

# **FACILITATING ACCESS TO MAINSTREAM EDUCATION FOR CHILDREN WITH SPECIAL HEALTH NEEDS**

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Essex Heights Primary School is a State Government Primary School located in Mt.Waverley, Victoria. The school is located in the demographic centre (with respect to population) of Melbourne. The average school population is of 750 students, schooled on a single campus. The school community is a diverse one in which 12% of the students are from non-English speaking backgrounds. Twenty-four different languages are spoken within the school community. Sixteen percent of the families are recipients of education maintenance allowance to assist with meeting the costs of students' education. Every student at the school is integrated - by that I mean that we endeavour to meet the student and families' needs, irrespective of their different abilities. To this end, the school has the largest integration program in the State of Victoria. Many of these students require multiple intervention from a team of health professionals to meet their diverse and dynamic needs.

In 1996, the school was able to employ a full time paediatric nurse to expand, coordinate and improve the delivery of health services to the school community. This was possible due to the 'Schools of the Future' program, that gave schools the option of 'full staffing flexibility'. This allowed schools to enhance support for their individual school community by implementing programs and policies that were tailored to meet their communities' needs...

## **SCHOOL HEALTH HISTORY**

Health care provided in schools from the early 1990s was associated with screening for communicable diseases. With a dramatic improvement in health over this century (due to immunisations, antibiotics and other medical interventions) child health problems have become strongly associated with social problems. Improving child health has come to focus on issues such as providing greater structure and support to families, ensuring access to health and social services, reducing injuries, identification and treatment for substance users, and other social support for children living in poverty.

Schools are a microcosm of society. At any one time 99% of six to fifteen years olds are enrolled in school. Once children are enrolled in school, many of their health and development problems are identified.

## **HEALTH AND LEARNING**

Children must be healthy to be able to learn, and children must be educated to assure their optimal health. Health and the learning ability of a child are inextricably connected. However, health and education programs and policies are separately developed, financed and operated.

Therefore, it is imperative that ‘natural bridges’ of cooperation and collaboration are constructed between health and education.

## **THE NEEDS OF CHILDREN AND THE ROLE OF THE SCHOOL NURSE**

Childhood is a dynamic period in human development in which children have many needs. They need caring adults in their lives to guide, support, coach and provide encouragement. Children need to have routines and boundaries, which are predictable and provide a sense of connectedness. School nurses can provide guidance, support, encouragement and boundaries by role modelling and reinforcement of positive habits.

Children need opportunities for self-discovery: to run, play, and observe, to solve problems and to ask questions. They need protection from the dangers of bodily harm, violence, neglect, and psychological, sexual and physical abuse. School nurses listen to students, they help students develop sensitivities that help them learn to protect themselves, and help students trust their feelings and seek help when relationships make them feel uncomfortable. School nurses are mandated to report suspicion of child abuse. Children need adults in their lives whom they can trust and whom they consider to possess special knowledge. Children need to be able to ask questions about things that trouble them. Listening in a non-judgmental way allows students to access the information that they seek.

Students need continuity in their lives- this facilitates connections and a consistency of care. School nurses can provide continuity for students. Advocacy for students is an important component of the school nurses’ role. They are often privy to pertinent information that contributes to deeper understanding of the students’ behaviour, which assists in making connections between the child’s life, health problems and behaviour. Children need to experience a circle of protection composed of teachers, administrators, parents and school support personnel. School nurses can act as catalyst for this group.

## **ESSEX HEIGHTS HEALTH CARE CENTRE**

Essex Heights Primary School is an *inclusive school*. This policy is based on the recommendations made at the World Conference on Special Education in 1994. Known as the Salamanca Statement, the document guides policy making on the placement of students with special needs in this country. Staub and Peck (1995) define inclusion as ‘... the full-time placement of children with mild, moderate and severe disabilities in regular classrooms’.

Innovations in medical technology have improved the life chances of children with a range of conditions previously devastating or fatal. This along with the major changes in which disability and illness are perceived, has meant an increase in the number of students attending school who have ‘special health care needs’. Graff and Ault (1993) found that the term ‘children with special health care needs’ is used because of the emphasis on the *child*, with special health care needs secondary to the child’s overall needs. Children with special health care needs represent about ten to fifteen percent of the population of children and youth from birth to twenty years of age. Of this group, ten percent (or one to two percent of the total population) are considered to have a *severe, chronic* illness, defined by Hobbs, Perrin and Ireys (1985) as one that ‘interferes significantly with normal functioning and development’. It is estimated that fifteen percent of issues surrounding special health care needs are specific to the condition, while eighty-five percent of issues concern the general causes of the chronic health disorder.

This profile of children and youth with special health care needs is illustrated in the student profile at Essex Heights Primary School. The health care needs of the students at Essex Heights Primary School range from the broad, but important concept of and health education and health promotion to care for all students with acute injury or illness. Students with asthma, epilepsy, insulin dependent diabetes mellitus, anaphyaxis to foodstuffs and bee stings and attention deficit hyperactivity disorder are all prevalent in the school population. There are also students who have cerebral palsy and rare syndromes that are not classified. The school provides a 'least restrictive environment' for students with C.H.A.R.G.E association and the more commonly known syndromes such as Down, Fragile X and Russell-Silver. We have a number of students who have a pervasive development disorder e.g. Autism or Aspergers. There are also some students who have a combination of all of these.

*Claire is a ten year old girl who has chronic asthma (thought to be due to damage done to her lungs as a result of her prematurity), with acute exacerbations of a life-threatening nature. She also has cerebral palsy and requires all her nutrition via a gastrostomy. Claire is non-verbal and is reliant on others for all her needs.*

As the needs of students are dynamic, so are the responses that are required by schools. This was illustrated by the return to school of a student following the removal of an aggressive, malignant brain tumour.

*Emily also had an acquired brain injury due to the surgery to remove the tumour. She saw herself as a 'getting better person' and was very keen to return to school, to play, and get on with life. With the assistance of the class-room teacher and an integration aide. Emily was quickly able to be absorbed back into school life, to play with friends and be an 'eight year old girl'. It was, however, to be a short journey for Emily- five weeks after a CT scan confirmed the regrowth of the tumour she died at home.*

Daily procedures such as the administration of oxygen, chest physiotherapy and suctioning are all necessary for some students. Gastrostomy nutrition, administering rectal diazepam in the event of a tonic-clonic seizure or even resuscitating students following respiratory arrest are situations which must be anticipated and planned to respond appropriately. All of these special health care needs must be met while ensuring that the needs of mainstream students are also met. Students who are non-verbal pose an additional challenge, as they have difficulty informing us of their problem or need. This is particularly true in the case of an emotional need.

Many of the students are at high risk for aspiration due to poor muscle tone and require intensive monitoring. Distribution of medications is an area that a Registered Nurse, not only has expertise in, but also has a duty of care to ensure that medications are administered to the right student at the right time, in the right dose, via the right route. I firmly believe that administration of medication is an area within a school setting that requires knowledge and expertise beyond that of either administrative or teaching staff. Extensive liaison with other medical and para medical professionals allows an exchange of information to enable families to be supported in a range of issues.

The school health care centre strives to incorporate the principles of family centred practice into the holistic care of **all** students. The belief in the worth, dignity, uniqueness and irreplaceability of each individual student underlies the basis of all care.