School Nurses, Counselors, and Child and Family Support Teams

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Healthy children are healthy learners. When school nurses first appeared in schools in the year 1902, their role was to reduce absenteeism through the management of communicable diseases.[1] Research continues to show that fewer children leave school before the end of the school day due to medical reasons when a full-time school nurse is available.[2] Across North Carolina, there are approximately 1,150 school nurses working in more than 2,300 schools and serving 1.4 million students.[a] North Carolina's average ratio of school nurses to students currently is 1:1,225. Through the efforts of the Division of Public Health, the General Assembly, the Division of Public Instruction, local health departments, local education agencies, local hospitals, and communities across the state, we are slowly moving towards the nationally recommended ratio of 1:750 for the general school population.

The seven roles of school nurses as defined by the National Association of School Nurses and discussed by the American Academy of Pediatrics in their May 2, 2008, policy statement[3] are as follows:

(1) The school nurse provides direct health care to students and staff. In North Carolina, during the school year 2007-2008 school nurses worked with more than 237,000 children with chronic health conditions and provided case management, medication administration, nursing procedures ordered by the appropriate health care provider, and preventive health interventions and counseling.

(2) The school nurse provides leadership for the provision of health services. As the only health care provider in the school setting in many schools, the school nurse plans for the health needs of the school's population. The school nurse is involved in planning responses to emergencies and disasters, delegating care, and providing training to school staff. During the 2007-2008 school year, more than 30,000 students received medications during the school day, frequently administered by carefully instructed laypersons under the supervision of the school nurse.

(3) The school nurse provides and facilitates screening and referral for health conditions. Almost one million screenings were conducted on behalf of school children last year for vision, hearing, dental health, body mass index, and blood pressure.

> *"The ultimate goal of these…services is that healthy, stable students will be able to develop a mastery of core academic skills, will be better prepared for the demands of higher education …and will achieve economic and personal independence."*

(4) The school nurse promotes a healthy school environment. School nurses across North Carolina work with their school staff to assure that children are appropriately immunized, that appropriate exclusion for infectious illnesses occurs, and that schools are safe and healthy environments. More than 65,600 students received health counseling from school nurses last year for issues such as depression, substance abuse, tobacco use, violence, grief, and other health issues.

(5) The school nurse promotes health. School nurses in North Carolina provided more than 25,800 programs and

a All North Carolina data in this commentary are from the 2007-2008 North Carolina Annual School Health Services Report collected by school nurses across the state and compiled by the Children and Youth Branch of the Division of Public Health.

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presentations last year on topics such as first aid, chronic disease management, medication administration, and healthy lifestyles.

(6) The school nurse serves in a leadership role for health policies and programs. All local health departments in the state develop memoranda of agreement with each school district in their jurisdiction that provide an avenue for collaboration. School nursing policies guide school nursing practice, assuring health and safety in schools.

(7) The school nurse is a liaison between school personnel, family, health care professionals, and the community. They participate in the development of individual education plans to meet special education needs of students and plan for the reasonable accommodations for students' special needs that have an impact on their educational programs. School nurses made more than 12,300 home visits last year to work with the families of students they serve.

Currently 41% of nurses working in schools across the state hold national school nurse certification, and nearly 80% of all school nurses have earned a baccalaureate degree or higher. The state school nurse consultant and the six regional school nurse consultants guide and advise school nursing practice and provide training and continuing education through workshops and conferences for school nurses.

In addition to school nurses, there are school-based and school-linked health centers across the state in at least 52 locations providing primary and preventive health care to children and adolescents. These school health centers offer access to health care, early identification and treatment of disease and injury, and easy access to counseling on avoiding risky behaviors. The Children and Youth Branch provides technical assistance, monitoring, and credentialing for school health centers and collects data about their services. In the 2006-2007 school year, the 28 centers that receive partial funding from the state reported more than 47,000 visits for children ages 10 to 19. Of all the preventive visits made to school health centers, 28% were for immunizations, 45% for risk assessments and counseling, and 27% were classified as well-child visits. School health centers are staffed by physicians, nurse practitioners, physician assistants, nurses, registered dieticians, mental health professionals, and health educators. They are funded through a combination of state, local, and federal funding; private grant funding; in-kind support; and revenues collected from fee-for-service billing.

It is recognized that meeting the basic needs of students by ensuring that they are safe, healthy, and ready to learn is central to improving their academic performance. In 2005, Governor Michael F. Easley established the School-Based Child and Family Support Team Initiative (CFST) to help every child have an opportunity to succeed in school by establishing a system to serve students facing physical and mental health problems as well as social, developmental, legal, or academic problems in their lives. The mission of the CFST is to provide appropriate family-centered, strengths-based community services and supports to children at-risk of school failure or out-of-home placements as a result of the physical, social, legal, emotional, and developmental factors that affect their academic performance.

The CFST established 100 school-based teams in 21 Local Education Agencies (LEAs) across North Carolina. The teams consist of a nationally-certified school nurses and licensed school social workers assigned to work full-time in selected schools. These teams work with identified liaisons at local mental health agencies and departments of social services and with staff members from local health departments and the juvenile courts to make sure students and families receive appropriate community based services as quickly as possible. The teams are responsible for providing information concerning CFST services to anyone who may make referrals. Anyone may refer a student to the CFST. Referrals may be received through the use of standardized forms, face-to-face and telephone conversations, email messages, Student Assistance Team discussions, and other methods. The CFST teams also proactively identify at-risk students by using absentee, truancy, and disciplinary information maintained by the school systems. According to data entered into the case management system, more than 15,000 students have been indentified for services during the 2006-2007 and 2007-2008 school years. According to the data the most often cited reasons for referral included the following:[b]

- Excessive absences (28% of referrals)
- Health concerns (28% of referrals)
- Inappropriate behavior (25% of referrals)
- Mental health concerns (22% of referrals)
- Held back to repeat a grade one or more years (20% of referrals)

Once a student comes to the attention of the nurse-social worker team, an assessment of his or her status in school is conducted to ascertain whether or not the student is at-risk, and CFST services are appropriate. This often includes conducting a review of appropriate school records as well as interviewing teachers, administrators, and students (as appropriate for age and the situation).

If the student is judged to be at-risk and not receiving appropriate services, the CFST team makes contact with his or her family or caretakers to explain their services and offer assistance. In some cases, the situation is resolved through actions resulting from this initial conversation. It may be that the student's need is quickly resolved by making a referral to services already present in the school, such as to a psychological assessment or to the Exceptional Children's Program. The student's need could also be readily accessed in the community, such as help with getting glasses or a prescription filled. In other cases, however, this process involves working with the family to conduct

b The numbers total to more than 100% because respondents may report more than one reason.

an in-depth assessment and assemble a Child and Family Support Team to help identify and meet the student's or family's needs. The services identified by the teams and listed on the service plans include the following:

- Medical/physician services (18.5% of the time)
- Support for parents (12.2% of the time)
- Referrals to "other community agencies" (10.9% of the time)
- Counseling services (10.6% of the time)

The primary responsibility of the nurse-social worker teams is to lead the Child and Family Support Teams and to participate in CFST meetings when other designated agencies have assumed the lead role in service provision. Child and Family Support Teams include family members and their community supports who come together to create, implement, and update a plan to meet the needs of the child. The plan builds on the strengths of the child, youth, and family and addresses their needs, desires, and dreams. The Child and Family Support Teams are centered on the families and include their natural supports and representatives from social services, mental health, the courts, public health, and other child-serving agencies to identify and plan services.

This is not the historically accepted role for school nurses or social workers. CFST nurse-social worker teams work in one school and are better able to establish trusting relationships with students, families, and stakeholders. They are expected to work as teams, meeting both the social and health needs of students using their individual professional expertise. Students and families have a prominent role in CFST meetings, and no plan can be implemented without their participation. CFST meetings occur at times and places convenient to the family. CFST meetings commonly occur off the school campus and outside school hours. Since the needs of families do not go away during the summer, each school system is responsible for devising methods to ensure that families' needs are met throughout the year. Teams are also required to record data for the legislatively mandated evaluation.

Duke University's Center for Child and Family Policy is providing the contracted evaluation. The evaluation follows the participitory action research model and involves all stakeholders actively collaborating to address the specific issues identified by state and local practitioners, then applies the results directly to the identified problems. Outcomes are tracked through various sources of data including agency administrative data (educational, social services, and juvenile justice), surveys, and information entered into a web-based case management system developed by the evaluators for the CFST. Questions and issues that the evaluation addresses include the following:

- A description of the youth who are served by Child and Family Support Teams (grade, gender, referring problem, services received).
- A comparison of educational outcomes for schools that did and did not participate in the Child and Family Support Team process.
- An examination of changes in educational outcomes and out-of-home placements for youth before and after they entered the Child and Family Support Team process.
- An examination of the effects of the program on (a) students' access to health care, mental health care, and social services; (b) student, teacher, parent, school administrator, local agency perceptions of the CFST process; and (c) interagency collaboration in the community.

The ultimate result of these school-based CFST services is that healthy, stable students will be able to develop a mastery of core academic skills, will be better prepared for the demands of higher education and skilled work in the 21st century, and will achieve economic and personal independence. **NCMJ**

REFERENCES

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3 Council on School Health. Role of the school nurse in providing school health services. *Pediatrics.* 2008;121(5):1052-1056.

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