
Health Fax: a pupil-held health record

Pat Jackson

The author

Pat Jackson is School Nurse Co-ordinator at Optimum Health Services NHS Trust, London, UK.

Abstract

Describes the development of a client-held health record designed to appeal to young people aged 11 to 16-plus. Explains that this evolved from the concept of the parent-held child health record, arising from the author's conviction that the emphasis of the parent-focused record should shift to one focused on the child or young person by the start of secondary school. Summarizes the development of the Health Fax by the school nursing service in Optimum Health Services, London. Outlines the results of the initial evaluation, which found that pupils were enthusiastic about having their own health record, and which also emphasized the need to have a record that would evolve both in content and design as the young person develops. Stresses that the information supplied as inserts for the Health Fax needs to complement appropriate health education, rather than acting as a substitute for it.

Client-held records, particularly parent-held child records, have emerged gradually within the health service in recent years. Such records generally symbolize user-professional partnerships rather than the professional domination of traditional health service records. With the parent-held child record, parents hold the record of their child's health and development, including birth details, vaccinations and contacts with health professionals. As its name suggests, the record is parent-focused and predominantly geared to the 0-5 years age range.

Client-held records can play a much wider role than simply providing a documentation of contacts with health professionals and assisting in inter-professional communication. They can, for example, also provide a vehicle for health promotion. In addition, such records can help to address the problems of specific client groups such as travelling and homeless families. In the West Midlands, it is not just health records that are held by such families – the education authority has pioneered the development of a "pupil record transfer scheme" whereby the educational records are kept by the family[1].

Shift in emphasis

I believe that the parent-held child health record should be developed to continue through the primary school years, with a shift from a parent-focused record to one focused on the child or young person by the start of secondary school. The rationale here is that if services are to be developed that are to be sensitive to young people's needs, young people need to play a greater part in influencing and shaping the provision of these services. This can only be achieved if young people are informed and equipped to undertake this.

As a first step towards this goal, the school nursing service in Optimum Health Services, which covers the London boroughs of Lewisham and Southwark, introduced the Health Fax in 1993. This was a health record given to all pupils in their first year at secondary school, year 7.

Health Fax is now in its third edition, having been influenced in its design and contents by young people since its conception. The aim was to ensure that the design of the record was culturally acceptable to the targeted age group. At the outset, a small

survey was conducted to ascertain the views of young people regarding the concept of a pupil-held health record. A group interview was set up at a youth club and 20 young people volunteered to take part. The group was mixed boys and girls ranging in age from 12 to 20. Sample copies of the existing parent-held child record were shared with the young people as an introduction.

The group viewed the parent-held child record in its current form as unacceptable because it contained little of relevance to them. However, the young people interviewed expressed a great interest in owning their own health record and felt they would be able to influence its use. The group as a whole were also unaware of what services were available to them. Those who had reached the age of consent did not know what services they could access in their own right. They were completely reliant on parents and their parents' knowledge of services, and were at a complete loss about where to seek help on issues that they felt unable to discuss with their parents.

An evolving record

Very early on in the design of the record, it became evident that it would be impossible to produce a record that would be suitable and appeal to the 11 to 12 year age range, while also being suitable for and appealing to those aged 16-plus. Therefore, there was a need to produce a record that would evolve both in content and design as the young person developed. While certain vital information needed to remain, other sections of the record could be transitory and be removed by the young person when they considered it appropriate. Thus the "Filofax principle" was hit on, and hence the name of the record, the Health Fax.

Most young people can be considered to be completely healthy. We therefore need to guard against medicalizing adolescence. This issue also needs to be considered in the provision of services for this age group. Young people are more likely to be concerned with wider health issues such as unemployment and the environment than they are with specific diseases such as coronary heart disease[2,3]. It is hoped that by introducing a client-held health record for this age group, we can begin to understand and address some of the health issues affecting young people, as

well as giving young people more control over information about themselves.

The first edition of Health Fax was largely determined by "professionals". It was decided that Health Fax would have two main functions. First, it would serve as a health record, containing information on immunization status, results of health screening, past medical history, allergies, etc. Second, it would be a vehicle for health promotion material including information on how to access services. The latter was deliberately underdeveloped in the first edition, as it was felt that young people themselves should influence this section and that the evaluation should influence how it should develop.

Enthusiastic reception

Health Fax was evaluated one year after its introduction. In all, 322 pupils completed a questionnaire in 13 secondary schools[4]. These pupils were tremendously enthusiastic about it, and welcomed the idea of having their own health record. Feedback from this evaluation generated many ideas about what the record should contain and, in some cases, about how information should be presented. Much of this information has been used in the subsequent editions.

The design of the Health Fax, based on the Filofax principle, allows for flexibility within individual schools, individual areas or even for individual groups of young people. The record deliberately has no contents page and no numbering of pages, in order to allow for further developments when formulating responses to a given need. We have also recognized that, when formulating responses, we need to take a multi-sectorial/multi-agency approach and that the future development of the record should not be confined to input from health alone.

The Health Fax has now been introduced by two other NHS Trusts and by a fundholding general practice in Oxford. There has been considerable interest from individual schools who see the Health Fax as a teaching aid within the personal, social and health education curriculum. The evaluation also highlighted the concept of the Health Fax as a teaching aid to help develop pupils' communication skills, and the use of the record in a much wider context which would fit within the framework of the health-promoting school[4].

Local angles

Areas that have so far introduced the record have included their own local information. They have added, for example, local help-line telephone numbers for young people in the Useful Telephone Numbers section, a section that the young people who took part in our evaluation particularly valued.

One surprising aspect arising from the evaluation was a preoccupation with illness and disease. One positive suggestion for tackling this was to include a diary page for young people who have a health problem. This can serve a variety of needs. Young people with, say, asthma or epilepsy can use the page as a record sheet. It may also have particular relevance to girls who want to keep a record of their menstrual cycle. Or it may be used to record other facts unrelated to health.

Not surprisingly, asthma was a condition that was mentioned several times in the evaluation. Over the past year, Optimum Health Services has been working closely with The National Asthma Campaign to develop an insert for young people who have asthma. The four-sided insert provides basic information on asthma, a personal health plan, including when to seek professional advice, and information on what to do in an emergency. It is likely that inserts will be developed over time to cover a whole range of health conditions. These could also serve as an invaluable reference source for school staff who may need to know about an ever-increasing array of health conditions within their daily school work.

Appropriate inserts

Much work has also been carried out on developing appropriate inserts on a major area highlighted by the evaluation exercise: growing up and sex education. The boys in our survey were mainly concerned with physical changes, whereas the girls expressed an interest in information on the emotional aspects of growing up. Inserts have now been developed which provide information on the physical changes for both boys and girls, together with

straight answers to some of the common questions that young people ask about growing up.

A further stand-alone insert has been written on "Feelings", which attempts to describe the emotional changes that young people go through. In addition, there is an insert with key sexual health messages which highlights the avenues open to young people who are seeking advice or services relating to sexual health. This latter insert may be seen as more suitable for older pupils.

We hope that all these inserts will be seen as complementary to appropriate health education, not as a substitute for it.

The third edition of Health Fax has been amended to enable the record to be implemented in other parts of the country, rather than being specific to Lewisham and Southwark, as the first edition was. This edition contains a set of basic inserts covering health messages on eating for health, cycling safety, care of feet and use of personal stereos.

We have recognized that there is a danger of creating "overload" if the record includes all the health messages and information that we felt young people should have, as well as being a record of their personal health. Decisions on which basic inserts should be included should therefore be taken locally, with the option of adding further inserts as they become appropriate or as need dictates. What is clearly evident, both from our evaluation and the continued support and enthusiasm of the young people who have received the Health Fax, is that it is both wanted and valued by them.

References

- 1 Tyler, C., "Travellers tale", *Nursing Times*, Vol. 33, 1993, pp. 26-7.
- 2 McPherson, A. and McFarlane, A., "What teenagers think about their health", *Health Visitors Journal*, Vol. 61 No. 7, 1988, pp. 224-5.
- 3 Smith, R., "Crisis in teenage health", *British Medical Journal*, Vol. 304, 1992, p. 1001.
- 4 McAleer, M. and Jackson, P., "The school health fax", *Nursing Times*, Vol. 31, 1994, pp. 29-31.