease prevention and the need to improve basic health status, most countries’ school health programs have moved away from a ‘medical’ objective and now focus more on health promotion and ‘wellness’ programs.

HISTORICAL BACKGROUND of SCHOOL NURSING

Historically the focus of early school nursing programs has varied from country to country, but generally such programs originated as public health measures to monitor and control infectious disease outbreaks, poor hygiene standards and inadequate nutrition in children (Bagnall, 1991; Fearon, 1968; Oberklaid, 1990, Small et al., 1995).

Australia

In Australia school health services were initiated early this century, also as a public health measure (Department of Health, 1959; Oberklaid, 1990; Schmitzer, 1996).

Although social conditions in Australia were perhaps less of a problem than in Europe at the turn of the century, Schmitzer (1996) reports the recommendation in 1905 by the Australian Medical Congress that a full-time medical officer with a specialised knowledge of school hygiene be appointed to each state Education Department. The following year in Melbourne it was further resolved that school hygiene become a
compulsory subject for teacher training and that a system of medical inspections of school children be considered for each state (Schmitzer, 1996). The first school nurses appointed in Australia appear to have been in Western Australia in 1911 (McGrath, 1996), with nurses appointed in Queensland, Victoria and South Australia by 1913 (Freudigmann, 1996; Schmitzer, 1996).

The Victorian Program

In 1905 the Victorian Board of Public Health organised a child health survey in an inner Melbourne primary school to determine the need for a similar system to that established in Britain. The data collected were then used to demonstrate to the Victorian Education Department the need for a health service in the school setting.

Fearon (1968) reports that the Victorian School Medical Service was established with the appointment of three doctors in November 1909. The initial role of this service was to investigate hygiene conditions in state schools; to check the physical and mental condition of the children; and to instruct pupils and teachers in personal, school and domestic hygiene (Department of Health, Health Bulletin, 1959).

The first school nurses were appointed in Victoria in 1913 to assist the medical officers. In 1915 Special Schools and the first Catholic school [St. Ignatius in Richmond] were included in the program. The service was transferred from the Education Department to the Health Department in 1944 and the nurse’s role gradually expanded to take on vision and hearing screening and eventually full health assessments of school entrants.

The late fifties had formally instituted a separate nursing stream within the School Medical Service of the Department of Health (Department of H&CS, 1994). In the 1970’s the emphasis for the nurses was on broad screening of Gr 1 students for vision, hearing, speech and – yes – headlice! Home visits were very common in those days and many nurses could tell some interesting stories about some of those experiences. The SMS medical officers were available for nurse consultation re school children of interest and further vision screening and head lice checks were carried out at the Gr 4 and Year 8 levels. Preparation for the School Nurse role in those days consisted pretty much of on-the-job ‘training’, with about one week’s training at Head Office shortly after commencement of employment.

The 1980’s saw considerable growth and many changes to the Program. The screening activities moved to the School Entrant and a full ‘undress’ exam of all Prep children was introduced – vision, hearing, height, weight, scoliosis screening, etc [and yes, head lice checks too!]. Colour vision screening was introduced for Gr 5 boys but in the early nineties moved to early secondary school level. There was an increase in in-house training and a Nurse Educator role was established at Head Office. School Medical Officers were still available for consultation but their main role was in kindergartens and special schools.
The first Director of Nursing position was established in the mid-eighties and in 1985 the Victorian Nursing Council accredited the School Nurse Certificate course. All existing staff were encouraged to complete this course and it became mandatory for all new staff. Subsequently units in School Health have been developed at tertiary level in Victoria as part of post-graduate courses or as stand-alone professional development units.

A further change during these years was the introduction of a manual data collection system to begin measuring some of the Program’s findings and activities. Nurses were required to fill in bubbles on scannable sheets for activities and findings at each school. There were now approximately 150 School Nurses employed throughout the state and in 1987 a full time nurse workload constituted a roster of approximately 500 Preps.

In the early ‘90s, following the establishment of the Victorian Child Health Reference Group, the Victorian government announced a redevelopment of the School Nursing component of the existing Program. Rather than a full general examination for all children at school entry age, the new focus was to be on specific health surveillance activities in line with NHMRC recommendations (Department of H&CS, 1992). The Program was now part of the newly merged departments of Health and Community Services and further changes outlined in the department’s document Strategic Directions 1993-1996 (Dept of H&CS, 1993) included an emphasis on the equitable distribution of limited resources and targeting of services to areas of greatest need.

In 1993 the role of the child health medical officer was discontinued, the school nursing workforce substantially reduced [from approximately 150 to about 75 EFT staff] and the program now formally became the SCHOOL NURSING PROGRAM. Visits to secondary schools were discontinued, as was the ‘undress’ exam for Preps and universal hearing screening. Prep numbers per full time nurse were increased to approximately 1000 and a two-page parent questionnaire was used to identify students requiring more than a simple vision test. The Program was now regionalised and the former ‘Senior School Nurse’ positions for each team were replaced by a regional management structure in each of the nine state regions.

The School Nursing Program Annual Report 1995 (Department of Human Services, 1996) identifies the establishment of a Chair of Community Child Health Nursing at the Royal Melbourne Institute of Technology (RMIT) University to allow an increased focus on training, quality assurance and research for nurses in the Child & Family Health Branch [Maternal and Child Health Nurses and School Nurses].

In July 1996 the Royal College of Nursing Australia hosted the first National School Nursing Conference in Adelaide, Schools of the 21st Century, and a department paper was presented outlining the proposed further redevelopment of the School Nursing Program in Victoria (Farrington, 1996). The RCNA has since hosted two more national school nursing conferences - Melbourne [1997]: Parallel Pathways Towards a Common Goal and Sydney [1998]: Caring for Students: Enhancing Health
Outcomes. Many DHS nurses also attended a Melbourne conference arranged by the Victorian School Campus Nurses Group in 2001: Bridging the Gap between Health and Education.

In 1997 the first version of a 6-page School Entrant Health Questionnaire [SEHQ] was developed by a team from RMIT University to provide better identification of student and family needs and improved ‘targeting’ of services (Edgecombe et al. 1996). The new SEHQ better acknowledged the role of parents in monitoring their child’s health status, as well as providing a valuable opportunity for the collection of data relating to child health status in Victoria. The program’s shift in focus from a sole emphasis on screening to an increase in health promotion was also accommodated in the questionnaire, with many questions serving to alert parents to various aspects of normal health and development.

Use of this SEHQ led to a great increase in parent contact with School Nurses, all of whom now had mobile phones for ease of contact, and opportunistic health promotion became much more common. All nurses were provided with training in asthma education, as well as training in the Positive Parenting Program to better assist parents in their concerns about behaviour management.

In 1997 the Program came under renewed examination and although it seemed likely that it would be discontinued at the end of that year, a change of government led to a new lease of life in 1999, with a move to a different Division in the Department of Human Services, bringing the Program under the Rural and Regional Health and Aged Care Services Division, Primary and Community Health Programs.

In mid-2000 all nurses were issued with laptop computers and a specially designed electronic data collection program was introduced – the School Nursing Information System [SNIS]. This was a major challenge for many staff, not only in acquiring basic computer skills, but also in mastering quite a complex software program for daily use. The data from SNIS is expected to provide a valuable source of information on child health issues in Victoria. Only de-identified data is used for research purposes and all data entered is subject to strict privacy laws, as well as Nurses Code of Ethics practices – see [LINK] to Privacy Information.

In 2000 the Victorian School Nursing Program was expanded to include a Secondary School Program, with the first of 20 positions established in schools of high needs. By the following year there were 200 full-time positions for adolescent health nurses – see [LINK] to Secondary School Program.

CURRENT TRENDS in SCHOOL NURSING
School health services are well established internationally, in both Western and developing countries. There seems to be a clear move away from mass screening of children in schools, both interstate and internationally, and a move towards targeting of services according to
local priorities. This is consistent with recommendations from the 1994 World Health Organisation (WHO) Western Pacific workshop on school health promotion concerning the reorienting of school health services. One of the recommendations is that “all countries offer, as a minimum, basic school health services which address local health needs” (WHO, 1994:19). In Australia, in line with the WHO recommendations, there is a growing emphasis on health promotion and the need to encourage schools to become healthy sites.

The year 2003 marks **90 years of School Nursing in Victoria** – a proud history of recognising the importance of health and well-being in enabling children to make the most of their educational opportunities.

**REFERENCES**
