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European framework for quality standards in school health services and competences for school health professionals

Abstract

This European framework for quality standards in school health services and competences for school health professionals, developed by the WHO Regional Office for Europe, aims to support the 53 Member States of the WHO European Region to develop and sustain school health services as part of their national health systems. The framework, which is focused primarily at national- and regional-level policy-makers responsible for school health service standards and service quality, can be adapted by individual countries to enable them to develop services that reflect health priorities and health systems. The national standards should support managers and experts to develop and maintain quality services that meet children and adolescents' health needs and support institutions that train school health service professionals in developing specific curricula. Instead of recommending a specific way of organizing school health services, mandating a single process for dividing work among health professionals or creating a definitive set of quantitative standards, the framework allows individual countries to tailor it to their own specific needs.

Keywords

ADOLESCENT HEALTH SERVICES
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1. Introduction

School health services for child and adolescent health

Health and education are intrinsically linked. Good education promotes better health and good health is a precondition for reaching education goals.

School health services (SHS) use individual, population and settings approaches to improve health and education outcomes by providing young people in all education settings with health promotion, preventive health services and monitoring of health, growth and development. They help to optimize student attendance, concentration and progress by addressing medical problems that may inhibit learning and promoting a healthy school environment. They are also able to use the close links between schools and communities to increase the efficacy of interventions aimed at improving child development and addressing social determinants of health to reduce health inequalities. SHS consequently have considerable influence on young people's life chances.

Aim of the European framework

This European framework for quality standards in school health services and competences for school health professionals, developed by the WHO Regional Office for Europe, aims to support the 53 Member States of the WHO European Region to develop and sustain SHS as part of their national health systems. The framework, which is focused primarily at national- and regional-level policy-makers responsible for SHS standards and service quality, can be adapted by individual countries to enable them to develop SHS that reflect health priorities and health systems. The national standards should support SHS managers and experts to develop and maintain quality services that meet children and adolescents' health needs and support institutions that train SHS professionals in developing specific curricula.

Framework development process

A participatory, consensus-based and step-wise approach underpinned the development of the framework. A small working group appointed by the Regional Office in collaboration with the European Union for School and University Health and Medicine (EUSUHM) developed a questionnaire on competence requirements and quality standards that was sent to representatives in all Member States. Results were compiled, supplemented with concepts from a literature review and discussed with a panel of school health experts from various countries at a workshop in December 2012. Agreed content was then disseminated to workshop participants for comment and returned to the small working group for redrafting.

Using the framework

Economic and historical considerations mean that the structure of SHS varies considerably among Member States. Competence requirements and quality standards therefore have to be made relevant to a wide range of national SHS designs.

Instead of recommending a specific way of organizing SHS, mandating a single process for dividing work among health professionals or creating a definitive set of quantitative standards, the framework allows individual countries to tailor it to their own specific needs. It focuses on describing the standards and competences necessary to deliver SHS that complement an existing primary care system, with the objective of improving health to ensure

that all students are ready to learn. It is recognized, however, that SHS in some countries might provide services which are also offered in primary care.

It is important that a regularly updated competency-based curriculum for SHS should be developed, but the framework does not attempt to fulfil this aspiration. It can nevertheless be considered an important asset in enabling Member States to meet their commitments to achieving the goals and objectives of the WHO European policy framework for health and well-being, Health 2020.¹

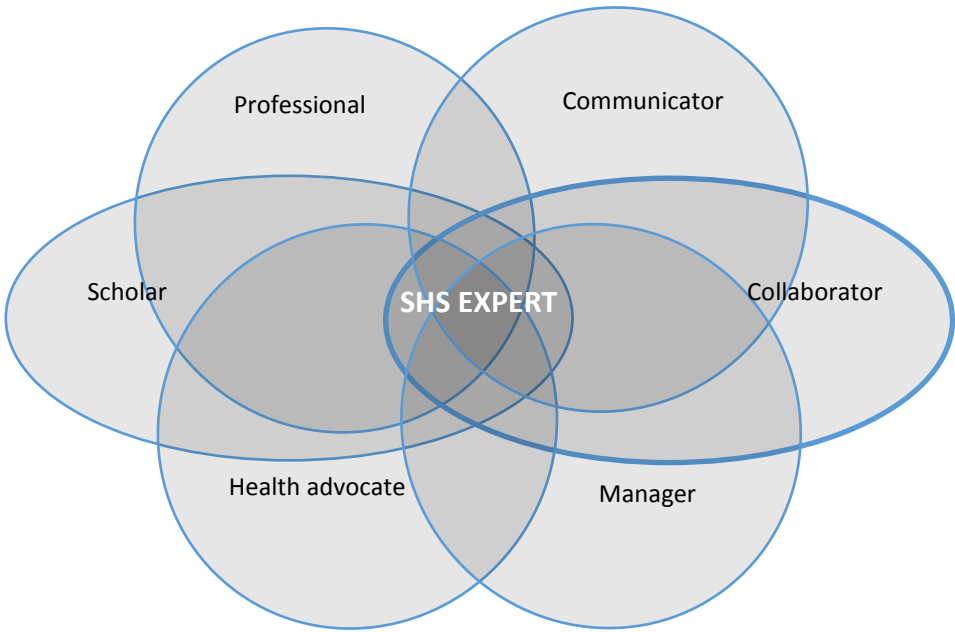
¹ Health 2020 – a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2012
(http://www.euro.who.int/__data/assets/pdf_file/0009/169803/RC62wd09-Eng.pdf, accessed 24 March 2014).

2. Core set of competences for school health professionals

Model

The core set of competences is structured to reflect the seven roles of the CanMEDS model and framework developed by the Royal College of Physicians and Surgeons of Canada (Fig. 1), with the “medical expert” in the centre of the model being replaced by “SHS expert”.

Fig. 1. CanMEDS model and framework, adapted to SHS context



Source: Royal College of Physicians and Surgeons of Canada.²
 Copyright ©2009 The Royal College of Physicians and Surgeons of Canada. <http://rcpsc.medical.org/canmeds>.
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Core competences

Core competencies by role are described in Table 2.1.

Table 2.1 Core competencies by role

Role	Competences
SHS expert	The school health professional:

² The CanMEDS framework [website]. Ottawa: Royal College of Physicians and Surgeons of Canada; 2013 (<http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>, accessed 24 March 2014).

Role	Competences
	<ul style="list-style-type: none"> • has good knowledge and understanding of the concepts of health promotion, prevention and preventive health care for children and adolescents; • is able to act effectively in areas such as: nutrition and physical activity; oral health; alcohol, tobacco, anabolic steroids and drugs use; sexual and reproductive health; mental health and well-being; chronic conditions and special health needs of children; injury and violence prevention; and child protection; • has good knowledge and understanding at individual and population levels of children and adolescents' growth, development, health-related behaviour and health status (physical, mental and social) and of their determinants; • is able to map risk and protective factors and judge their relative importance; • has advanced understanding of the concepts of normality and variation within the normal in relation to children and adolescents' growth and development; • is able to implement health surveillance procedures, including early identification/screening (universal and targeted, and according to protocols); • is able to evaluate children and adolescents' physical, mental and social health and development and, taking into account the findings of other professionals, identify problems and determine the most appropriate response(s) (preventive and/or curative), referring effectively when necessary; • has good knowledge of the effect of physical, mental or social impairment on academic performance; • is able to identify children with special needs and, in collaboration with the child/adolescent, parents, teachers and relevant health and social care providers, has the skills to prepare and coordinate an individualized care plan that harmonizes medical needs with the education context; • understands the influence of the school environment on children, adolescents and school personnel in relation to learning and occupational health issues; • is able to identify and analyse environmental health risks and initiate actions that contribute to the creation and maintenance of a healthy school environment, in collaboration with external experts; • has the knowledge and skills to implement infection control measures and immunization programmes in collaboration with other key players in the regional/local community; and • has the skills to provide first aid in collaboration with other local health care providers.
Communicator	<p>The school health professional:</p> <ul style="list-style-type: none"> • communicates with children, adolescents and parents in a respectful, non-judgemental manner;

Role	Competences
	<ul style="list-style-type: none"> • observes confidentiality standards when facilitating health promotion initiatives, identifying care needs and outlining (in close consultation with children, adolescents and parents) the most appropriate trajectories of care; • uses motivational skills to empower children, adolescents and parents in taking healthy choices; • communicates with other actors in health care, welfare and education to facilitate the development and adoption of an adequate policy on child and adolescent care; and • communicates with the wider public and the media.
Collaborator	<p>The school health professional:</p> <ul style="list-style-type: none"> • has the appropriate skills and attitudes to collaborate with multidisciplinary and interdisciplinary colleagues within the SHS; and • collaborates with professionals across sectors and with local/regional community actors in the framework of a preventive health policy for children and adolescents.
Manager	<p>The school health professional:</p> <ul style="list-style-type: none"> • has advanced understanding of the organization and structure of (preventive) health care, welfare and education services for children and adolescents in the region and/or local community; • is able to plan and coordinate the organization of care for children and adolescents in the service or community, in close consultation with parents, teachers and relevant other professionals; • demonstrates managerial skills through, for instance, planning and organizing preventive services for children and adolescents (such as translating a policy on obesity prevention into action) and managing people and teams; and • has (advanced) skills in applying quality standards and in improving quality.
Health advocate	<p>The school health professional:</p> <ul style="list-style-type: none"> • is able to determine health promotion priorities for children and adolescents at individual and population levels, reflecting national and local information and intelligence related to risk and protective factors; • has good knowledge of appropriate health promotion methods for children and adolescents; • has the necessary skills to employ participatory approaches to contribute to collaborative health promotion initiatives at individual and population levels; • understands children and adolescents' ongoing health needs as they develop, relating them to conditions and circumstances in the communities in which they live; and • understands policy agendas aiming to address community needs and is able to contribute to the development and implementation of an agreed framework for community engagement.
Scholar	<p>The school health professional:</p>

Role	Competences
	<ul style="list-style-type: none"> • has a positive attitude to independent and lifelong learning; • has the appropriate knowledge, skills and attitudes to collect scientific information related to school health (care) and the health of children and adolescents and to evaluate this information critically; • understands existing systems of health surveillance in the relevant country/region/community, particularly those relating to children and adolescents; • evaluates surveillance data critically; • applies epidemiological and other data (collected by self or others) to outline an adequate preventive health policy for identified target groups; and • contributes to national and regional research.
Professional	<p>The school health professional:</p> <ul style="list-style-type: none"> • acts according to the United Nations Convention on the Rights of the Child³ and on current medical–ethical and legal norms and values, specifically those related to confidentiality, informed consent and participation, the collective–preventive approach of school health care and the legal status of children, adolescents and their environment; and • acts in a non-discriminatory way, ensuring equity of access to health care for all students.

³ Convention on the Rights of the Child. New York: United Nations; 1989.

3. SHS standards

The SHS standards are set out in Box 3.1.

Box 3.1 SHS standards

Standard 1

An intersectoral national or regional normative framework involving the ministries of health and education and based on children's rights is in place to advise on the content and conditions of service delivery of SHS.

Standard 2

SHS respect the principles, characteristics and quality dimensions of child- and adolescent-friendly health services and apply them in a manner that is appropriate to children and adolescents at all developmental stages and in all age groups. Principles of accessibility, equity and acceptability also apply to the way in which SHS engage with parents.

Standard 3

SHS facilities, equipment, staffing and data management systems are sufficient to enable SHS to achieve their objectives.

Standard 4

Collaboration among SHS, teachers, school administration, parents and children, and local community actors (including health care providers) is established and respective responsibilities are clearly defined.

Standard 5

SHS staff have clearly defined job descriptions, adequate competences and a commitment to achieving SHS quality standards.

Standard 6

A package of SHS services based on priority public health concerns is defined, supported by evidence-informed protocols and guidelines. The service package encompasses population-based approaches, including health promotion in the school setting, and services developed on an approach based on individual needs.

Standard 7

A data management system that facilitates the safe storage and retrieval of individual health records, monitoring of health trends, assessment of SHS quality (structure and activities) and research is in place.

Additional specifications are listed below, where appropriate.

Standard 1

An intersectoral national or regional normative framework involving the ministries of health and education and based on children's rights is in place to advise on the content and conditions of service delivery of SHS.

Additional specifications

This standard is overarching and carries no additional specifications.

Standard 2

SHS respect the principles, characteristics and quality dimensions of child- and adolescent-friendly health services and apply them in a manner that is appropriate to children and adolescents at all developmental stages and in all age groups. Principles of accessibility, equity and acceptability also apply to the way in which SHS engage with parents.

Additional specifications

The following list represents a rough adaptation of child and adolescent health services principles. These would benefit from more specific adaptation at national and local levels.

Equity

- Policies and procedures that do not restrict the provision of SHS are in place.
- SHS staff and other providers involved in SHS provision treat all children and adolescent clients with equal care and respect, regardless of status.
- Support staff treat all children and adolescent clients with equal care and respect, regardless of status.

Accessibility

- Policies and procedures that ensure SHS are either free or affordable to children and adolescents are in place.
- SHS offer convenient hours of operation.
- Adolescents are well informed about the range of health services available and how they can access them.
- Community members understand the benefits children and adolescents gain through accessing the health services and support service provision they need.
- Some health services and health-related commodities are provided to adolescents in the community by selected community members, outreach workers and adolescents.

Acceptability

- Policies and procedures that guarantee client confidentiality are in place.
- SHS ensure client privacy.
- SHS providers are non-judgemental, considerate and easy to engage.
- SHS delivery ensures short waiting times for consultations, with or without appointments, and swift referral when necessary.
- SHS are offered within an appealing and clean environment.
- SHS provide information and education through a range of outlets.
- Adolescents are actively involved in designing, assessing and providing SHS.

Appropriateness

- A package of health services necessary to meet the needs of all adolescents is provided within the SHS or through referral links.

Effectiveness

- SHS have the necessary competences to work with children, adolescents and their families and provide them with the health services they need.
- SHS use evidence-based protocols and guidelines to provide health services.

- SHS are able to dedicate sufficient time to work effectively with child and adolescent clients.
- SHS have the necessary equipment, supplies and basic resources to deliver the services required.

Standard 3

SHS facilities, equipment, staffing and data management systems are sufficient to enable SHS to achieve their objectives.

Additional specifications

Rooms and equipment

- Rooms comply with existing environmental and cleanliness norms (including standards for dimensions, lighting, ventilation, heating and location).
- Rooms are equipped with sufficient furnishings and equipment to facilitate state-of-the-art service provision.
- Room structures reflect the need to safeguard students' right to privacy and confidentiality.
- Emergency medications are stocked and properly managed.

Staffing

- The number of staff is in adequate ratio to the number of students and to the workload set out in the service package and defined by the national framework and goals.
- Health staff are employed explicitly to provide the service package within the framework of a SHS.
- Staff have access to time allocated for their own professional development, clinical supervision and research activities.
- SHS staff are adequately paid.

Data management systems

- User-friendly electronic devices for managing health records and promoting communication are easily accessible.

Other

- Written, up-to-date educational material is in place for students and parents.

Standard 4

Collaboration among SHS, teachers, school administration, parents and children, and local community actors (including health care providers) is established and respective responsibilities are clearly defined.

Additional specifications

Collaboration with actors in the school setting

- School management and education staff support the work of the SHS staff by, for instance:
 - providing time slots within the school schedule for SHS service provision
 - informing parents and students about health issues and services.
- SHS staff are represented on the school board.

- SHS staff support the school in optimizing education outcomes by, for example, developing education plans for students with health conditions that have an effect on their school performance.
- SHS staff are involved in developing health policies and health promotion activities at school.
- SHS staff act as a resource for teachers who implement curricular topics relating to health.
- SHS staff are involved in school environmental health issues (such as meal contents and hygiene standards in the school canteen).

Collaboration with parents and children

- SHS inform parents and children about services offered.
- SHS develop health action plans in close collaboration with parents and children.

Collaboration with local community actors

- SHS carry out a mapping exercise of local actors who have an influence on child health and well-being.
- SHS develop collaboration plans with defined responsibilities when necessary.
- Students are referred appropriately by the SHS and continuity of care is assured.

Standard 5

SHS staff have clearly defined job descriptions, adequate competences and a commitment to achieving SHS quality standards.

Additional specifications

Mechanisms, resources and opportunities

- Procedures are in place to ensure that adequately trained staff are appointed to SHS and that they are competent to deliver quality services.
- Mechanisms are in place to attract and retain SHS staff and to promote their motivation; this includes ensuring that SHS staff salaries are comparable with those of peers in the public health sector.
- Postgraduate (including continuing medical education) and ongoing professional training in school health care and wider SHS is available and accessible.
- A specialized competency-based SHS curriculum is developed and implemented, with regular updating to reflect the evolution of student needs, knowledge, resources and priorities.
- SHS staff have early access to up-to-date information.
- Supervision of, and feedback on, performance are assured for staff within the SHS service.

Standard 6

A package of SHS services based on priority public health concerns is defined, supported by evidence-informed protocols and guidelines. The service package encompasses population-based approaches, including health promotion in the school setting, and services developed on an approach based on individual needs.

Additional specifications

The service package includes at least the following aspects:

- health promotion and education (in collaboration with teaching staff) at individual and group/population levels on areas such as:
 - child and adolescent physical, social and emotional development issues
 - nutrition and physical activity
 - oral health
 - alcohol, tobacco and drugs use
 - sexual and reproductive health
 - mental health and well-being
 - injury and violence prevention;
- child protection;
- activities to ensure a health promoting school environment, including consideration of issues in the physical environment such as hygiene, sanitation, food, ventilation, light and furnishings;
- infection control measures and individual and mass immunization, in collaboration with primary health care;
- early identification of health and social problems, including conditions that affect learning;
- services for children with chronic conditions and specific health needs, with counselling at individual and school levels;
- awareness of the needs of vulnerable children; and
- early identification and referral of oral health problems.

Standard 7

A data management system that facilitates the safe storage and retrieval of individual health records, monitoring of health trends, assessment of SHS quality (structure and activities) and research is in place.

Additional specifications

The data management system should:

- comply with norms of data protection (including, for example, written protocols through which personnel have access to individual health data);
- allow access to information that is urgently needed, such as immunization records;
- facilitate referrals and continuity of care by being compatible with systems used in local health care;
- ensure that a process is in place at national and local level to clarify which indicators should be reported to facilitate decision-making; and
- facilitate SHS to contribute to national and regional public health research.