

Researchers: Health and education are closely linked—NZ needs to integrate them more in primary schools

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Given the health and education challenges many New Zealand children face, it is surprising (and even depressing) how little crossover and

collaboration there is between these two vital sectors.

The inequities in [health](#) and [education](#) are both cause and symptom of the lasting socioeconomic disadvantage experienced by so many young New Zealanders. And yet the known interconnection between health and education rarely translates into policy or action, despite [extensive evidence](#) of the reciprocal benefits.

Meanwhile, increasing numbers of children are starting school with [social, emotional and behavioral](#) health needs. At the same time, [child health statistics](#) show conditions such as rheumatic fever, respiratory illness, and skin infections remain unacceptably high.

Poor health affects [school attendance](#), [limits learning opportunities](#) and contributes to [poor academic outcomes](#). Correspondingly, education is a [recognized determinant](#) of social well-being, and is a [powerful precursor](#) of later good health.

But decades of neoliberal economic governance have led to the health and education sectors existing in silos, with no formal directive to collaborate. Introducing a more integrated approach would make a real difference to the long-term education and health prospects of young New Zealanders.

Legal requirement to collaborate

The lack of any [legal requirement](#) for the health and education sectors to collaborate runs counter to overwhelming evidence of the likely [benefits](#).

In the United Kingdom, for example, [specific legislation](#) stipulates the need for cooperation between key agencies such as education and health to promote child well-being. Responsibility sits with local authorities, and relevant agencies must cooperate.

While New Zealand's [Care of Children Act](#) declares children's welfare and best interests should be paramount, there is no formal requirement similar to the UK's. Furthermore, the New Zealand [Education and Training Act](#), passed in 2020, does not set out any need for schools to actively collaborate with the [health sector](#).

While there are school initiatives led by the Ministry of Health—mainly concerning [nutrition](#), [physical activity](#) and [mental health](#) education guidance for teaching staff—they don't amount to a coherent collaboration between sectors.

To compound matters, initial teacher education (ITE) programs in New Zealand provide scant preparation for dealing with health issues. The programs are largely driven by Teaching Council requirements that graduates meet its professional [code and standards](#).

Apart from a general commitment to "learner well-being", they provide no requirement that ITE providers prepare student teachers for managing student health. Not surprisingly, teachers can find themselves unqualified to deal with real [problems in the classroom](#).

School as health entry point

Primary schools in particular do not appear to be a focus of any central planning or policy for delivering accessible health care.

This is despite the effectiveness and potential shown by a program such as [Mana Kidz](#). Introduced in 2012, it provides primary health care services to roughly 34,000 children aged 5-12 in 88 low-socioeconomic schools and [kura](#) in Counties Manukau.

International research has consistently shown that access to health services in schools [supports collaborative partnerships](#) between the

education and health sectors, and promotes improved outcomes for children.

While some health resources—usually public health nurses—are available to publicly funded [primary schools](#) in New Zealand, the provision is fragmented, has no national framework or service delivery standards, and fails to recognize the potential of school nursing to deliver services.

In an ideal world, regardless of the funding priorities set out in the Ministry of Education's [equity index](#), every primary school would be collaborating with local health care providers, with a recognized referral pathway (including for mental health).

Implementing a national, standardized school [health services](#) program would include developing school nurses as a critical workforce. Many international studies have shown [school nurses contribute](#) to student learning outcomes, and are accepted by [school](#) staff as the most appropriate health professionals to work with.

Towards a holistic approach

While the 2023 [New Zealand Health Strategy](#) hints at greater collaboration between sectors, its fate under a National-led coalition government can't be predicted.

And although the National Party's [policy manifesto](#) and its [100-day action plan](#) grouped health and education together, the policy details were distinct. It seems likely the current approach won't change.

But the siloed nature of the [education](#) and health sectors, as well as a lack of shared understanding of their interrelatedness, has made aligning and coordinating their work difficult.

To sustain real collaboration, directives and mandates from the respective ministries would require state-funded schools and [health](#) service providers to work together. And this less fragmented and more [holistic approach](#) would be more cost-effective than the present system which sees too many fall through the gaps.

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