

FEEDBACK FROM ACT HEALTH HAAS FOCUS GROUPS

Over the period, 9, 10, 11 & 15 June 2015, ACT Health conducted Focus Groups of 144 teachers & school assistants on the HAAS program.

Black Mtn: 43	Malkara: 35	Cranleigh: 22	Woden: 44
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The outcomes illustrate some very clear and strong views about how staff think HAAS should be done, who it should do it, what skills & qualifications should be available.

The feedback shows there is a very great deal in common amongst teachers and school assistants across all four workplaces.

It is particularly for this reason that AEU feels that staff should have access to their contributions made during the Focus Groups across the four workplaces.

In summary, staff felt that ACT Health nurses have an integral role to play in the operation of the HAAS program. In particular, staff identified a spectrum of healthcare needs of students which they felt required the presence, expertise and experienced judgement of nurses.

Nurses also brought with them a certain confidence level amongst both parents and staff.

Staff (and teachers in particular) were emphatic that they saw their jobs as being educational rather than medical and to the extent that they were pre-occupied with the latter, then their capacity to address the education needs of their students were progressively diminished. As the needs and behaviours of students becomes more complex, it is clear that this division of staff labour between education and healthcare would widen and demands dedicated and specialist resources and personnel.

Good management required that the educational staff be able to concentrate on their jobs while the medical needs of students were tended to by professional healthcare staff.

When you look at the lists of healthcare needs identified by staff focus groups at each of the special schools, the broad scope of the complexity of issues teachers and staff are required to address in lieu of nurses is breath taking. That such a range of complexity should be removed from nurses as the proper staff to deal with it beggars belief.

In parallel with these focus groups, AEU conducted an electronic survey of all its members on a comprehensive range of HAAS generated issues. Approx. 400 principals, teachers and school assistants responded together with a further 60 parents and community members overwhelmingly corroborated the comments made by teachers and school assistants in the staff focus group comments.

For example, 95% of participants identified nurses as the best people to carry out the healthcare procedures in schools with 100% of responding principals agreeing that the performance of this work increase workload and stress levels.

The AEU now provides this copy of the record of the staff focus groups for your information. We welcome your comments.

HEALTHCARE IN SPECIALIST SCHOOL PROJECT – SURVEY DATA

Focus Groups

Black Mountain School, Wednesday, 10 June 2015

Staff Group

The meeting started at 3.15pm and at 3.20pm, staff broke up into six focus groups which discussed the following questions until 3.35pm, when the groups came together and feedback was shared until 4.10pm.

1. What do you see as the Healthcare needs of students at the Black Mountain School?
2. How do you think these needs could be met?
3. What are the reasons for your answer?
4. Anything else?

Comments were obtained from 43 staff; there were six facilitators for the six groups.

A list of student health issues at the school is on page 7.

After the group session, there was the opportunity to ask questions until 4.15pm, when the staff focus group session ended.

Staff comments/issues:

The most prominent theme to emerge from the staff focus groups at the Black Mountain School was the need for an onsite Nurse. Staff comments such as -

- *“A lot of people are hoping to have a nurse in school who can respond to emergencies for all students.”*
- *“People preferred a nurse.”*
- *“Our group would like a nurse to oversee HAAS and respond to emergencies for all students.”*
- *“We need a nurse on site who has accountability and responsibility for all emergencies. There are grey areas.”*
- *“Nurse can do the trouble shooting situations outside the care plans.”*
- *“Have a nurse in school like it used to be; nurse would attend every day.”*
- *“Nurses have the emotional training that medical nurses have as they are better trained.”*
- *“The routine stuff can be dealt with by HAAS, but need for nurse in crisis.”*
- *“School staff are okay with HAAS, but need nurses for emergencies – need an extra person.”*
- *“Need a nurse responsible for all students.”*
- *“When (we) had nurses they did everything, now first aid officers do Medab;”*
 - *“If I did get called to do it, not sure if I’d cope with it.”*

In terms of the qualities and qualifications needed by a nurse, comments were provided by some of the groups:

- *“Someone who can take responsibility for day to day medical issues such as admin; like who should do training, and when do they need follow up; monitor the effectiveness of the staffs’ training.”*
- *“Also there are issues with confidentiality and professional handling and storage of drugs; we’ve had limited information given to us about these.”*

A comment was also made that if the nurse is sick, problems will back up for whoever is looking after the kids.

The groups’ discussions also yielded the following feedback about the need for nurses:

- *“Routine stuff can be dealt with by HAAS staff. Having a nurse available for emergency work is needed.”*
- *“To manage unexpected, emergency situations and specialised medication.”*
- *“Great concern for non-HAAS students as we can’t even contact a nurse about the child.”*
- *Concern that parents did not know that nurses were leaving the school.*
- *“Our first aid staff (only 2) are LSAs and often out of the school.”*
- *“Accountability for paperwork, need more governance by Registered Nurse depending on complexity.”*
- *“If new diagnosis of diabetes for instance, LSAs need more support from a Registered Nurse.”*
- *“Need increase in number of LSAs for additional needs students and nurse to oversee and teacher as back up. Nurse to contact parent.”*

- *“Need someone with ‘in depth’ knowledge of students to do the tasks; if student ‘not quite right’ want a nurse to validate and advise.”*

Feedback also included the situation where - *“If things are getting ‘critical’, need someone to assess and advise on site; nurses and professionals – nurses trained for everything.”*

During a question and answer session at the end, the Director advised that in relation to HAAS, the Department won't be going back to the old model, as there were difficulties in the past to ensure the ongoing competences of the nurses.

“There’s been an assumption that nurses are competent at everything, but this isn’t the case. Some can be; some won’t be. They need to have the appropriate training.”

The issue of having “Health Representatives” was raised by the groups.

- *“In other schools, health representatives are used; they have expertise in things such as what to cover in a health lesson.”*
- *“We want to have a professional for guidance and training and when the unexpected happens. It could be a health representative? Or a nurse?”*

Written comments about this issue were that –

- *“Having a professional health representative to provide guidance and oversee procedures etc., other than education staff who are implementing them.”*
- *“A health representative in the school to provide education to staff and students on general health outcomes who could also oversee training etc. deliver health curriculum.”*
- *“Staff trained in HAAS as well as a health professional to oversee training, and staff implementing HAAS.”*
- *“Issues with responsibility over students’ health needs;*
 - *Change in students’ conditions (happens) so quickly.”*

There was a general comment that the School needed *“a whole class model rather than HAAS specific LSAs/staff.”* When this was teased out, it was suggested that an *“integrated health model in the classroom”* would be good.

Some groups provided feedback from the teacher’s perspective –

- *“Responsibility for emergencies to be not reliant on Black Mountain School staff who have educational role to fulfil.”*
- *“Health and welfare of students should be paramount and teachers are not trained in this field.”*
- *“Unsafe medical practices are happening due to lack of experience.”*
- *“Asking teachers to concentrate solely on one student is against all teaching practices to monitor all classroom activity.”*
- *“Educational staff (are) often reluctant to admit mistakes that have been made in HAAS protocol.”*
- *“Wouldn’t ask nurse to teach science and geography – why are teachers required to do medical procedures?”*
- *“Students’ right to education is compromised when a HAAS carer is not available at school on any specified day.”*
- *“Divided teacher perspectives - HAAS has allowed some LSAs to increase; some teachers want nurses as was the previously.”*
- *“Time taken away from teaching time to provide HAAS support.”*
- *“If teachers/staff are stressed, students get stressed too.”*

There was also feedback about the impact of HAAS in other areas:

- *“In the old system, nurses on site allowed for education program to continue.”*
- *Hygiene affecting in-room support already, without adding HAAS responsibilities.”*
- *“With insulin, this requires a dedicated LSA, which can be an issue when off campus.”*
- *“There are problems with how HAAS is being overseen. It’s not clear where responsibilities lie.”*
- *“We need additional staff.”*
- *“Need to cover the person who is doing (peg) feed or administering medications.”*
- *“For seizures, need someone to take over and manage the seizure so LSA/teacher can get back to the class.”*
- *“An alternative way to run HAAS could have 4 or 5 LSAs who are trained to do all the tasks.”*
- *“Concentration on HAAS task is sometimes difficult.”*

Another group mentioned that *“LSAs can’t focus on their task; for example, feeding a student in the classroom in our group we are responding as we have someone (i.e. LSA) to come into room.”*

- *“There are impacts on the outcomes for all students in the classroom; e.g.; training can require 15 minutes out of every class every two weeks, and either the program stops, or the training isn’t done.”*
- *“None of our students can learn independently.”*
- *“Someone to come into class and manage health needs, and no other staff member has to leave when they do; i.e. learning is compromised when LSA or teacher has to leave room.”*
- *“Can’t move between medical/educational needs.”*

One participant said they were *“jumping between challenging behaviour, but she has to calmly give care,”* and *“the problem is that for non HAAS students, when they’re sick they don’t have a care plan.”*

One participant described the situation, that prior to HAAS *“one group had 2 LSA plus a teacher,”* but now she has *“3 LSAs plus a teacher – I have extra support (1 on 1) but ratios are different in other classrooms. I can call on for 2 HAAS, but in another class there are not enough staff.”*

“Huge level of HAAS need; Four additional staff are great for the classes that have this, allocated based on care needs.” The participant then observed that *“For 1 on 1 level of care it’s okay but many day to day procedures add extra workload.”*

One participant said that some staff are not comfortable giving needles.

- *“It pushes staff way out of comfort zone; don’t have training.”*

The group feedback noted that *“staff feel uncomfortable even when first aid trained, don’t feel equipped. Staff have different levels of confidence doing treatment such as needles.”*

One group thought that for non HAAS students, two first aid officers is not enough.

An additional comment was *“Why are we calling them ‘non HAAS?’ i.e. they also have strong needs such as medication and they’re more vulnerable.”*

One participant mentioned that *“We were given a folder with treatments, but one staff hadn’t looked at it until HAAS started, and suddenly there was lots of confusion, but I had to think twice before calling a first aid officer – need a nurse for all students as having support during emergencies is needed.”*

- *“HAAS training is for routine things.”*

One participant didn’t know how she’d cope in an emergency. It was said that *“a 15 minute procedure can take half an hour.”*

One group wrote that there were some positives to HAAS.

“HAAS has provided more flexibility – high needs students can now go on CBI.”

Other general observations were made:

- Ongoing training is essential.
- Compared to mainstream schools, there are a large portion of students who are not/do not fall under HAAS but require personal/individualised health care plans/support.
- Medications: extra support/training on the ground for training – emergencies.
- Higher first aid needs for many students due to ‘follow-on’ effects from their disability (e.g.: balance.)
- Safety of students and staff – if staff required to manage HAAS, the rest of the class is left with fewer adults to manage.
- Need to know how to report incidents confidentially to Health/ETD.
- Extra workload should translate to extra staff pay.
- In regards to emergency response – *“Time taken for ambulance to get to Black Mountain School – GPS takes them to Dryandra Street, so they lose about five minutes finding main entrance in Miller Street.”*

List of health issues encountered at Black Mountain School		
<ul style="list-style-type: none"> • 1 to 1 support from LSA to particular students • Accountability for paperwork • Allergies • Allergies – EPI pens • Anaphylaxis • Asthma • Behaviour management and knock on effects • Breathing problems – mild to severe (aspiration and choking) • Can't take temperatures, weight • CBI – meds, forms, plans • Cerebral palsy - choking • Choking • Controlled and uncontrolled diabetes • Controlled and uncontrolled epilepsy • Diabetes management 	<ul style="list-style-type: none"> • Dietary requirements – eating plans and diets; choking • Difficulty breathing • Epilepsy • Equipment management – prep; clean up and storage; sterilisation • Food • Frail students • Heart disease – oxygen levels, consistent monitoring every session • High and complex medical needs • Hygiene – toileting, personal care • Hypoglycaemia • Medication administration – not all classes have an LSA • Medications e.g. Movicol, Panadol, Midaz, Epilum, prn (variations of oral, liquid, crushed etc. – up to 10 tablets in a session) 	<ul style="list-style-type: none"> • Medicine • Mental health • Mobility • Monitoring of oxygen levels • Peg feeds • Physiotherapy • Regulating temperatures to avoid seizures, nose bleeds • Seizures – triggered by heat, cold, illness • Students are susceptible to common infections/colds – have weak immune systems. • Tube feeding • Unwell students come to school • Vision; auditory impairments

Black Mountain School - Parents' Focus Group (REDACTED)

Malkara School, Garran: Monday 15 June 2015

Staff Focus Group

The staff focus group started at 3.17pm with an introduction by the Director; then at 3.25pm staff broke up into five focus groups which discussed the following questions until 3.50pm, when the groups came together. The questions for discussion were -

1. What do you see as the Healthcare needs of students at Malkara School?
2. How do you think these needs could be met?
3. What are the reasons for your answer?
4. Anything else?

Comments were obtained from 35 staff; there were also five facilitators for the five groups. The session finished at 4.20pm.

A list of the healthcare needs at the Malkara School is on page 6.

Six parents attended the parent focus group, which started at 4.30pm, and finished at 5.25pm. Feedback from this session starts at page 7.

Staff comments/feedback

During the Director's introduction, one of the participants asked a question about the need for a review – *“You're suggesting we have a problem with having the nurse?”*

The Director advised the participant about the unsustainability of the current model in use at Malkara; i.e. that a Registered Nurse only needs competency in life support, and that there is no requirement for competency in other healthcare areas which may arise at the School.

The groups' discussions were primarily about their continuing need for an onsite nurse. One group was *“unclear why the system is changing.”*

- *“The best way to manage our school's needs is to keep a nurse.”*

Another comment was of the need to *“Maintain the status quo.”*

One group gave an example of why the nurse was needed onsite –

- *“In our classroom there was one week this term when the whole of the staff were away sick, so who’s going to do their work?”*

The Project Manager pointed out that there were only four nurses available for the Special Schools; and commented that – *“The Canberra Hospital can’t spare a paediatric nurse.”*

One group thought that the nurse ensured the school’s –

- *“Smooth operation, with minimal disruption.”*

This group wrote that the nurse is onsite from 8am to 4.30pm, and deals with, for example, deaths, hospital and liaison; and does more than just health tasks, for instance, paperwork, counselling. The nurse has a *“holistic role, including liaison (with the families of students).”*

There was a common theme running through all the groups’ comments about the great benefits of having a nurse onsite at the school. For example, the nurse works collaboratively with school staff, works closely with families, and knows the students.

One group mentioned the situation of children in hospitals.

- *“In hospital, teachers come in to teach kids, the nurses aren’t asked to teach the kids.”*
“Kids in our school need nurses, so we should have a nurse.”
 - *“If I’d wanted to have been a nurse, I’d be a nurse.”*

Another participant said that the kids’ healthcare needs were *“not black and white.”*

- *“Our kids have hard core, significant medical needs.”*

One participant pointed out –

- *“If we didn’t have the nurse, there’d be ambulance call outs more often; (our nurse) is a safety blanket.”*

Written comments pointed out that *“School staff don’t understand medical symptoms.”* One group said that –

- *“We don’t have the skills to know what to do, so we’d just call the ambulance.”*

Another group noted that health and education are closely linked for these students and hard to separate.

From the education perspective, written feedback mentioned that staff *“cannot fit this (i.e. healthcare) into a packed schedule.”* (There’s a) *“Time factor of educator attending to health care.”*

- *“We need someone (onsite, but) not in class, and who’s dedicated to health care.”*
- *“We have no downtime; all our eyes are on the kids; all hands on deck.” (and) “if we have to drop everything for five minutes we can’t do our job.”*
 - *“It’s taking away from educational time.”*
- *“For example the classroom staff would get stressed and take no breaks, (but) our nurse would take care of it, and she’d have her break later.”*
 - *“It’s a workload issue.”*

All participants thought that *“the existing way (i.e. onsite nurse) is good.”*

One participant said that they *“need a high level of corporate knowledge of the students.”*

- *“Someone who understand the students (and) has professional authority.”*

Written feedback mentioned that *“If not (a) nurse, other qualified person available all the time.”*

- *“Could be first aid officer with training and not on class duties, and remunerated.”*

One group pointed out that *“85 percent of children have no verbal skills; (it’s) even more important understanding diagnoses and implications of those on symptoms the child might be displaying.”*

The healthcare issues were also mentioned from the teacher's perspective. One participant said that if *"upskilling everyone to medical care, they'd have studied nursing."*

Another participant spoke of the process of healthcare management in the school - *"Inside the classroom, the LSA refers decision to the teacher; the teacher refers the decision to a medical expert (i.e. the nurse, or a doctor)."*

- *"Even with an epilepsy plan, a call for an ambulance can be needed."*

"The nurse can draw on their knowledge; they're more equipped to make the decision; teachers can't do this."

There was written feedback about the role of LSAs –

- *"LSA knows student but not sure of the background and health status."*
- *"(There's a) time issue – LSA can't be in two places at once."*
- *"LSA would have decreasing time to do other roles."*

During the session, the question was asked - *"Can the LSA say no (to doing this work)?"*

One group mentioned that there are 27 LSAs at Malkara.

Another participant said that *"we have to keep a routine; more so than mainstream schools."*

- *"We can't transition to another class if there's a disruption; for instance, the kids in wheelchairs have mobility issues."*
- *(It was) "best if procedures happen in class (to keep a routine)."*

"The kids' health care needs to be done by someone the students know."

- *"We need to have an external (i.e. outside the classroom) corporate medical knowledge."*

The Project Manager pointed out that HAAS doesn't require them to make any decisions. Another participant cited an example from the previous week -

- *"Our nurse picked up that student had a blocked airway; ambulance came," (so) "who's going to take responsibility (in a situation like that)?"*

"We can't keep track of time in class for medications. We could forget the medications."

- *"It's good to have someone call in (to the classroom); health care comes to students."*

Another theme was the safety of students.

- *"There are safety issues around someone giving the students their medication. We need a dedicated person to come in."*

The Project Manager mentioned that teachers gave students their medications at mainstream schools, but one of the participants pointed out that Malkara was a different school – *"We don't have time as we're monitoring the kids; chasing kids all the time"*

- *"(To change the system) would be taking away from the nurse's role – devaluing their role – we don't want to take this away from the kids;"*
 - *"The kids need it; the staff need it, and the person in the nurse's role is doing a great job."*

One group's written comments mentioned that -

- *"Parents feel reassured with the nurse's presence, can be a reason to send their child to Malkara."*
- *"School staff feel reassured with nurse presence especially for student with complex health needs; for example - end of life plan."*

It was also *"Reassuring for children/parents to have some point of contact."*

The Director then explained that the model at Malkara is "dated" and that the nurse is being asked to do work beyond her scope; *"We need a safe model; sustainable."*

The Director pointed out that there were backfilling issues for the nurse, as there were no relief nurses available. The group thought that this *"can't be an issue for staff."*

There was another theme around staff following care plans; one participant said –

- *“If (our response) is set in the care plan process; if we follow (these) it might be okay, but it could be dangerous if things don’t go to plan.”*

One participant said that *“I don’t have the expertise; there are huge disparities in our expertise;”*

- *“We are an educational organisation.”*

Written feedback noted that *“Staff trained for teaching; do not wish to provide health care. Some may leave special education to a less stressful career.”*

“We’d have to communicate to parents if the current model is shifted; we’d have to tell parents there’ll be less teaching, and need funding; it’s taking away from the core business of the school.”

- *“The issue is that the kids are here to learn.”*

“In an emergency we’ll call an ambulance, tell the parents; I won’t allow staff to take the responsibility so I’ll just call the ambulance.”

An example was used by a participant; *“last week there was a 45 minute choking situation, and the nurse called an ambulance whereas none of us would have been able to make that decision and call; we have no expertise to judge.”*

The Manager of Disability Education thanked the staff for their views, and then the Director explained the process for providing further input to the review.

List of Healthcare needs at Malkara School		
<ul style="list-style-type: none"> • Administration of equipment • Allergies • Behavioural problems – impact on health • Brittle bones – easy breaks • Burns • Catheterisation • Cerebral Palsy • Choking • Clinical assessment of student needs on a day to day basis • Clinics – feeding (nurse does these); weighing and liaison • Comfort for parents (health knowledge) and also staff • Communication – impact on/of health needs – non-verbal students • Complex medical needs 	<ul style="list-style-type: none"> • Diarrhoea • Eating inappropriate items (potentially poisonous) • Enteral feeding • Feeds – peg (management of feed and problems) • First aid – students and staff • Hygiene issues; personal care/toileting/changing • Injuries – students/staff • Keeping staff informed - e.g. whooping cough • Low muscle tone – trip/balance hazard – clinical assessment of injury • Manage equipment • Medication –administration/ storage and management 	<ul style="list-style-type: none"> • Oxygen • Passing on health information; e.g. health plan information to all staff • Peg feeds • Physical – OH&S issues for staff to move kids out of wheelchairs • Rashes • Seizures (management and emergency response, how to tell when seizure occurring) • Suctioning – regular injuries • Swelling – abnormal events • Tracheotomy • Tube feeding • Vomiting • Vulnerable children (medically)

Malkara School, Parent Group (REDACTED)

Cranleigh School, Holt: Thursday 11 June 2015

Staff Focus Group

The staff focus group started at 3.03pm with an introduction by the Director; then at 3.10pm staff broke up into five focus groups which discussed the following questions until 3.27pm, when the groups came together. The questions for discussion were -

1. What do you see as the Healthcare needs of students at Cranleigh School?
2. How do you think these needs could be met?
3. What are the reasons for your answer?
4. Anything else?

Comments were obtained from 22 staff; there were also five facilitators for the five groups. The session finished at 4.03pm.

A list of the healthcare needs at the Cranleigh School is on page 7.

Two parents attended the parent focus group, which started at 4.34pm, and finished at 5.15pm. Comments from this session start at page 8.

Staff comments/issues:

The discussions from the staff focus groups were mostly around the need for a continuing presence onsite of a nurse at the school, primarily for the "non-routine" situations; i.e. emergencies.

- *"Like to have a nurse; nurse is extra support"*
- *"Monitoring – provides support and help."*
- *"Too much responsibility for LSA."*
- *"Preference is to keep nurse on site."*
- *"Knowledge, support, manage the unexpected."*

The focus group also spoke of the benefits of having a nurse -

- *"Nurse has professional knowledge and skill i.e. managing tonic/clonic seizure – undiagnosed."*
- *"Nurse; monitoring during the day and providing advice; this assists with staff mental health; nurse provides 'peace of mind.'"*
- *"To pull LSA off a class is difficult; can't drop everything and go; it can set off the kids."*

It was mentioned that the school needed a nurse for intermittent emergencies; for example - seizures.

It was pointed out by one group that seizure management is required in one third of students, and that this can involve oxygen or medications.

The children's communications difficulties were a common theme for the staff. The children may be "non-verbal" and have difficulties communicating, for example, a high temperature. The participant thought that – *"Having someone who can see there is evidence of a health issue."* was important.

One participant also mentioned that – *"(the) kids don't understand safety; no idea of consequences."*

The participants mentioned other benefits of having the nurse –

- *"Students have medical plans which change – nurse keeps these up to date, chases up forms and medication orders. Contacts parents prior to carrying out."*
- *"Someone available all the time in case needed."*
- *"If child comes to school sick, nurse follows this up."*
- *"First aid and access to immediate and available higher medical assistance – i.e. Registered Nurse."*
- *"Consistency."*
- *"Build a history with kids."*
- *"Have to know kids – reading the kids."*
- *"Reassured parents."*
- *"To avoid overwhelming teaching load."*

One participant mentioned that the nurse was also there for all the children at the school. The nurse -

- *“Was able to identify health deterioration/ or if an ambulance is needed.”*
- *“Provided information to staff, for example; handwashing information re: epilepsy.”*
- *“Nurse wrote letters to parents if their children had diarrhoea.”*

One participant pointed out that the school was *“Now not using nurse for first aid; Cranleigh is trying to move away (from this practice);*

- *i.e. basic first aid done by first aid officer.”*

Having a nurse meant that there was not a problem with *“chop and change”* for the students, parents and staff.

One participant mentioned that a nurse has *“a very good ability to assess support i.e. rule out issues,”* whereas a first aid officer is not suitable as they can't rule out issues.

The staff commented that a nurse -

- *“Must recognise health needs.”*
- *“This person brings training in kids' needs.”*
 - *“better flow in care plans.”*

It was mentioned that *“After an incident – staff needed an opportunity to debrief; some incidents are ‘beyond first aid’”.*

It was suggested by one group that in the case of epilepsy plans/seizures, a *“dedicated ‘trained’ health person was needed.”*

Another theme of the focus group was staff training; in the case of training LSAs for healthcare, it was thought that – *“Train LSAs who are willing (i.e. not automatic part of the job).”*

- *“Two to three staff members trained,”* and *“rotate to care for health care needs”* with the benefit of *“consistency with paperwork.”*

Another group mentioned that *“not all staff were trained in first aid,”* and that the Department should *“fully fund everyone to do first aid,”* and that *“school executives should do advanced first aid.”* The school Principal then pointed out that first aid training is a school based decision.

When the question as to “sufficient” training was posed by the Project Manager, the response was -

- *“I would like to see training of LSA – teachers quite often have to prioritise education; don't have information to make a decision.”*

The Director mentioned to the focus group that - *“At Cranleigh there is a problem if the nurse needs to take personal care because their absence is not covered.”*

The Director explained to the staff that at The Canberra Hospital, for example, there are dedicated first aid people and any injuries there are not necessarily attended by doctors and nurses. *“The object is to have best practice model; don't want a lesser service. We want a particular model that works for kids, parents and staff.”*

Another theme voiced by one of the groups was the situation for teachers.

It was thought that there was a grey area in terms of the teacher being in charge of the medical decisions in the classroom. The *“teacher is there to teach kids”* was one comment.

- *“In HAAS, it's a problem if LSA makes problem (because) it's the teacher's problem.”*

One group mentioned that there was *“Pressure on teacher to make health ‘calls.’”*

One participant said that *“LSA people came to support education at Cranleigh;”*

- *“Our people came here for the kids' education.”*
- *“Need for partnership between health and education as students' education is not separate to their health needs.”*

It was said by one group that *“Maybe people are interested in a health role”* but the *“Model needed is like the one used for therapy assistants – go to CIT; HAAS should have a certificate.”*

One group noted that *“HAAS nurses (are) located at S.S.”*

Other concerns about HAAS were mentioned –

- *“Dual roles with increasing workloads.”*
- *“Impacts education needs of the class.”*
- *“Disruptive.”*

The focus group thought that there were other pressures stemming from HAAS, for example, the legal side.

- *“The legal issues haven’t been tested.”*

On another, personal level, staff spoke of the pressures at the Cranleigh School –

- *“Personal pressure enormous.”*
- *“We had an incident – a kid died night before camp; if this had happened on camp we would have been devastated.”*
- *“Another incident; kid fell out of wheelchair. No signs, big court case down the track.”*
- *“LSA is huge huge responsibility (“at my age I don’t want this (HAAS) responsibility”) things do happen; things can go wrong.”*
- *“Looking after kids is a huge responsibility.”*
- *“If one person taken out of class everything is lost.”*
- *“How are we going to fit it all in?”*
- *“Here for schooling.”*
- *“Other stuff is full time job.”*
- *“Don’t want to be taken away from education program.”*

A participant also commented that *“Not everything can stop when a kid has a seizure.”*

The focus group had other concerns about the difficulties of healthcare management of students at Cranleigh -

- *“Flow charts/care plans – open to interpretation.”*
- *“Teachers excluded from care plan (but had) duty of care.”*
- *“High level of communications to parents of students’ health needs.”*
- *“Injury management – compounded by students’ lack of understanding (i.e. autism etc.)”*
- *“Fragile parents – some parents deal better with difficulties.”*
- *“(Kids have) Complex health needs that change.”*

One of the groups mentioned some issues that the nurse currently dealt with -

- *“Manage health plans for students – allergies and asthma and compile a master list”.*
- *“Checks staff injuries and student injuries (higher proportion of student injuries than mainstream schools and injuries likely to be more serious).”*
- *“Overview of health of all children e.g. children with nutrition risks, interpreting symptoms - (children may not have verbal skills).”*
- *“Students here have a higher threshold of pain and therefore injuries can be more severe when noticed.”*
- *“Nurse has to assess individual needs and risks; for example, an end of life plan is part of what our nurses do.”*

One of the groups reported that the *“parents are anxious about who’s going to be a HAAS child.”*

It was mentioned that on occasions, the nurse also had to liaise with parents on the children’s medical issues, for instance, encouraging visits to a doctor when needed. In one instance a parent did not take action until the nurse became involved.

One group mentioned that their goal was around developing the students’ independence.

To this end, *“Personal care is timetabled learning.”* The *“LSA sees toileting as education to become independent.”* A participant said that there were *“no children who can do own peg feed.”*

The participant went on to say that *“Kids may be up to pulling up their pants,”* but that *“They’re on their journey to independence.”*

It was mentioned by one participant that there were 96 students at Cranleigh School.

List of Healthcare needs at Cranleigh School		
<ul style="list-style-type: none"> • Administration • Allergies (severe – epi pen) • Allergy management • Anaphylaxis; • Aspiration management/awareness • Asthma management • Autism/sensory • Communications; impact on health (e.g.; non-verbal) • Complex first aid • Complex health needs that keep changing. • Diabetes management • Eating: oral, Peg, management of choking/aspirations • Epilepsy • Epilepsy management • Following up with kid, calling parents if sick • Food and water – peg feeding/hydration • Fragile health of students 	<ul style="list-style-type: none"> • Fragile parents – some parents deal better with things • Giving medication (including consulting with parents) • Having someone who can see there is evidence of a health issue • Head lice management • Hearing • High pain threshold • High physical needs (e.g. mobility) • High temperature • If kid has accident e.g. autism • Managing children who become sick • Medication • Medication (administering) • Mental health and wellbeing of staff at the school; for example, stress. • Other feeding issues (oral/tactile sensitive) • Palliative care • Paperwork 	<ul style="list-style-type: none"> • Peg feeds • Potential for a future student needing regular suctioning/airway management • Psychological /mental health • Record keeping • Seizure management • Time consuming nature of tube feeding (Peg) • Trauma – psychological, mental health, behaviour issues • Triage for illness (student may not be able to indicate illness) • Tube feeding • Understanding each student's need • Understanding non-verbal children and knowing them and understanding their individual needs • Vision

Cranleigh School – Parent Group (REDACTED)

Woden School, Deakin; 9 June 2015

Staff Focus Group

The meeting started at 3.20pm and at 3.25pm, staff broke up into five focus groups which discussed the following questions until 3.50pm, when the groups came together.

1. What do you see as the Healthcare needs of students at Woden School?
2. How do you think these needs could be met?
3. What are the reasons for your answer?
4. Anything else?

Comments were obtained from 44 staff; there were five facilitators for the five groups.

During the background information presentation, a question was asked as to whether this healthcare focus group would include mental health issues of the students at Woden School, as *“there were a couple of students with huge mental health issues.”*

The Project Manager agreed that these were to be included so as not to be discriminatory.

One parent attended the parent focus group, which started at 4.42pm, and finished at 5.20pm. Comments from this session start at page 6,

Staff comments/issues:

It was noted by one group that they have three HAAS programs, and that *"most of the LSAs are involved in HAAS."* There was a need to *"make it work equitably"* rather than *"through the goodness of our hearts,"* and that they had *"no easy time."*

One theme which emerged was the difficulties that staff had when coping when a HAAS worker was absent from the classroom, either because they were called elsewhere or they'd been unavailable to come to work that day. They pointed out that no LSA means the teacher will be impacted. In cases of emergency -

- *"Triage is used and toilet and medical needs override education need."*

The question was raised by the staff of what is the LSA role? Does the LSA have access to education? There are issues around definition, training, expertise.

- *"A lot of LSA staff can't rationalise how they're used. It becomes crisis management."*

This was thought to be *"a resource issue."*

A big issue for one of the groups was *"Dedicated staff who are at risk of burnout."*

A common theme was that additional training, and more support staff, would allow for rotation into the gaps which appear in a non-routine (i.e. every) day and would reduce staff burnout.

Currently, for instance, when a first aid officer is called out of the classroom, the teacher and LSA are under extra pressure.

One group noted on their written comments that *"some staff are trained but there are problems with the day to day logistics of backing up to cover for absences. For example: classroom left without LSA and it only needs one high needs child to cause an emergency."*

One participant described how LSAs share the load in his group – *"Many people are being trained so that no one burns out. This differs in other groups."*

The groups thought that a bigger pool of trained staff was needed. For instance, one participant pointed out that some HAAS people were away (that day), and there was an *"ad hoc way to cover the gaps."* This had a *"domino effect on the rest of the school."*

One group reported that student healthcare needs take time away from core business and has a *"domino effect"* which impacts on LSA time; and less focus on medical model as LSA core business is education. *"The system currently keeps education and health separate."*

Another difficulty for the staff was that as well as the needs of HAAS, *"other students are also very high complex needs."*

It was reported by one group that some students needed physical assistance, for example, with hoists, or wheelchairs; and some students can be fragile.

A common theme was the lack of facilities. One participant said - *"We only have one shower and not enough toilets."* This also contributed to *"the domino effects of staff outside class."*

One group thought that HAAS added on to the LSA role, leaving classes without help.

Medication was currently done by the first aid officer, and one group queried the role of the front office person.

There were food issues such as under/over eating, food intolerances and allergies; potential choking concerns, but these were the responsibility of all staff. Students had varied dietary needs; or student may not be eating, or could need stomach feeds; or tube hydration.

Also, one group pointed out that HAAS people were trained for one type of need, for example peg feed, but not diabetes. This group thought that *"HAAS should have holistic care."*

It was pointed out that *“Health needs and treatments are evolving and changing continuously”* which creates additional pressures for staff.

One participant mentioned that *“The escalation of minor issues can be difficult to deal with.”*

One group thought that there needed to be more policies and strategies which reflected the daily practices of staff at the school.

- For example, one participant said that *“we already transported students in our own cars, and there are no policies for this”* with the resultant problems of the safety of staff and students.

It was mentioned by one group that *“some staff are supervising students in close quarters, and staffing allowances need to reflect this.”*

The same group identified that most of the LSAs are involved in HAAS.

There were also issues around the expectations that the LSAs had created for students. *“The LSA has set high expectations, but when the LSA is absent the students’ expectations are not matched.”*

While the SCAN (Student Centred Appraisal Needs) project took into account toileting and medication, *“additional supports are needed; for example, peg.”*

Below are some written comments provided by staff as a result of their discussions. These comments represent their views on the healthcare needs of students at Woden School:

- (Peg) Feeds increase, meaning more time out of class for the LSA therefore student and teachers suffer greater responsibility.
- If HAAS person is away, duties increase double fold and other HAAS person misses their break.
- Teacher has duty of carer in classroom therefore can't leave.
- First aid person needs to leave class to give medication/bandaid etc.
- First aid officer
 - Knows the children;
 - Familiarity with their condition
 - Not nurse work; parents do this care
 - Confident HAAS workers and first aid officers are doing a good job
- 4 first aid officers works well
- Training. HAAS is good – issue is loss of staff in the classroom.
- Loss of educational support when first aid officers leave designated class to attend to first aid.
- Call ambulance when severe.
- Follow plan; call first aid plan in unexpected event.
- We have a duty of care, question – who relieves? (when staff have to fill in).

- Ratios of staff to students are an issue.
 - Risk to students and staff – mental health/anxiety (escalating complications);
 - Wheelchairs/ toileting (needs 2 people)/ taking blood/ peg feeds (hygiene)/ choking/spitting/seizures/ frequent dressings: some of these take 2 LSAs to 1 student.
 - These are behavioural issues combined with physical needs.
- There are timing issues; i.e. flexibility is gone owing to timing of tasks/scheduling.
- Physical facilities – more accessible toilets, bathrooms, showers etc.
- Trained LSAs; much good will but this is a resourcing issue.
- First aid training and kits available.
- Shower – lack of facilities, means LSA is held up.

The groups wrote that these healthcare needs could be met -

- If more staff trained HAAS it would decrease pressure.
- More trained staff means more rotation and less risk of injury and burnout.
- Need to train more staff and back up staff.
- First aid officers trained in HAAS - as many as possible.
- Need more support staff trained.

- Better handover; medical plan attached to ILP.
- Behaviour plans.
- Medical alert plans.
- Training in individual medical alert plans.
- There is no recognition for the work that LSAs do and no reward; LSAs volunteer to do extra work, which is tiring. Some financial recognition is needed.
- We have a collective, team approach, but additional training. Where is funding while LSA is trained for a procedure?
- Staffing – allowance/no of staff to reflect time needed to attend to needs.
- Specific training on health conditions – regular refreshers.
- Modified physical environment e.g. regular inventory of items needed.
- Condition management plans.
- Safety of students and staff; risk management.
- Staff need clearly defined roles/responsibilities .

This means:

- Student able to attend school.
- Education.
- Staff confidence in managing complex needs
- Awareness

The staff participants listed the following healthcare needs of the students at Woden School.		
<ul style="list-style-type: none"> • Diabetes – BSL and Insulin needs • 1:1 supervision/HAAS • Physical – toileting 3 students/LSA • Peg feeds; water 3 times per day (measure intake/ HAAS specific toileting times) • Complex medical conditions i.e. adrenal insufficiency • Epilepsy/Asthma • Hygiene (including nose wiping) • Sight and hearing issues. • First Aid – check temperature • Prader Willie – eating plans/supervision 	<ul style="list-style-type: none"> • Hygiene needs • Mental health – self harm OCD, anger, violence, depression, anxiety. • Medication plans • Mobility – manual handling. • Sexual health – education, appropriate supervision • New health/new developments • Feeling of inclusion – students need to participate; • Communication needs • Offsite health support 	<ul style="list-style-type: none"> • Psychological – mental health and wellbeing, impact on other students • Supported toileting • Nutrition • Importance of staff physical fitness • Epilepsy (seizure management) • Anaphylaxis • Peg feeds • Medication • Personal care – toileting, menstruation, hygiene • Seizures

Woden parent session (REDACTED)

FOCUS GROUP – SPECIALIST SCHOOL NURSES (REDACTED)