
POSTER ABSTRACT

Integrated school health services in Europe: an overview

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Danielle Jansen¹, Hanneke Vervoort¹, Annemieke Visser¹, Michael Rigby², Mitch Blair², Menno Reijneveld¹, Pierre-Andre Michaud³, Paul Kocken⁴

1: University of Groningen, University Medical Center Groningen, Dept of Health Sciences, The Netherlands;

2: Section of Paediatrics, Department of Medicine, Imperial College London, United Kingdom;

3: University Hospital of Lausanne, Switzerland;

4: Netherlands Organization for Applied Scientific Research TNO, Leiden, the Netherlands

Introduction: The extent to which School Health Services SHS professionals in Europe integrate their care with care of non-SHS professionals at school or with other primary health care providers, range from no integration at all to full integration. SHS in this study are defined as health services provided to enrolled pupils by healthcare professionals and/or allied professionals, irrespective of site of service provision and mandated by a formal arrangement between the educational institution and the provider healthcare organization. In this study, we focus on integrated SHS throughout 30 European countries. This study is part of the MOCHA study Models of Child Health Appraised, a Horizon 2020 study identifying the optimal models of children's primary health care, including SHS.

Methods: Data on cooperation policies and practices of SHS in 30 European countries is collected via Country Agents CA's, a local expert in child health services. CA's answered – for their country – questions on 1 types of SHS-professionals available; 2 informing and advising of non-SHS professionals teachers and other school staff members about children with life-affecting health issues and how to manage the child in school; 3 access to record keeping on pupils' general health issues by non-SHS professionals; 4 reporting of non-SHS professionals of general health concerns about individual pupils; 5 any formal national recommendations relating to the cooperation between SHS-professionals and other forms of primary care services; 6 any formal national recommendations that supports inter-professional working within SHS 7 national policy or guidelines that encourages inter-professional meetings to discuss the issue of absenteeism, violence and disruptive behaviour or school drop-out, e.g. meetings between SHS-professionals, teacher, and other health care professionals? 8 means of provision of key health data if a child needs emergency treatment during the school day.

Results: Preliminary results show that there is a great variation between European countries to what extent SHS-professionals cooperate and involve other professionals. Most countries have formal national recommendations relating to the cooperation between SHS and the other forms of primary care services and in most countries, but in many countries formal policies on

sharing health concerns with non SHS-professionals are lacking. As the data collection is ongoing more data will be presented at the conference.

Discussions: Thoughts of integrated care usually focus on older citizens, or those with chronic conditions. However, children of school age are at a formative stage regarding their health, health behavior, and health resilience. They spend most of their day in a school setting, which intentionally seeks to influence their future. Ensuring integrated support by health systems is very important.

Conclusions: There is wide disparity across Europe on what constitutes good integrated health support to school children. Work is ongoing assessing best structures and outcomes.

Lessons learned: SHS are an under-researched area, yet the principles of integrated care are crucial for the ongoing mental and physical well-being of this key generation.

Limitations: This work is ongoing, and final conclusions have not yet been reached.

Suggestions for future research: Deeper study of acceptability and outcomes of different models.

Keywords: school health services; Europe; inter-professional working; primary care
