Archives of Disease in Childhood, 1989, **64,** 1088–1091

Personal paper

The school health service through parents' eyes

E R PERKINS

Community Unit, Nottingham District Health Authority

Starting points

The school health service, like most services with a long history, has changed its shape considerably since its inception. Started in the wake of concern that so many potential recruits to the armed forces were medically unfit for the Boer War, its broad based inspections of children began in a context where medical care was by no means free at the point of access, and where living conditions for the majority fostered ill health and the spread of disease. While we still have children whose health is affected by poverty and poor housing, the profile of childhood and adolescent ill health has changed, and the school health service has therefore changed with it.

There are those who argue that it has not changed enough, and that its objectives require more precise definition so that resources may be used more effectively. This, of course, could be said of much of the work of the caring professions. It is also argued that services should make their aims and methods clearer to the consumers, be they patients or clients, giving them full explanations and a sense of individual involvement in their own care. These two motives prompted a short research and development project in Nottingham based around parents' perceptions of the school health service. The district community unit was engaged in a general process of reviewing service provision in relation to service objectives; Trent Regional Health Authority was promoting pilot schemes for 'personalising the service' and wanted a community example. It was thought that a knowledge of parents' views of the service would help professionals sharpen up their own objectives in the process of working out how to tell parents what they needed to know.

The purposes of the school health service are not easy to define briefly. It has a dual role. On a routine basis, it provides a continuation of the regular surveillance and immunisation offered to all children through the child health clinics, aiming to identify problems before they become serious, or to confirm that all is well. School doctors and school nurses develop expertise in educational medicine so that they can advise parents, teachers, and children when health and educational problems intertwine, as is often the case. They can thus offer a specialist service for some children in addition to the general preventive care available to all. Increasingly the general preventive care is provided through a system of appraisals by nurses with selective medical examinations arranged on the basis of previous findings or referrals. Many referrals come from the nurse; in theory, however, parents and teachers also have parts to play in identifying children who seem to have problems, and in referring them for help.[1] Do parents and teachers understand the system and their role within it well enough to use it successfully? It seemed unlikely. The limited work that has been done on teachers' knowledge[2–4] suggests that there are, indeed, large areas of ignorance; parents are likely to know even less. In Nottingham an attempt was made to find out what parents know, what they would like to know, and how they would like to be informed, as a preliminary to improving the situation.

Method

In all, 119 parents were interviewed in 17 different locations, varying in the extent and organisation of medical staffing, and including middle class and 'deprived' areas. To maximise contact with parents within the constraints of funding, schools and day nurseries known to have good relationships with parents were approached for help. Mother and toddler groups, parents's groups, school clinic, and school medical waiting rooms were used to conduct informal semistructured interviews with individual parents or small groups. The sample was thus not random; it was deliberately biased towards primary school parents where contacts with schools are closer, and towards institutions interested in making

services more accessible to parents. This could be seen as a methodological flaw, introducing a bias towards knowledgeable parents. The interview schedule mixed open questions about what parents would like to know and how they would like to be informed, with a series of specific probes. These concerned parents' knowledge of the school nurse, the school doctor, the standard information sheet issued to all parents when a child started school, and the school clinic. The nature of the settings used—often semipublic—might have made parents less inclined to admit ignorance; again, the results of this enquiry are therefore likely to overestimate parental knowledge.

General knowledge of the system

Despite the bias in the sample the raw results of the survey show widespread ignorance about the nature, purposes, and workings of the school health service (table). Quantifying the results of the question on school clinics had to be abandoned because confusion was so widespread about the nature, function, and whereabouts of the clinics, in part the result of the varied approaches taken to clinic staffing and their possible 'drop in' function.

The results indicate in figures what the interviews confirmed in more general terms. The comparatively high figure for parents knowing that there was a school nurse attached to their child's school (67%) should not induce complacency; there is not much purpose served by parents knowing there is a nurse unless they also know who she is, how to contact her, and that contacting the nurse with specific kinds of problems is an acceptable use of the service. This information was generally lacking. As might be expected, the figures for doctors are much worse; not all schools in the sample had doctors attached, but where they existed their impact on parents seems to have been in general limited. The few examples of parents who knew the name of the school doctor were almost all found in a clinic where the doctor had his name on the door, a practice not seen elsewhere.

Parents learning

These figures suggest that the 'official' sources for parents to learn about how the school health service works were ineffective. The interviews showed how parents had to rely on a number of unsatisfactory sources of information for what little knowledge they had. They learnt mainly from children's reports ('A lady came to school and combed our hair'), their own experience (remembered as thorough and regular, if incomprehensible), and the 'bush telegraph', which brought rumours of clinics with helpful doctors. These sources are hardly an adequate basis on which to build an understanding of the workings of a complex system, one which head teachers frequently admitted baffled them too.

It is not surprising that the researcher received frequent requests for information about what the service was for, how it worked, and what could be expected. When the school health service was explained as an extension of the baby clinic some parents were enthusiastic, wanting to know precisely what was being investigated so that they could get involved as well. There was also criticism. Parents wanted to know when the nurse was coming, so that they could raise problems and also so that they could ease her work ('If I'd known I wouldn't have plaited her hair'). As they had never been told about the principles of selective medicals, some parents not unnaturally thought there were too few examinations. As they had little idea of the expertise of the specialist staff or of what they might be looking for, some parents understandably compared the school health service with that offered by their own family doctor. Some who felt that they had a helpful general practitioner who was 'good with children' said that if there was anything wrong they would naturally go to him. Others were scathing about their general practitioner and correspondingly appreciative of the helpfulness of the nurse and doctor they saw through the school. The widespread ignorance and confusion about the service made it impossible to define the size of each group; this would require a separate study requiring planned educational input to see that parents knew what the service was about before they were asked what they thought of it.

Parents' impressions: do they matter?

The impression of the service gained from parents in this study was one of confusion and randomness rather than of the planned systematic approach to child surveillance that the service is attempting to apply. The general parental bafflement was relieved only by current helpful experience with a particular child or by a personal relationship with a member of

Table *Parents' knowledge of specific issues*

	%
Remembered information sheet	4
Knew that there was a nurse attached to school	67
Knew the name of the school nurse	21
Knew that there was a doctor attached to school	26
Knew name of school doctor	11

the school health service—usually, but not always, the school nurse. The bafflement was usually inarticulate: in deprived areas it was often accepted as inevitable, and in middle class areas it was often confessed with embarrassment as if it was a failure in parental duty. It seems appropriate, however, to quote two parents from different areas whose comments were trenchant and telling. Both women were articulate, competent and unembarrassed; there was no sign of guilt about their lack of adequate information.

A middle class mother in her thirties:
'I didn't know there was a school health service as such—it seems to be just bits and pieces. My level of ignorance about people and services is so great that it is difficult to know whether it would help to know the names of the nurse and doctor'.

An inner city mother in her twenties, ex-nursery nurse:
'It's no good telling people [in a leaflet] how the system should work, because it doesn't. Tell people that if they have a problem, this is what *may* be available, and give them a contact point of someone to talk to, or who would ring them back'.

If parents have no problems, it seems poor public relations, at least, to let them retain a view of the school health service as random, confused, recently abolished (a middle class view), or lacking a cohesive identity. If parents do have problems, such a view presents an obstacle to seeking help (for what help could such an organisation give?) or to using its resources to the best advantage to help their child, once contact has been made. Parents' responsibilities cannot reasonably be expected to be carried out in the absence of clear information on the kind of diagnostic and support services available, and on what parents are expected to do themselves.

How much do names matter? It has been suggested that they matter because they are an efficient way of contacting people again. The case for knowing the identity of staff responsible for the care of your child goes beyond efficient contact, however. There are primitive tribes who take great care to whom they give their names, for to tell someone your name gives them power over you. It is not necessary to believe in magical consequences to recognise that there is a power imbalance between the professional on the one hand, who is in possession of the child's notes which may include considerable detail on the family, and the parents on the other, who are faced with a doctor or nurse who effectively withholds even a name. If the school health service is intended to work in partnership with the parents for the welfare of the child, a little more equality would seem to be indicated.[5–7]

Practical implications

Parents were asked how they would like to be informed. Most said that a leaflet would be helpful; some stressed the virtues of clear simple English and attractive presentation, features somewhat lacking in the old information sheet about which head teachers had been either constructively critical or scathing. Parents also wanted to know the name, telephone number, and base of their school nurse and school doctor. They wanted a clearer idea of what the school health service offered, and advance notice of nursing as well as medical visits to see their children. They wanted to be told of the results of examinations, even if they could not attend medicals because of other commitments. Reassurance that all was well was valued.

All of these seemed reasonable. Some were easier to act on than others. The project was extended to cover the development of materials—leaflets for parents with a space on the back for the name and address of the school nurse, doctor, and clinic; posters to advertise the school nurse, and name badges and labels for desks and doors; and a booklet for teachers to explain the system to them, as they also needed to know more.

All these measures are comparatively cheap. In the current climate of increasing financial stringency in the health service they may be good investments. The public will protest at cuts in curative services for children when the headlines scream about babies dying because of the lack of the latest technological equipment; it will even subscribe to the appeal to 'Save Great Ormond Street'. How many parents would protest about cuts in a service they do not understand and which fails to communicate in such elementary ways? Doctors working with children know that they need to work with parents too. In the school health service, there need to be ways in which parents can see what is on offer and how to use it properly. The sooner these are developed, the better for all concerned.

References

1 Whitmore K. *Health service in schools: a new look*. London: Spastics International Medical Publications, 1985.
2 Fitzherbert K. Communication with teachers in the health surveillance of school children. *Maternal and child health*. 1982;March:100–3.
3 Creed M. *What head teachers think of us; a critical appraisal of the school health service in North Derbyshire DHA*. Postgraduate Child Health Course Project, Nottingham: Nottingham University, 1983. pp. 20.
4 Whitmore K. The past, present and future for the health services for children in school. In: MacFarlane JA, ed. *Progress in child health*. Vol 1. Edinburgh: Churchill Livingstone, 1984.

[5] Committee on Child Health Services. *Fit for the future*. London: HMSO, 1976 (Cmnd 6684). (Court Report.)
[6] Spencer NJ. *Developing partnership with parents: strategies for the consultation*. Nottingham Practical Papers in Health Education No. 12. Nottingham: University of Nottingham, Department of Adult Education and Nottingham and Bassetlaw Health Education Unit, 1985.
[7] Nicoll A. *New approaches to child health care: is there a role for parents?* Paper 8. London: National Childrens' Bureau Partnership, 1986.

Correspondence to Dr ER Perkins, Community Unit, Nottingham Health Authority, Memorial House, Standard Hill, Nottingham NG1 6FX.

Accepted 13 February 1989

Referees 1987–88

During 1988 there was a change in our recording system and this has resulted in the omission of the names of some of our referees from the list published last December. We thank the following for all their hard work for the journal and apologise to them and others we may have failed to trace.

Adlard P
Allan L
Ansell B
Atwell J
Bacon C
Bailey C
Bartlett K
Bax M
Beardsmore C
Beattie T
Bower B
Brueton M
Burr M
Challacombe D
Cockburn F
Colley J
Cutting W
Dodd K
Dunger D
Dunn P
Eady R
Evans J
Garralda E
Goodall J
Goodchild M
Hall D
Halliday H
Harper E
Harper P
Haworth S
Herber S
Hodgson J
Holt L
Horsman A
Insley J
Jones B
Keen J
Kiely E
Kilby A
King J
Kirkham F
Kroll J
Lambert P
Levin M
Marcovitch M
McCarthy G
Meadows N
Mehta A
Mehta V
Mellor D
Newman C
Postlethwaite R
Pullan C
Raine P
Rennie J
Rigby M
Ross E
Schwartz R
Speidel B
Steer P
Stevens M
Stevens R
Swift P
Tam P
Taylor B
Thomas D
Verity C
Wales J
Waterston A
Whale K
Whitmore K
Wright J