



AECA SA Branch Newsletter

June 2003

People and Programs

An Interview with Debra Kay

Debra Kay is the Manager, Interagency Health Care, Special Services, in the Department of Education and Children's Services. Deb has been instrumental in developing the Health Support Planning program within DECS and is an enthusiastic advocate of its outcomes for children, families and staff.

Health Support Planning

The Health Support Planning model introduced by the Department of Education and Children's Services ensures that children with health care needs are able to participate in child care, preschool and school programs and tries to make life easier for families and staff working with these children by giving them greater peace of mind about the provision of health care support for the children. It is a model which has applications for care and education programs across Australia and could easily be implemented in all states.

As a teacher, how did you become involved with health support planning?

I began as a primary teacher within the education department. I became involved in a whole range of health education curriculum work. In this role, people approached me for assistance with health care in schools, rather than health education. The need for a policy and coordinated training and services soon became apparent.

You mentioned the need for centres and schools to be aware of and manage risk assessment. What is this?

As an example, many people see risk in terms of fear, for example, risk of contacting meningococcal disease. In terms of prevalence however asthma, for example, is far more prevalent, yet is sometimes not seen or treated as a risk.

By the same token, there are areas of risk management which are taken for granted such as medication management or helping older children with toileting.

What is the health support planning process?

The health support planning process was introduced in South Australia in 2001. It is very clear about the scope and limits of the work of education and childcare staff in supporting children with physical and psychological health care needs. Parents and guardians are acknowledged as primarily responsible for their children's health and welfare while health professionals are responsible for medical management and care. In partnership with parents and health professionals, education and child care workers provide health support but not health care.

Education and child care workers assist with four kinds of health support:

• First aid

Education and child care workers undertake first aid training which is based on a basic worksite first aid training program developed in South Australia: First Aid In Early Childhood Centres And Schools (FACS). If a child becomes unexpectedly ill or injured staff will administer basic first aid, call an ambulance if needed, and inform parents or designated emergency contacts. A resource, *First aid in early childhood centres and schools* (DETE, 2001), provides a practical, comprehensive overview of first aid in education and childcare services for staff.

• Supervision for safety

Education and child care workers can store and supervise prescribed medication and encourage children who are able to self-manage their own health care, for example a child who can monitor his/her own blood sugar levels. A resource, *Health support planning in schools, preschools and child care services* (DETE 2001), provides a practical, comprehensive overview for education and childcare personnel on how to work with families and health professional to plan safe, consistent health support for children. A range of supplementary resources and

In this issue

- An interview with Debra Kay
- National Executive Report
- National Awards for Quality Schooling
- Conference Report

Children of the Gulf War

Adelaide

7-28 June, 2003

*Barr Smith Library,
Adelaide University*

*Photo exhibition by
photo journalist
Takashi Morizumi:*

*This exhibition documents
the lives of children in
Iraq since the last Gulf
War in 1998 and the
human face of warfare*

Published by:

AECA SA Branch

c/- Lady Gowrie Child Centre
39a Dew Street Thebarton
SA 5031

An interview with Debra Kay

cont from p 1

training programs applies these guidelines to a wide range of conditions including anaphylaxis, cancer and ADHD.

• Personal care support

Education and child care workers can work with families to plan support for children who need help with hygiene, continence, eating and drinking, and transfers and positioning. A resource, *Personal care support planning in schools and preschools* (DETE, 2001), provides staff with a detailed guide to providing personal care support in education and child care services.

• Protection from infection and infestation

Education and child care workers follow health standards to provide as much protection as they can, for all children, from the spread of infection and infestation (eg head lice). They are supported in this through access to *Staying Healthy in Child Care* (3rd edn), a publication produced by the Commonwealth (available at <http://www.health.gov.au/nhmrc/publications/synopses/ch40syn.htm>). They also liaise as required with infection control experts and other public health authorities.

How is child health support implemented in services?

At every step parents are primarily responsible. Initially, parents discuss their child's health care needs with the child care centre, preschool or school. Parents take responsibility for getting an individual health care plan for their child from their doctor. The Department of Education and Children's Services has developed a range of forms to help parents get this information.

Under the Extended Primary Care (EPC) scheme, doctors can claim a Medicare rebate for providing a health support plan, provided that two other professionals are involved. For a child in school the other two professionals might be a social worker from the hospital and a school counsellor. For a younger child, it might be the child care worker and a policy risk person from the licensing authority.

Parents work with the doctor and centre or school staff to ensure that the health care plan supports the child's participation and enjoyment in the service. For example wherever possible, therapy is scheduled to take place at home unless it is integrated with the program at the school or centre.

Parents work with staff to develop the child's health support plan and keep in touch, as agreed, to make sure all is going well with the plan. Parents also make sure the child has everything he or she needs each day to enable health care needs to be supported. Parents

involve the children wherever possible in planning for his or her health care and taking responsibility appropriate to her or his age, skills and confidence.

Staff access the relevant training program - if they have not already done this.

Where does the funding for this program come from?

There really isn't any: It is all achieved through collaboration and cost recovery.

What do child care centres do when parents have children who require the kind of assistance offered by Access Assistants?

Child care centres can buy in the same kind of service from nursing services, however it is usually quite expensive. With this kind of arrangement, there may be no back up service and the centre and staff trained to administer the procedure are left with the ultimate responsibility, if they agree to

undertake the procedures. This raises issues of risk management.

Could you provide some scenarios for what health care plans might look like?

Some examples might be:

A child with asthma who occasionally needs medication. In this case the parent would provide a health care plan, staff members would be trained in asthma first aid, and parents would ensure the centre was supplied with everything needed to manage an asthma attack.

A child with an allergy who experiences anaphylactic reactions. In this case the parent would provide a health care plan, staff would undertake a departmental course in anaphylaxis management, including how to administer an epi-pen, and the parent would supply the epi-pen.

What if the child's health care plan is more complicated and requires medical care?

Some children's health support plans require health care that is complex and /or invasive. These health support plans are more safely provided through a process of care being delegated by the relevant health professional. When this is the case parents can request assistance from the Access Assistant Program.

Child and Youth Health Access Assistant Program staff work very closely with nursing services, in particular with the registered nurses from the Disability Health Care Support Service (DHCSS) and community health such as the Pt Augusta Paediatric Unit.

Funding for Access Assistant Program staff comes through the Ministerial Advisory Committee: Students with Disabilities. Nursing services are funded through the state Disability Services Office and work this model in cooperation with other community services.

Under this program, workers (Access Assistants) are employed to provide direct health care to children with a physical disability and /or complex health needs while attending a government or non government preschool or school. Access Assistants are care workers (not nurses) who work under the supervision of a registered nurse. They provide care that cannot be provided by school and preschool staff. This type of care includes care of tracheostomies, gastrostomy meals, catheterisation at regular times of day, oxygen therapy and complex asthma or epilepsy management. Currently approximately 100 staff are employed to provide healthcare under this program for 300 children in the government and non government school sector. The Access Assistant program is not currently available in child care centres

The registered nurse works in partnership with parents, doctors, and other professionals who are treating the child to develop a Health Care Plan. The nurse then trains the Access Assistant to competence in the procedures required, for example changing catheters, to provide care to the child according to this plan. The Access Assistant is given detailed written instructions for each procedure and must not deviate from the procedure. The Access Assistant also reports any changes in the child, or in the child's circumstances, to the registered nurse. The nurse takes ultimate responsibility for the procedure and is available in person or by phone to the Access Assistant

For younger children (birth to 8 years), the Child Youth and Health Early Childhood Intervention Coordination Program assists parents who are concerned about their child's development and may need special help. These coordinators are available across the state and provide parents with information about services and support groups in their area. They help parents access services and benefits, and support and assist parents in dealing with agencies or organisations which provide services for children with special needs.

In some cases the registered nurse actually goes to the school with the child. This is primarily for children who do not fit the delegated care model.

For each of these models of health support, the limitations are clearly described. It is very rare that a student cannot safely attend a service, and when this is the case in the schooling area, a distance program is implemented to ensure students continue to access curriculum as they are able, and peer and social contact is maintained.

cont from p 2

A child who requires rectal diazepam for seizures. In this case there is no course available for staff to take, usually a clue that the health care plan requires more complex procedures. This type of procedure is likely to require an Access Assistant. However recently a nasal form of midazolam has been found to be clinically effective and this is being increasingly used within community settings, to great positive effect.

Should there be health care plans in place for staff as well as children?

Staff members should disclose to management conditions which might cause problems in the centre, eg. duty of care to children. Centres should also consider asking staff to provide their own health care plans in circumstances where they may require health support, and/or in circumstances where the staff member's health care needs could impact on children in the workplace.

What other services do you provide as manager of interagency health care?

We work in whole school health promotions, we manage research projects and we also provide advice about proposed research projects. One example of our current work is our involvement with *beyondblue: the national depression initiative* in which we are exploring the most effective role for schooling services in the prevention of depression and the provision of effective support for student learning and well-being.

For more information

For more information on the DECS Health Support Program:

<<http://www.schools.sa.gov.au/schlparents/>> click on 'student well being' click on 'health support'

The resources listed above published by DETE (2001) can be purchased from:

Health Information Centre, Women's and Children's Hospital

Ph: 8161 6875 Fax: 8161 6885

E-mail: healthinfo@wch.sa.gov.au

Staying Healthy in Child Care (3rd edn) can be purchased from the Australian Government Info Shop or accessed on <<http://www.health.gov.au/nhmrc/publications/synopses/ch40syn.htm>>

For further information about the Child Youth and Health Access Assistant Program, contact the nearest Child and Youth Health Centre.

Further information about training programs is available via the training and development website:

<<http://www.tandd.sa.edu.au>>

Christy Ward & Kylie Sharrock

The second National Executive meeting for 2003 was held at National Office in Canberra on 2-4 May. The following report highlights some of the major areas that were discussed.

Governance

The National Executive has been considering the governance model of management and has agreed to proceed with the model at future meetings.

Strategic National Meetings

The President, Judy Radich reported on her participation in a number of key meetings:

- Meeting called by Minister Anthony with Ron Lally.
- Minister Anthony's Think Tank on child care matters
- 3rd Child Care Reference Group

Strategic Alliances

- Further contact has been pursued with Families Australia
- Australian Medical Association (AMA)
- Council of the Aging (COTA)
- NIFTeY

with a view to AECA acting as a knowledge broker able to offer expert advice about young children. The ECA project reinforces this position and the first phase is due to be completed soon.

Publications

First issue of *Learning at Home* to be launched at the National Conference.

Second issue of the *Learning at Home* series - *Learning to Read* in development

A proposal for offering people a choice of two publications with their membership will be drafted

Branch Reports

WA

Work is continuing on an AECA policy on Family Friendly Work places

The WA branch has reviewed their constitution and drafted amendments

ACT

ACT government is developing an ACT children's plan and is considering consultation with children in developing the plan

Tasmania

Branch has been preoccupied with the upcoming National Conference

New South Wales

An issues night was held to discuss staff shortages, funded by DoCS.

Qualifications committee met with Interim Institute of Teachers to discuss Early Childhood teachers as part of this process. Regulations review response completed. Issues for National Council include review of Code of Ethics and Staff Shortages

Reviewing rules of Incorporation

Progressing on AECA policy on Gender Equity

Queensland

Planning for 2005 National Conference progressing well

Northern Territory

Involved in planning the NT children's services conference *Weaving Our Children's Voices*, 4-7 September, 2003

Bernard van Leer Foundation is sponsoring a project by Bachelor University on both ways child care.

Victoria

Early Childhood Staff Registration Board is being considered and a draft paper has been developed by the Victorian branch

Issues have arisen over registration of NZ teachers to teach in preschools under reciprocal arrangements

New fencing regulations have been put in place that require swimming pool type fencing only - even for remote and mobile services

National Committees

National Education Forum

Professor Kwong Lee Dow, Chair of Commonwealth Committee on teaching and teacher education, gave an excellent presentation issues. AECA's participation enables the importance of early childhood issues is kept on the agenda.

NCAC

Validation report has been re-written with approximately 25% of indicators removed. OSHC resources should be distributed in the next month.

Changes in service ownership have caused problems in submission of self study reports etc. A two month window has been introduced for change of ownership

Lack of transparency issues have been addressed

There are a number of services that have not been accredited

There was discussion about the validation and appeal process, and the appointment of validators and moderators

National Conference

Premier of Tasmania is opening the conference

International Speakers

Organising a circuit of international speakers in the off Conference year was discussed

There is a suggestion by Pademelon Press to work in liaison with AECA to bring international speakers to Australia to present around the country.

It was noted that anything of this nature would not be done in competition with AECA's member base

Round Table forums taken around the country was suggested

Budget

2002-03 Budget is on track

Proposed 2003-04 Budget has been drafted. In principle endorsement was given to the inclusion of a provision for Research and Development in the 2003-2004 Budget.

Issues for Children

Think Tank Outcomes

The following points were made in a discussion on the recently held Think Tank and will form the basis of a response to be sent by the National Director.

- Concern was expressed about the release of the Think Tank report
- There is a need for the recommendations to be discussed widely
- There is a danger with saying that childcare is the answer for every child.
- While the paper is focusing on child care, AECA would also like to look at unifying services for children 0-8 and look out for children not in formal services.
- Families need to understand what is happening as they may need to carry additional burdens associated with improved working conditions. It is important to talk to parents about all issues in childcare.
- The issue of training and RPL are large issues and need to be addressed
- What would AECA like to see as an outcome from the Think Tank and the Think Tank recommendations?
- Who actions the recommendations?

The following groups were identified as being considered for inclusion in next stages:

- People involved in the delivery of training
- People on the ground in services
- Employers Teacher Quality group
- Children's Health (physical and mental) professionals Academics with an understanding of the training process
- Psychology based academics Vocational training
- Training is no substitute for salary and condition increases
- Work needs to be embedded in the Agenda for Children

Broadband Review

There was much discussion on AECA's submission to the Broadband Review, including the need to emphasise equity matters.

AECA's response has since been submitted and is available from the web-site at

<<http://www.aeca.com.au/AECABroadbandSub.html>>

Andrea McGuffog

National Awards for Quality Schooling

PRIZES PUBLICITY PARTNERSHIPS PROGRESS

Exciting work is being undertaken in government and non-government schools around Australia. The National Awards for Quality Schooling (NAQS) provides these schools with the opportunity to tell the story of their school improvement project and be recognised and rewarded at a national level.

So showcase your school improvement project and become part of an interactive, professional learning environment.

One million dollars in prize money will reward Australian schools, teachers and school leaders for outstanding contributions to schooling.

This new Commonwealth Government initiative will recognise and support schools and teachers committed to sustainable school improvement.

Prize money of up to \$1 million will include:

- 12 national prizes of \$24,000 for whole schools and/or teams of teachers.
- 26 national prizes of \$12,000 for individual teachers and school leaders.
- 50 minor prizes of \$8,000 for individual teachers, teams of teachers, school leaders and whole schools.

Applications may come from the pre-primary, primary and secondary levels of schooling - in government, Catholic and

independent school sectors. Up to six national prizes and eight minor prizes will be awarded in the pre-primary category. Pre-primary is determined as an early childhood service (for 3-5 year olds) provided by qualified early childhood teachers. Applications are welcomed from the pre-primary level in all Award categories.

Underpinning the Awards are the web based resources of the National Quality Schooling Framework (NQS). All information about NAQS, including judging criteria and how to lodge an application, is available through the NQS website at <<http://www.nqsf.edu.au>>

Applications must be endorsed by the school principal/ school leader and verified by two referees. Judges will be looking for clear and convincing evidence that significant and sustainable whole school improvement has been achieved.

The Awards will be presented by the Commonwealth Minister for Education, Science and Training, the Hon Dr Brendan Nelson MP, at a ceremony to be held in Term 4 2003.

For more information contact the NAQS Project Coordinator
Australian College of Educators
Phone 1800 131 323 Freecall
Email: NAQS@austcolled.com.au

The Priority Areas for the 2003 Awards are

- Literacy and numeracy
- Safe school environments
- Values education
- School leadership
- Innovation in science, mathematics and technology

Applications must be received by 31 July 2003

Conference News and Websites

Our Children the Future 1 - 4 May 2003

I was pleased to be the representative for AECA on the Steering and Program Committees. The conference was organised by the Department of Education and Children's Services (DECS) along with care and education organisations.

I was asked by one of the participants what the ingredients were that could put together such an inspiring and well organised conference. I think it is the commitment that DECS and the staff involved and also the commitment of the care and education organisations. This working together I think makes for success.

The venue, the Adelaide Convention Centre was an excellent venue and given that there were 1,500 participants we needed a venue of this size.

The traditional welcome by Kurna people

and an inspiring opening keynote address by Marcelle Townsend Cross from South Cross University's College of Indigenous People set the scene for the rest of the conference.

Along with a number of keynote addresses, workshops and seminars, this conference had expanded to include three symposiums:

- Birth to three
- Parents
- School Age Care

These symposiums were well attended and although the final evaluation is not completed it seems likely that these will be a feature of future conferences.

If you were unable to attend the conference but would like to hear more you will be able, in the very near future, to access the papers on the conference Website

<www.octf.sa.edu.au>

Elizabeth Dau