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Rainbows: A primary health care initiative for primary schools



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Summary Within the current Australian health system is the understanding of a need to change from the predominate biomedical model to incorporate a comprehensive primary health care centred approach, embracing the social contexts of health and wellbeing. Recent research investigated the benefits of the primary health care philosophy and strategies in relation to the *Rainbows* programme which addresses grief and loss in primary school aged students in Western Australia. A multidisciplinary collaboration between the Western Australian Departments of Health and Education enabled community school health nurse coordinators to train teacher facilitators in the implementation of *Rainbows*, enabling support for students and their parents.

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The results of this qualitative study indicate that all participants regard *Rainbows* as effective, with many perceived benefits to students and their families.

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1. Introduction

Within the current Australian health system is the emerging understanding of a need to change from the status quo of the predominate biomedical model to incorporate a comprehensive primary health care centred approach. Primary health care embraces social contexts of health and well-being, developing long term relationships with health care consumers to promote community participation and control over their health services. A focus on equity, access, empowerment and intersectoral partnerships intensifies the need to view health holistically, taking into account physical, psychosocial and environmental factors (McMurray, 2008). The *Rainbows* programme is a grief and loss recovery programme for primary school aged children who have experienced loss such as death in the family, parental divorce or other painful transitions. Facilitators have embraced a primary health care approach to address a range of social and community factors impacting on the students, assisting to positively resolve and accommodate changes that have taken place in their lives. This paper will feature an evaluation of the *Rainbows*, highlighting the primary health care approach underpinning programme delivery to primary school aged students and their families.

2. Background

Health is a multidimensional concept, not solely viewing physical wellbeing of individuals but the social, emotional and cultural wellbeing of people and whole communities (Eckermann et al., 2010), recognising that good health is critical for social, economic and personal development and for quality of life (The Standing Committee on Social Affairs, Science and Technology, 2009). A social model of health highlights the wide range of family, societal, economic and environmental impacts on the health of individuals or communities, acknowledging complexities of health and wellbeing that are not able to be comprehensively addressed through biomedical and bio-psychosocial approaches (Guzys & Arnott, 2014; Parry, 2011). It is important to view social determinants of health as fundamental elements towards developing primary health care approaches. These determinants emphasise the importance of social, economic, cultural, community and environmental impacts on health which in turn influence access and quality of health care available for populations (Eckermann et al., 2010).

Addressing both health prevention activities and disparities necessitates holistic, intersectoral approaches with government, non-government and communities working in partnership to coordinate services. These initiatives depend on sound evidence based understanding of primary health care, recognising contributing political and economic influences in structurally changing and narrowing the essential elements of primary health care. Effective partnerships facilitating primary health care approaches are vital but

all parties need to appreciate and work towards common agreed targets and implementation models. As such, it is important to understand the differences between targeted and comprehensive primary health care and how these approaches may complement or detract from effective planning. Selective primary health care is a targeted approach where specific population groups or issues are identified as needing priority attention. This has been linked to health planning targets and focused outcomes (De Vos et al., 2009; McMurray & Clendon, 2011). Comprehensive primary health care is more closely aligned to the social model of health, addressing determinants of health through multidisciplinary partnerships in addition to community controlled social changes which impact on health. Strategies to positively affect social, political, environmental and economic impacts for individuals, families and communities through sustainable, empowering practices are integral to this approach (Keleher & MacDougall, 2011). Syme (2004) identifies the importance of empowerment in facilitating greater control over everyday health and life challenges. However, this can be viewed as a two way process. Individuals need to take responsibility for their own change but will only benefit if reciprocal changes are supported by the wider social, educational and structural environment (Tsey et al., 2005). Increased engagement opportunities are directly related to appropriate local and broader community supports.

How best to develop enabling strategies to assist individuals and

communities to foster primary health care environments is dependent on partnership approaches and these frequently result from collaboration between community health nurses and non-health professionals such as teachers. Community based child and school health nurses engage with people in a variety of settings, with comprehensive primary health care central to their professional practice. Within their scope of practice is acknowledgement of the importance of health prevention and influences of social determinants of health. Recognition of ecological environments in which clients and communities live underpins the reality of how they work in partnership to facilitate realistic, appropriate, affordable and accessible health programmes and strategies.

The *Rainbows* programme is a grief and loss recovery programme that has been available in 204 Western Australian primary schools over an eight year period since 2002. Facilitators assist grieving students experiencing loss across a spectrum of experiences, for example, death, divorce, trauma or relocation (Krouzecky, 2013). Stresses arising from these experiences contribute to a range of issues such as low self-esteem and self-efficacy, poor emotional regulation, inappropriate peer relationships and learning impediments (Cohen, Mannarino, & Deblinger, 2006). Subsequent difficulties in coping with school environments and expectations for learning underline the benefits for support within this local setting.

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