Health and Community Survey

Report of findings

Overview

Background
Between August and October 2013, the KidsMatter team at the Australian Psychological Society (APS) developed the Health and Community Survey in consultation with the Principals Australia Institute (PAI) and Early Childhood Australia (ECA).

Survey
The survey obtained feedback from 377 staff working in schools, early childhood education and care (ECEC) services, and health and community services all around Australia. Its aim was to determine the resources and services that currently exist or would be useful to these groups in forming cross-sectoral partnerships to support children’s mental health and wellbeing, and to gain a greater understanding of existing partnerships.

Findings
The key findings of the report highlight the role KidsMatter already plays in supporting health and community services, schools and ECEC services to work effectively together and identified a range of resources that would facilitate ongoing partnerships.

About the survey

Aims
The aim of the survey was to seek advice from schools, ECEC services and health and community agencies about the types of resources KidsMatter could provide online that would facilitate cross-sectoral partnerships to support children’s mental health and wellbeing.

The results will be used to inform the development of a range of resources. The specific aims of the survey were:

1. To determine the types of online resources that would be useful in aiding communication and working relationships between schools, ECEC services and health and community agencies.
2. To identify existing resources that support partnership development.
3. To understand how the KidsMatter initiative has assisted with partnership development.
4. To identify the challenges in developing partnerships between health and community services and schools or ECEC services.

Outcomes
The key findings of the report will be used to inform the development of new KidsMatter resources and tools for schools, ECEC services and health and community agencies. These resources will be made available progressively on the KidsMatter website, www.kidsmatter.edu.au.

Survey participants
• A total of 377 participants took part in the survey.
• The majority of respondents were from Western Australia (34%), followed by Victoria (28%) and NSW (22%).
• Respondents identified as working in a range of services including primary schools (32%), private psychology practice (17%), non-government organisations (14%), ECEC services (11%), state government child and adolescent mental health services (10%), maternal and child / family health (7%), private allied health practice (6%), parenting programs (1%), and other services not listed (services included state government services, community health and hospitals).
• A total of 24% of the school and ECEC respondents were currently participating in KidsMatter.
• A total of 26% health and community services respondents are working with a KidsMatter school or ECEC service.

NB. The sample size varied across questions. The survey was designed to be completed by professionals working in schools, ECEC services, and health and community services and not all sections applied to all respondents.
Key findings

The report includes data from respondents relating to the development of partnerships between schools, ECEC services, and health and community services to support children’s mental health and wellbeing. Survey findings were categorised into two sectoral groups: ‘schools and ECEC services’ and ‘health and community services’. A 5 point-Likert scale was used for rating scales and others allowed for free text.

Engagement levels

Survey participants were firstly asked to rate their level of engagement with the other sector. Overall, engagement levels within and between sectors (education and health and community sectors) are strong.

Schools and ECEC services engaging with health and community professionals

Respondents from schools and ECEC services reported regular engagement with a range of services. Private allied health practitioners were the most common services engaged regularly (70%), followed by paediatricians (58%) and private psychologists (42%). Thirty-one percent (31%) of respondents regularly engaged with ‘other’ services which could be categorised into government allied health professionals, adolescent mental health services, or allied health professionals within schools.

Health and community services engaging with education and care organisations

Health and community services engage a wide range of schools and ECEC services.

The majority of participants from health and community services reported regularly engaging with schools (83%) and also with preschools and kindergartens (52%). Fewer services reported regular contact with long day-care centres (31%), out of school hours care (9%), family day care services (13%) and occasional care services (11%). (Refer to Figure 1.)

Figure 1

Figure 1: Types of services health and community services engaged with most
**KidsMatter: Current support for working relationships**

Respondents were invited to reflect upon whether they considered the KidsMatter initiative supported effective working relationships between sectors.

**Schools and ECEC services working with health and community services**

**KidsMatter raises awareness and enhances effective health and community work within schools and ECEC services.**

Respondents were asked to identify the extent to which KidsMatter had increased their awareness of services in their local area. Of the 24% of schools and ECEC services currently participating in KidsMatter, the majority (66%) reported that KidsMatter had increased their awareness of community services in their local area either ‘somewhat’ (33%), ‘considerably’ (27%), or ‘a great deal’ (6%).

Fifty-four percent (54%) stated KidsMatter had helped them to work more effectively with health and community services in their local area either ‘somewhat’ (42%), ‘considerably’ (9%) or ‘a great deal’ (3%).

Respondents provided some examples to demonstrate the role KidsMatter played in assisting them to work more effectively with their local services, some of which included:

“As an educator I feel more confident in recognising children with social / emotional problems that are not developmentally appropriate, due to the knowledge I’ve gained from Kidsmatter. I also feel more confident in asking for assistance from other agencies due to my Kidsmatter training.”

“A framework has been provided to assist us to be more aware and work in with local health care professionals.”

“With educators having greater awareness and acknowledgment of the services’ connection and relationship to communities.”
Health and community services working with schools and ECEC services

KidsMatter assists health and community services to work with schools, ECEC services and other agencies. The majority of respondents from health and community services were from New South Wales (30%), Victoria (25%), or Western Australia (25%). Twenty-six percent (26%) were involved in working with a KidsMatter school or ECEC service. Sixty-six percent (66%) of services currently engaged with a KidsMatter school or ECEC service reported that KidsMatter had increased their ability to work more effectively with their local schools and ECEC services either ‘somewhat’ (33%), ‘considerably’ (22%), or ‘a great deal’ (11%). (Refer to Figure 2.)

The majority (66%) of these respondents also reported that KidsMatter had assisted them to work more effectively with other health and community services either ‘somewhat’ (44%) or ‘considerably’ (22%). (Refer to Figure 3.)

**Figure 2:** The extent to which KidsMatter has helped health and community services work more effectively with local schools / ECEC services

**Figure 3:** The extent to which KidsMatter has helped health and community services work more effectively with other local health and community services
The benefits of forming partnerships

Respondents were asked to report via open-ended responses the benefits in developing partnerships between schools, ECEC services, and health and community services.

In these open-ended responses, the following themes were identified:

**Better outcomes**

Respondents highlighted the importance of developing partnerships as benefitting the overall mental health and wellbeing of children and young people and, ultimately, creating more positive outcomes. Some of these outcomes include receiving correct support, prioritising mental health, ensuring children do not “fall through the gaps in the system”, and improving physical, psychological and educational wellbeing. These perceived outcomes also extended to parents and families of children, as reflected in the following statements:

“Benefits to the children in our classes would have a flow-on effect, less interruptions which stem from emotional issues, improved educational outcomes, we learn best when happy, development of partnerships with families, reduce long term costs on the community and of course mentally robust, healthy children.”

“Better informed to help parents which, in turn, gives children a better start to life.”

“Better health outcomes for children and their families.”

**Consistency / continuity of care**

The consistency and continuity of service delivery was also commonly raised as an advantage of forming partnerships between health and community services and schools or ECEC services. Respondents viewed this as advantageous for children by ensuring easier access to appropriate services, access to appropriate support, and that services would not be duplicated.

Exemplars of participant responses highlighting the consistency and continuity of care included:

“Continuity of care, shared burden of responsibility for care, shared expertise, family/patient feels ‘held’, ‘contained’, supported, less capacity for patients to slip through the gaps/manipulate systems.”

“Seamless service delivery.”

“Collaboration, cooperation, more seamless service delivery/referrals.”

**Collaboration**

Respondents identified collaboration as a key benefit to forming partnerships between schools, ECEC services, and health and community services. The following responses illustrate the potential benefits of a collaborative approach:

“It takes a village to raise a child and, therefore, developing partnerships between schools and other services can only enhance the work schools are already doing in the area of student wellbeing. There are many benefits in particular the access to resources, information and services that schools may not otherwise be able to take advantage of.”

“Builds school capacity to effectively refer/connect families to community services and supports. School-family relationships are strengthened for mutual benefit.”

“All working together to benefit the outcomes of children and families.”

**Holistic service delivery**

A holistic approach to service delivery emerged as a common theme in participant’s responses. The comments emphasised the importance of understanding children’s wellbeing and service delivery holistically:

“The benefit is to see the child as a whole rather than fragmented between services that do not connect.”

“It supports the philosophy that it takes a community to raise a child – holistic approach and perspective.”

“More effective ‘holistic’ assessment and intervention for children across their contexts.”
KidsMatter: Resources to assist partnerships

From the perspective of their own sector, respondents advised the resources that could best support them in forming partnerships.

Schools / ECEC services partnering with health and community services

Schools and ECEC services valued a wide range of resources to help develop partnerships with local health and community services.

The following resources were thought to help ‘a great deal’ by a significant percentage of respondents:

- More information about local services that support children and families and the associated referral processes (74%).
- Information about the services that provide professional learning or support for mental health (67%).
- Information about Medicare or government-funded services (66%).
- Directories of health and community services (65%).
- Access to information about the types of services that can help children and families (65%).
- KidsMatter resources that can be shared with health and community services (61%).
- Information for health and community services about how schools and ECEC services work (57%).
- Tips on making appropriate referrals (54%).
- Case studies of successful partnership models between health and community services and schools / ECEC services (39%).

(Refer to Figure 4.)

Figure 4: Resources thought to help schools / ECEC services to develop local partnerships

A  Information about the types of services that can help children and families
B  Information about the types of services that can provide professional learning or support to staff
C  Information about directories of health and community services
D  Knowing about the type of services provided and referral processes for each organization providing services in our area
E  Information about services available under Medicare or other government funding
F  Information about KidsMatter we can share with health and community services
G  Information for health and community services about how schools and ECEC services work
H  Case studies of other successful partnership models between health and community services and schools/ECEC services
I  Tips for making effective and appropriate referrals
Schools and ECEC services: Additional ideas for online resources

Participants also expressed their ideas for additional online resources, one of which included expanding resources to provide access on mobile devices (ie smartphones and tablets). There were suggestions to target online resource development towards parents, with examples including tip sheets, information about privacy legislation, confidentiality, and information-sharing. KidsMatter currently provides information sheets on various topics such as children’s behaviour, emotions, and friendship-development. However, not all participants may have been aware of this. One participant suggested the following to increase parents’ awareness and likelihood of accessing these useful resources:

“Have a link from school newsletters for parents to find reading materials.”

Similarly, parents’ access to local services was thought to be maximised if a link to this information was available on school’s websites.

Resources for schools and ECEC services were also identified as useful in promoting these partnerships. Some of the suggestions included:

- information about referral timelines and waitlist times for local services
- flow charts outlining referral processes and outcomes
- a parent-family support worker liaising with local schools
- a KidsMatter bus tour of local NGOs to build face-to-face relationships.

Key to development is collaboration and resources that are clear, concise, current and accessible with a local level focus. These considerations are demonstrated in the following comment:

“Resources need to be very user-friendly and able to be localised - eg preschool staff are often asked by parents and other staff for information on lots of different services. If this info could be clearly and easily located online that would be great. Needs to be up-to-date, not overwhelming, clear, health literate…”

The inclusion of families and professionals in the process of developing resources was also highlighted by one respondent:

“It is important these resources are created in collaboration with parents and EC staff.”
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Health and Community Services partnering with schools and ECEC services

When asked to consider the resources that would assist in developing partnerships with schools / ECEC services, participants from health and community services identified the following information as being at least ‘somewhat’ helpful on a 5-point scale from ‘not at all’ helpful through ‘a great deal’ helpful (Refer to Figure 5):

- Information about the schools / ECEC services participating in KidsMatter (87%).
- Information about the types of professional learning or support staff in schools / ECEC services would like to access (88%).
- Information about the school / ECEC service, such as their values, contact person and operating hours (87%).
- Being informed about the relevant government or sector directives the school / ECEC service is required to follow (87%).
- Information about the needs of children and families the school / ECEC service would like health and community agencies to help address (94%).
- Information for schools / ECEC services about how health and community services work (88%).

Health and community services: Additional ideas for online resources

Participants provided other ideas to promote local partnerships, including: “Collaboration initiatives between agencies in supporting KidsMatter schools through the ‘critical friend’ approach”; the sharing of agency experiences; local networks/conferences; and exchange forums. Online booklets of local area information were also thought to be useful in promoting partnerships.

Figure 5: What would help health and community services develop partnerships with schools / ECEC services
Perceived challenges of forming partnerships

The most frequently cited challenges that impacted on respondents’ capacity to develop partnerships were time constraints, isolation and communication, followed by staffing issues.

Time constraints

Time constraints were perceived to be the greatest challenge faced by participants, and this subsequently impacted on the capacity for staff within education, health and community service settings to establish and maintain relationships. Some of the responses that reflected this challenge were:

“Time is always needed for effective communication.”

“Some parents and teachers reluctant to be involved. Time!”

“Time pressures. Private practitioners are not re-compensated for inter-disciplinary consultation unless they directly charge the client…”

“Time constraints for schools given commitments, cultural change in schools can be tricky, space to think about how partnerships can benefit and what they can look like.”

Other factors highlighted included not being appropriately compensated, work commitments, and cultural change.

Isolation/communication

Other comments highlighted the way health and community services and schools / ECEC services often operate in isolation with little collaboration:

“They currently operate independently of each other, each has access and is exposed to different guidelines and practices.”

“I have been an educator for 30 years and still find the process of communicating between health and education a mystery. There needs to be a crossover organisation which identifies at-risk families early and coordinates a targeted programme, following families into schools from the health system.”

“Both sectors tend to focus on their own domain. Limited time for partnership work.”

Staffing issues

The staffing issues raised included turnover of staff, increased workloads due to being understaffed, changes in programs, and funding issues:

“Time is always needed for more effective communication.”

“Time. It takes a long time to refer children and also to have them seen.”

“Staff turnover, program changes, too many people involved can cause role and other confusion.”

Additional considerations for resource development

Respondents raised further considerations for resource development, namely, leveraging materials currently in the market and providing resources on a range of topical issues.

Useful resources that currently exist

Respondents identified a range of services and resources that currently exist and already facilitate partnerships between schools, ECEC services, and health and community services. In addition, suggestions for resources that could better facilitate partnerships were also made. The existing services and resources viewed as beneficial included:

- KidsMatter resources and training.
- Family-centered services and resources.
- Secondary consultation services.
- Websites.
- Mental health-specific resources.
- Directories and partnership evaluation tools.
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Mental health and wellbeing topics

When asked to consider mental health and well being topics that would translate into useful resources, many suggestions were offered by participants. Firstly, respondents acknowledged the positive role KidsMatter already plays in developing and providing relevant information and resources:

“You already produce an array of excellent resources.”
“I think current offerings very comprehensive.”
“Already produce great materials DVDs demonstrating good practice.”
“As you do so well, tip sheets on a variety of issues, evaluation of SEL programs and any relevant research articles.”

The responses have been grouped according to the common themes that emerged:

• Childhood mental health and wellbeing:
  The development of resources on various areas of children’s mental health and wellbeing was the most common suggestion. The topics varied widely, with the most cited being anxiety disorders (separation anxiety, Obsessive Compulsive Disorder) and other topics including autism, depression and childhood psychosis.

  There were also requests for information about mental health issues that are not typical or diagnosable:

  “…school refusal anxiety disorders. Disorders dealing with mental health concerns that fall between the gaps (ie are not diagnosable disorders).”

• Managing challenging behaviour in children:
  Managing difficult behaviours in children, such as aggression and effective discipline strategies, was a common suggestion for resource development. Other behaviours of interest included managing sibling rivalry and overly-sensitive children.

• Parental issues:
  Respondents expressed an interest in having access to more information about issues that commonly affect parents and, subsequently, impact on children. These include parental mental health issues, drug and alcohol misuse, child protection issues, separation and parental wellbeing.

• Resilience:
  Participants suggested resources developed should have a focus on resilience and coping skills in children and young people, highlighting strengths:

  “Children at risk of self-harm and depression, early signs and strategies to help them build resilience.”

  “Self-harm resilience - focusing on strengths rather than problems.”

• Cross-cultural issues:
  Cross-cultural issues were also identified as an area of interest in resource development:

  “Cross-cultural issues and counseling resources.”

  “Building connections between families and schools/preschools from disadvantaged, multicultural, non-English speaking backgrounds.”

• School-related issues:
  School yard bullying, friendships, and effective communication with distressed children were the most common school-related issues raised by participants for resource development.

Summary

The survey has provided useful information to inform the development of additional KidsMatter resources to facilitate partnerships between health and community agencies, schools and ECEC services. The survey results can also provide useful information for health agencies, schools, and ECEC services themselves in considering the information they can develop and share locally to facilitate effective communication and collaboration.