An evaluation of the Victorian Secondary School Nursing Program

Executive summary

State Government of Victoria
Department of Human Services
Primary and Community Health Branch
An evaluation of the
Victorian Secondary School
Nursing Program

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Acknowledgements

The Victorian Secondary School Nursing Program evaluation was undertaken by the University of Ballarat School of Nursing with support from Professor Alan Pearson of La Trobe University. The University of Ballarat team consisted of Dr. Barb Fiveash, Dr. Bernie Whitaker, Blake Peck, Clem Barnett and Nina Hall.

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Thanks to the advisory committee who were generous with their time and in providing their expertise and advice on the design and conduct of this evaluation.
The purpose of this executive summary is to highlight the outcomes of the secondary school nursing program evaluation undertaken in 2003. This succinct version of the full report will provide secondary school nurses, the school community, Department of Human Service and Department of Education and Training staff with the means to build on positive aspects of the program, address challenges and identify areas for further work at a regional, statewide and local level. The executive summary also provides program policy staff with an opportunity to raise the profile of the program and use the learnings to inform and improve its quality.

Some of the recommendations in the executive summary have identified an initiative being actioned in response, others will be used to inform future policy and program development.

A review of recent literature on school nursing was conducted to inform the study and can be found at www.health.vic.gov.au/schoolnursing.
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Background to secondary school nursing program

In 1999 a pre-election commitment of the current Victorian Government sought to reduce risks to young people and promote better health in the school community by implementing a new Secondary School Nursing (SSN) Program. This commitment provided the opportunity for an enhanced approach to school nursing building on the growing emphasis towards health promotion and primary prevention. This approach is supported in recommendations from the 1994 World Health Organisation (WHO) Western Pacific workshop on school health promotion; that stated health services provided in schools need to reflect local health needs and that further emphasis be placed on health promotion.

The objectives of the program are to:

- Play a key role in reducing negative health outcomes and risk taking behaviours among young people, including drug and alcohol abuse, tobacco smoking, eating disorders, obesity, depression, suicide and injuries.
- Focus on prevention of ill health and problem behaviours by ensuring coordination between the school and community based health and support services.
- Support the school community in addressing contemporary health and social issues facing young people and their families.

- Place nurses in areas of greatest health need and socio economic disadvantage.
- Provide appropriate primary health care through professional clinical nursing, including assessment, care, referral and support.
- Establish collaborative working relationships between primary and secondary school nurses to assist young people deal with any difficulties in their transition from primary to secondary school.

The model in Victoria as seen in the diagram above employs 100 effective full time nurses through the Department of Human Services across 199 disadvantaged Government Secondary Schools. Each full time nurse is based in two schools and is a member of the school welfare team.

The secondary school nursing program is one of two components that make up the Victorian school nursing program. The primary school nursing program provides a universal vision screening and assessment service to students in their first year of primary school along with a targeted hearing screening service and response to parental or teacher concerns for students across all year levels. Nurses in the primary program also undertake health promotion activities sometimes in collaboration with secondary school nurses to support students during transition from primary to secondary school.
**Evaluation aim and objectives**

**Aim**

The aim of this project was to undertake an evaluation of the SSNP in Victoria to determine the impact on all stakeholders and make recommendations on any issues relating to the quality and effectiveness of the program.

**Objectives**

The objectives of this project were to:

- assess the implementation of the program and the extent to which it meets its stated goals
- assess the impact of the program on key stakeholders
- provide qualitative and quantitative evidence of the impact of the program
- assess planning and monitoring mechanisms used at a local level
- identify issues and propose strategies for improvement of the program
- determine whether stakeholders see the ways in which the school nurses operate as useful, appropriate and effective
- construct a Student Centred Nurse Access Model.
Methodology

To ensure a comprehensive evaluation, the qualitative arm of the study included focus groups, structured individual interviews, open ended questions from a student online survey and a nurses postal survey.

Survey methods of data collection were initiated for the quantitative aspect of the study. Survey instruments were offered to the Evaluation Advisory Group for comment and the student survey instrument was tested with a class of year 11 students at a regional secondary college.

Data from the School Nursing Information System (SNIS) was included in the quantitative aspect. SNIS is an electronic data collection system that secondary school nurses use to record demographic data for students for whom an adolescent assessment is conducted, to develop care plans and record observations. SNIS is also used to record numbers of student contacts of a more casual one-off nature and numbers of group sessions conducted by nurses.

Seventy schools were identified by secondary school nurse regional managers. The schools were selected according to diversity of student population and geographical location. Of the 70 schools, 49 principals gave consent for their school community to participate in the study. Students were recruited for individual interviews through the request and approval of school principals, 78 students took part in individual interviews, of those 23 were from years 11 and 12 and 55 were from years 7, 8, 9 and 10. Across Victoria there were 87 individual interviews and 27 focus groups. Audiotapes from interviews yielded 945 pages of typewritten data.

An online student survey was offered to the 49 schools; three schools did not have the technological facilities to conduct an online survey and students chose to complete the survey manually. From each of the 49 schools, a sample of approximately 10 per cent of students was selected, resulting in a target sample size of 3,187 students. By the designated cut-off date, the number of responses received from the two groups were: 510 (online) and 90 (printed forms), representing response rates of 18 per cent and 22 per cent respectively.

A postal survey was mailed to 114 secondary school nurses with 80 responses, a return rate of 71 per cent. The gender distribution of the respondents was 91 per cent female and 9 per cent male. Most respondents (69 per cent) had between one and two years experience as a school nurse. Eighteen per cent had been a school nurse for more than two years and 14 per cent for less than 12 months.

Separate focus groups involving primary and secondary school nurses, school staff and external key stakeholders were held in each region. A total of 27 focus groups were conducted across the state. All nine regional line managers of secondary school nurses were involved in individual interviews.

A review of the recent literature was conducted to inform the findings of the study.
Key findings

The evaluation highlighted many positive impacts of the school nurse role for students, the school and wider community.

The following points identify the positive impacts of the School Nursing Program and the current limitations of the program that could be further developed. These points were derived from multiple sources of evidence throughout the evaluation.

Positive impacts

Evidence gathered indicates that:

1. placing nurses in secondary schools supports a sustainable environment that focuses on the health and wellbeing of students by linking the school and students into external health services, providing professional development to school staff and being involved in health policy and health curriculum

2. nurses are able to build the capacity of school staff to support students in the school environment through targeted professional development and sharing network contacts

3. nurses are able to make positive connections between school staff and community agencies

4. individual students who access the nurse are supported to develop independent coping strategies that provide them with skills to deal with issues that arise on a day to day basis.

5. the School Nursing Program creates a connectedness for students by providing a person within the school who students feel comfortable talking to about issues they don’t feel comfortable discussing with other adults within or outside the school

6. the nurse adds value to the delivery of health education in the classroom

7. nurses providing classroom health education are addressing topics that reflect student concerns and broader public health issues and are having a positive impact in the classroom. Students would like to see nurses spend more time conducting classroom activities

8. nurses encourage communication between students and their parents, and involve parents in health promotion initiatives that provide a positive connection between the parents and the school in relation to the health and wellbeing of their child

9. where able to be involved in the transition between primary and secondary school environments, nurses maintain support for students ‘at risk’ and address health needs through health promotion activities within the school

10. nurses provide an accessible specialist health service for the students to discuss their personal issues and a tangible opportunity to reduce the risk of problems escalating by applying early intervention strategies

11. the program provides a conduit between the school community and external agencies, creating opportunities for the input of expert health professionals to school-based health promotional activities addressing the individual and collective needs of students

12. the program is having a positive impact on mental health issues. Most of the issues identified by students seeing the nurse related to this area

13. nurses are able to provide a focus on health that complements the educative role of teaching staff.

Program limitations

Evidence gathered indicates that:

1. male students whose English is a second language have the lowest rates of attendance to the school nurse

2. school nurses require role-specific debriefing and further collegial support in their role
3. although parameters relating to the role of the secondary school nurse have been defined and articulated in the secondary school nursing guidelines and position description, interpretations based on widely held views of a nurse as a provider of first aid and domiciliary care creates confusion amongst students, teachers and the school community.

4. time constraints on school nurses attempting to meet the needs of students when operating across two schools or multiple campuses is problematic

5. disparity in interpretation of how nurses and schools work together while maintaining privacy and confidentiality remains an issue in some circumstances

6. inconsistencies exist in the level of support for nurses. Some nurses felt they were given inadequate support in the school environment, ultimately reducing their effectiveness

7. identifying funding sources for health promotion activities within schools is challenging

8. geographical isolation in rural and remote areas presents issues around collegial support, access to referral sources and professional development for school nurses that are less apparent in metropolitan areas

9. additional work is required to build stronger relationships between the primary and secondary school nurses

10. the involvement of both Department of Human Services and Department of Education and Training school staff in the support and management of nurses is currently unclear and confusing.

Further assessment of findings
A secondary analysis of the data gathered was conducted using the RE-AIM framework. The RE-AIM framework assessed the findings in five dimensions with the following outcomes:

Reach
The program is delivered in 199 government secondary schools and since full recruitment of 100 effective full-time nurses in 2001, individual assessments have been conducted with 4,899 students and 20,479 group sessions have been held.

Efficacy
The program has been effective in addressing health issues that are important to students and the school community, has gone some way to integrating a preventative health focus into the school community, provided connection to an independent adult in the school environment through access to the nurse, and was able to assess risk and intervene early in situations of risk.

Adoption
Adoption by students has been positive with 90 per cent who submitted a survey response indicating that they knew there was a school nurse at their school, 32 per cent indicating that they had visited the school nurse and the majority (66 per cent) stating that they were comfortable about seeing the school nurse. Positive relationships with student welfare staff and principals were also reported, with further work needed to build stronger links between primary and secondary school nurses.

Implementation
Statewide implementation of the program has occurred consistently in all identified schools across the state with regional and local processes supporting establishment. Some issues were raised about the orientation of nurses and the need for schools and nurses to travel the same pathway in understanding how the nurse functions as part of the school team.

Maintenance
The study identified current practices that maintain the presence of the school nurse in the school environment and has suggested a model to maintain student centred access.
Recommendations

The following list is a synopsis of the recommendations developed from the findings of the study and the commitments of the Secondary School Nursing Program proposed to address these.

Service development | Actions and responsibility

<p>| Statewide |
| --- | --- |
| 1. Create a partnering agreement between Department of Education and Training and the Department of Human Services to resolve confusion about how the program integrates the vision of both Departments, improve understanding of the role of the nurse and commitment to the School Nurse Program. | Support for the development of a partnering agreement between Department of Human Services and Department of Education and Training has been established. Work on the agreement is proposed to commence in 2004. Department of Human Services and Department of Education and Training |
| 2. Establish a standardised system of promoting the school nurse role to schools. | An information brochure has been produced and disseminated across the state. An orientation resource for schools is being investigated. Department of Human Services |
| 3. Conduct a qualitative ‘case study’ evaluation. | This will be investigated. Department of Human Services |
| 4. Provide increased opportunities for school nurses to receive training in operating the SNIS. | Regional and individual support has been increased. Department of Human Services |
| 5. Ensure continuous SNIS software development. | Enhancements of SNIS are currently underway to reflect feedback from nurses and nurse managers. Regular meetings of nurses and nurse managers ensure that SNIS is relevant to current practice and fulfils the needs of the program. Department of Human Services |
| 6. Improve links with primary school nurse program. | Alternative models that will enhance links between primary and secondary schools and improve services provided to primary schools will be given consideration in future development of the Primary School Nursing Program. Department of Human Services |
| 7. Consider the adoption of a ‘cluster model’ used in other states of Australia and overseas that will involve one nurse working with a secondary school and its feeder primary schools. | |</p>
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<th>Service development</th>
<th>Actions and responsibility</th>
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<td>8. Clearly define the role of the secondary school nurse along with professional and program standards.</td>
<td>Program and professional standards have been developed. Department of Human Services</td>
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<td>9. Consider ways to support the particular needs of isolated schools.</td>
<td>Ongoing discussions will occur with rural nurses to keep in touch with issues and develop strategies to address them. Department of Human Services</td>
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<td>10. Improve the orientation of nurses into schools.</td>
<td>A statewide orientation framework will be developed to inform regional orientation programs. Department of Human Services</td>
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<td>11. Ensure that at least one person within the school is aware of any student who is considered ‘at risk’, in the event that the school nurse is absent from the campus.</td>
<td>An evidence based risk and resilience framework has been developed for use by nurses and included in the SNIS to replace the adolescent assessment. The framework to include a summary for the student welfare team to be presented after consent is gained from the student. School and Nurse</td>
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**Regional**

| 12. Develop further mechanisms to support school nurses such as those used in mental health nursing settings where a nurse selects a peer mentor. | Regional nurse managers are currently putting in place a number of initiatives to support nurses. Further investigation to be conducted into the mechanisms used in mental health settings. Department of Human Services |
| 13. Establish regional committees to support collaborative relationships within schools with representatives from both the Department of Human Services and Department of Education and Training. | Some regional advisory groups currently exist. Regional nurse managers to share the benefits, purpose and support required to re-establish these groups where they are not in existence. Department of Human Services |
| 14. Encourage school nurses without particular expertise in priority areas to attend ongoing professional development or education programs. | Nurse managers to ensure that nurses have access to relevant professional development according to the needs of the school, specifically relating to mental health. Department of Human Services |
### Service development

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<th>Actions and responsibility</th>
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<td>15. Ensure privacy for student and nurse consultations.</td>
<td>Nurses and schools in some instances are working together to address the need for a private space to work with students. Nurse managers to ensure that nurses are supported in this process. School and Nurse</td>
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<td>16. Implement a system of student access that does not require disclosure to, or knowledge of, another member of the school staff.</td>
<td>Nurses and schools to work together to establish systems that will enhance access for students to the nurse. School and Nurse</td>
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<td>17. Develop a system whereby the school nurse can provide the student with written evidence of the consultation for teachers’ attendance records.</td>
<td>Nurses and schools to work together to develop a systemic notification for teachers of students absence due to an appointment with the nurse. School and Nurse</td>
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<td>18. Improve the access rates of male students especially those from diverse cultural groups.</td>
<td>Nurses to share information across regions on successful programs with male students.</td>
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<td>19. Develop collaborative relationships within schools that provide the school nurse with access to resources for health promotion.</td>
<td>Ensure that orientation for nurses includes information about how to access health promotion resources in partnership with Department of Education and Training. Nurse and schools.</td>
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<td>20. Continue to develop the Primary Health Care Model within schools.</td>
<td>Build on the current work by nurses to establish a whole of school approach to health and wellbeing and build the capacity of the school to provide a healthy school environment. Nurse and school</td>
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<td>21. Continue to take advantage of opportunities to engage school staff.</td>
<td>Nurses to work with school staff to engage them in health promotion initiatives.</td>
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### Program consolidation and expansion

| 22. A minimum one full-time nurse should be provided to participating schools with large student enrolments and those with multiple sites. | Noted by Department of Human Services, which will continue to monitor the effectiveness of existing resource arrangements. Department of Human Services |