



EVALUATION CONTINUUM OF NEED PILOT PROJECT

*ECHUCA EAST PRIMARY SCHOOL, KERANG PRIMARY SCHOOL AND PYRAMID HILL COLLEGE
NORTHERN DISTRICT COMMUNITY HEALTH - SCHOOL FOCUSED YOUTH SERVICE*



School Focused
Youth Service



Author
Lisa McCoy

December 2017

Report commissioned by Northern District Community Health School Focused Youth Service (SFYS) Local Working Group.



Community Development, Research and Project Management

www.locallogicplace.com.au

Table of Contents

Abbreviations	4
Executive Summary	5-7
Introduction	8-9
Evaluation Methods	10-11
Continuum of Need Explained	12-13
Continuum of Need Pilot Design	14-15
Summary of Key Findings	16
Results	
▪ CoN Student Mapping Data	17-21
▪ Key Evaluation Objectives and Indicators	21-25
Professional Development	26-27
Recommendations	28-29
Conclusion	30
References	31
Appendices	32-35

Abbreviations

CoN	Continuum of Need
DET	Department of Education & Training
KESO	Koorie Engagement Support Officers
LLENs	Local Learning & Employment Networks
LWG	Local Working Group
NDCH	Northern District Community Health
PD	Professional Development
PS	Primary School
PSD	Programs for Students with Disabilities
SFYS	School Focused Youth Service
SSS	Student Support Services

Executive Summary

The School Focused Youth Service (SFYS) is focused on improving outcomes for every student with a strong emphasis on supporting young people who are vulnerable and or at risk of disengaging from education (or are disengaged) so that they can achieve their full potential in life.

A myriad of evidence highlights the importance of school completion noting that early school leavers are at a greater risk of financial hardship, physical and mental health problems, drug and alcohol misuse, homelessness, and involvement in the justice system¹. Notably, students from disadvantaged backgrounds are over-represented among these early school leavers²³.

The Local Working Group (LWG) for Northern District Community Health School Focused Youth Service (SFYS) servicing the Mallee and Loddon Mallee identified a number of common concerns through its consultation with principals, key stakeholders and networks:

- Poor mental health (including anxiety and depression)
- Low levels of resilience
- Lack of connectivity to school and community

Contributing factors to the above identified concerns included:

- A significant number of students who just miss out on qualifying for Programs for Students with Disabilities (PSD) funding after being assessed.
- The inability of the DET Student Support Services (SSS) to provide direct service delivery in a timely and consistent manner for children with complex issues (e.g. who may require weekly therapeutic support).
- Lack of access to locally accessible funded programs to support access to mental health services (e.g. Headspace is only available in Swan Hill and Bendigo).
- School staff not being equipped, trained and resourced to identify and respond to increasingly complex needs of vulnerable young people.

The SFYS Local Working Group (LWG) undertook research that led it to consider the **Continuum of Need (CoN)** tool as an opportunity to assist schools to provide improved responses to children and young people aged 10-18 years who are identified as experiencing high levels of 'risk and vulnerability'. The CoN framework was designed in the UK to assist professionals to identify levels of vulnerability for children, young people and their families.

Three schools were identified to pilot the use of the Continuum of Needs (CoN) tool: Echuca East Primary School, Pyramid Hill College and Kerang Primary School.

An evaluation of the Continuum of Need (CoN) pilot within the three schools was sought to garner the learnings, successes and challenges of the CoN tool in a school setting. Consultation occurred via focus groups, interviews and an online survey. Nine school staff participated in focus groups, eight respondents completed an online survey and two key stakeholders took part in an interview.

The consultation revealed a number of successes and challenges:

¹ Deloitte Access Economics, *The socio-economic benefits of investing in the prevention of early school leaving*, prepared for Hands On Learning Australia, 2012

² Ibid., p. 9.

³ S Lamb, J Jackson, A Walstab and S Huo, *Educational opportunity in Australia 2015: Who succeeds and who misses out*, Centre for International Research on Education Systems, Victoria University, for the Mitchell Institute, Melbourne, 2015,

- ➔ **Key identified successes were:** increased collaboration amongst staff, improved understanding of student/family needs, more holistic understanding of students, the adoption of a shared language for describing needs and risks and targeted professional development.
- ➔ **Challenges named by CoN pilot participants were:** confusion over terminology/language, unwieldiness of the tool in paper form, lack of release time for everyone to come together, uncertainty around privacy/information sharing, difficulty in involving parents and service providers in student mapping, service directories being too general and the lack of resourcing to keep resources up to date.

The following twenty recommendations have been formed based on the corresponding research and support the improvement and sustainability of the Continuum of Need (CoN) tool in the existing piloted school settings as well as in any new school settings into the future.

RECOMMENDATIONS

CoN Resources & Processes

1. Develop a *CoN Implementation Resource Package* to use with new schools and new staff alike.
2. Create privacy/information sharing policy and procedures to inform schools about the collection and sharing of information in relation to the CoN Framework.
3. Develop a policy and clear procedures to support the recording of any CoN information.
4. Develop an information sheet capturing a clear process and 'trigger points' for activating the CoN student screening so that staff are not required to map students without additional needs.
5. Build a formal CoN response structure with school well-being/welfare staff that assists well-being staff to lead supports for students/families mapped as having additional support needs.
6. Develop CoN electronic capabilities to assist with ease of mapping students, updating mapping and sharing information electronically within the school setting.
7. Explore linking the CoN electronic capabilities to existing electronic information systems being used by schools e.g. Compass
8. Enhance early intervention by undertaking CoN student screening with identified 'at risk' students as early as possible in a student's schooling life.
9. Undertake business modelling to further understand resources required for schools to sustainably implement the CoN framework.
10. Foster CoN sustainability through the use of school Equity Funding.

Collaboration & Partnerships

11. Improve parent/caregiver engagement in mapping processes and care planning.
12. Increase the involvement of community services and Student Support Services (SSS) in mapping and care planning.
13. Plan together with Student Support Services (SSS) to develop processes for offering timely and adequate supports for vulnerable students with complex needs.
14. Consider developing and adopting a collaborative 'team around the child/young person' school/community approach that can be activated for vulnerable students who have multiple, complex needs.

15. Hold regular forums to keep community service providers informed about the CoN approach in participating schools and explore ways to ensure effective service provision.
16. Bring participating schools together regularly to share learnings and participate in professional development aimed at enhancing supports for students with complex needs.
17. Link CoN processes to transition planning for students transitioning to secondary school.

Service Directories

18. Review existing service directories with schools to ensure ease of use and that the appropriate level of information to guide referrals is present.
19. Identify resources that will enable regular reviewing and updating of service directories so information is current and relevant.
20. Ensure Service Directories are developed as a first step for new schools adopting the CoN Framework so that school staff can be responsive with referrals.

This evaluation found that the Continuum of Need (CoN) is a valuable framework for identifying student/family needs and activating responsive supports across school and community settings. Schools have a crucial role to play alongside community service organisations as a recognised universal platform for children and young people. A whole of community response is essential in ensuring that children and young people can achieve the best outcomes in life.

Over the ensuing pages this report presents firstly a brief background of the SFYS, the impetus for the application where the LLENs facilitated the links to other schools already using the CoN and the international research about the CoN Framework, an evaluation of the CoN resource, including the working group, details of evaluation methods, an explanation of the CoN Framework and the pilot design, a summary of key findings and results followed by the conclusion.

Introduction

In 2016 the Northern District Community Health (NDCH) School Focused Youth Service (SFYS) Local Working Group (LWG) scoped the challenges that schools were facing in responding to and effectively supporting the most disengaged students in the region. The Local Working Group found that the challenges young people are facing are more frequently **complex** in nature and require:

- ➔ dedicated strategies and resources; and
- ➔ support of professional expertise beyond that of what is usually available within the school.

The SFYS Local Working Group (LWG) identified the **Continuum of Need (CoN) Framework** as a tool of interest in assisting school staff to identify and support children/young people and their families experiencing vulnerability/having complex needs.

The Continuum of Need (CoN) Framework is a risk assessment model developed in the UK to assist all those whose work brings them into contact with children, young people and their families to identify the level of help and protection required to assist children to grow up in circumstances that achieve their best outcomes.

The framework assists practitioners to identify where they can work individually with families, and where it may be better to co-ordinate their efforts with other agencies to support children to achieve their full potential. ***In applying the CoN, a shared measure and language of needs and responses is enabled.***

The CoN is built on the premise that the effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part and working together effectively.

The Continuum of Need and Response tool is made up of two parts:

- ***A windscreen tool*** - showing levels of need and the relationship between them. Each level indicates a rising or escalating level of need across a wide range of indicators relating to an individual child, young person or their family, for example: Level 1 is comparable with a child who is achieving and developing at a satisfactory level, with no identified areas of additional need whereas Level 4 is comparable with a child who is identified as requiring statutory assessment or intervention.
- ***An indicator tool*** - outlining a set of possible descriptors relating to the four levels of need applicable to the child, young person and their family.

A thoughtful expression of interest process identified three schools to trial the CoN tool:

- Echuca East Primary School
- Kerang Primary School
- Pyramid Hill College

The Continuum of Need (CoN) pilot project outcomes are:

- ➔ Increased capacity to identify and better meet the needs of vulnerable children.
- ➔ Increased knowledge of available supports and services for children and young people with complex needs.
- ➔ Enhanced service collaboration and pathways for jointly coordinating support for vulnerable children and young people.
- ➔ Staff have a common language around risk and vulnerability.

Pilot schools identified students to be 'mapped' across identified year five and six year levels using the CoN indicator and windscreen tools as a framework for identifying student needs. A service resource directory was also created for each school locality to assist with responding to these needs.

Schools received resources, support and advice from the SFYS project manager including CRT funding and three professional development opportunities. The three LLENS provided partnership facilitation support throughout the project.

The pilot commenced in March 2017 and ended in November 2017.

Evaluation Methods

Reference Group

The SFYS Local Working Group (LWG) was tasked with overseeing/managing the Continuum of Need (CoN) pilot and also acted as a reference group to the evaluator.

Membership of the LWG comprised of:

- Northern District Community Health Service
- Department of Education & Training
- North Central Local Learning and Employment Network
- Murray Mallee Local Learning and Employment Network
- Campaspe Cohuna Local Learning and Employment Network

The LWG actively assisted with the design of the evaluation framework, the online survey, focus group questions and provided feedback on the DRAFT report.

Online Survey

An online survey was designed to invite feedback on the CoN pilot project from all school staff involved. The survey link was provided to all three school principals to circulate to applicable staff. Eight online surveys were completed. *Survey questions are available in the appendices section of this report.*

Professional Development (PD) Evaluation Feedback Forms

Evaluation feedback forms were developed to seek feedback from participants attending professional development activities: Trauma Theory & Using Trauma Informed Strategies for the Classroom, African Drumming and A Framework for Understanding Poverty sessions occurred.

Focus Groups

Focus groups were held with Kerang Primary School, Echuca South Primary School and Pyramid Hill College. All school staff involved in the CoN pilot were invited to attend. Nine individuals participated in these focused conversations. *Focus Group questions are available in the appendices section of this report.*

Interviews

Face to face and phone interviews occurred with two key stakeholders: the practitioner designing service access directories for schools and the NDCH School Focused Youth Service Coordinator.

Analysis of CoN Mapping results

Schools provided de-identified CoN mapping result summaries for the cohort they piloted the CoN tools with. ***A total of 67 students were mapped using the CoN tools.*** Results were analysed by the evaluator.

SFYS Continuum of Need (CoN) Pilot Project Evaluation Framework

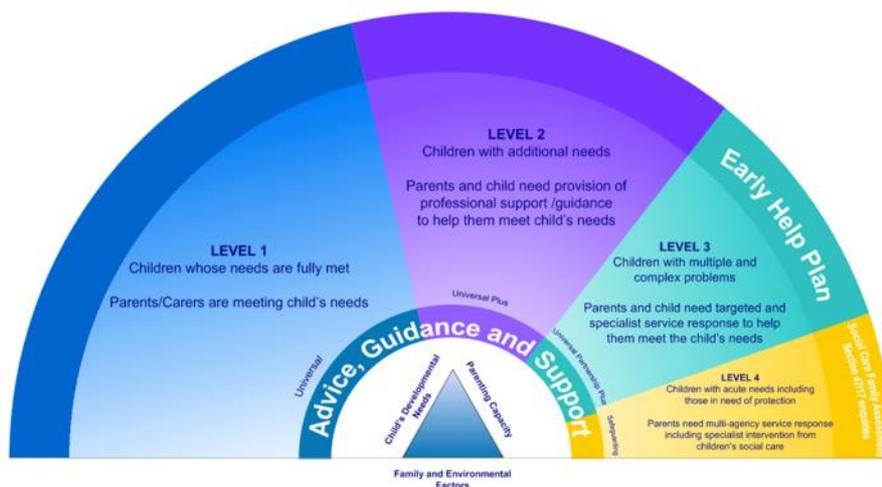
Outcomes	Strategies	Indicator(s)	Evaluation Method/Tools
Schools have the capacity to identify and better meet the needs of vulnerable children.	<ul style="list-style-type: none"> ▪ Teacher/staff PD to better understand vulnerability, poverty and trauma. ▪ CoN orientation session to enhance understanding of tool and vulnerability/risk indicators. ▪ Use of CoN tool to assess student needs and embed learning. ▪ Coaching offered for teachers trialling CoN approach. 	<ul style="list-style-type: none"> ▪ Increased confidence/knowledge/skills in identifying vulnerable children (and their families). ▪ Increased confidence/knowledge/skills in seeking supports for vulnerable children (and their families). ▪ Increase in referrals for supports for vulnerable children (and their families). 	<ul style="list-style-type: none"> ▪ CoN assessment tool feedback survey ▪ Training evaluation survey ▪ Focus Group ▪ Data collection tool collection of: # of teacher/staff education sessions, # attending training/information sessions, # of CoN assessments conducted, # of coaching sessions
Schools have greater knowledge of available supports and services for children and young people with complex needs.	<ul style="list-style-type: none"> ▪ Service access mapping to identify available services, eligibility and referral process. ▪ Invite community services to take part in school PD. ▪ Hold a 'meet the service' event to bring school staff and community services/supports together. ▪ Develop CoN information sheet/communique to share information with community services. 	<ul style="list-style-type: none"> ▪ Increase in staff knowledge of available services and supports and referral pathways. 	<ul style="list-style-type: none"> ▪ CoN assessment tool feedback survey ▪ Data collection tool collection of: # of services/supports mapped # of mapping information distributed # of shared PD sessions # of Communiques developed and distributed # of teachers/staff who are familiar with service access/gaps
Children and families experiencing vulnerability are supported in a collaborative way.	<ul style="list-style-type: none"> ▪ Referrals to community services. ▪ Community Partnerships (informal and formal). ▪ Collaborative work with community service providers. ▪ Enhanced transition supports for children experiencing vulnerability. 	<ul style="list-style-type: none"> ▪ Increase in collaborative support for children and families with complex needs. ▪ Increase in key stakeholder knowledge of CoN framework and processes. ▪ Improved transition support for children experiencing vulnerability. 	<ul style="list-style-type: none"> ▪ Key stakeholder survey ▪ Data collection tool collection of: # of services referred to # of child specific services # of family specific services Average waiting times for services # of services needed that could not be accessed # of children experiencing vulnerability who are supported to transition # of children/families supported in a collaborative way
Staff are using a common language around risk and vulnerability.	<ul style="list-style-type: none"> ▪ Meetings between teachers and well-being/SSS staff to discuss students requiring additional support. 	<ul style="list-style-type: none"> ▪ Increased understanding of and use of a common language around risk and vulnerability. 	<ul style="list-style-type: none"> ▪ CoN assessment tool feedback survey ▪ Key stakeholder survey

Continuum of Need Explained

The Continuum of Need (CoN) is intended to provide a shared understanding and common language around needs and risks surrounding children and their families, to further support decision-making and discussions between services (Children + Young People’s Trust East Sussex).

The CoN was first developed in the UK and has since been adapted for use further abroad including in Australia. There are varying adaptations to language amongst tools but all have a common windscreen type tool that provides a measure for needs across four levels:

- Level 1:** Children who are on track with no additional needs.
- Level 2:** Children with additional needs who could benefit from support and advice.
- Level 3:** Children with multiple complex problems who need targeted and professional services.
- Level 4:** Children with acute needs including those in need of protection.



The accompanying indicator tool describes a range of indicators across Level 1-Level 4 for key domain areas focusing on:

- Developmental needs of the child/young person
- Parenting capacity; and
- Family and environmental factors.

Development Needs of unborn child, child & young person		Continuum of Need Level Indicators		
Early years level	Level 1 - Achieving Expected Outcomes (Universal)	Level 2 - Children with additional needs (Universal Plus)	Level 3 - Children with Multiple and complex needs (Universal Partnership Plus)	Level 4 - children with acute needs, including protection (Safeguarding)
Health	<ul style="list-style-type: none"> Physically well Adopted healthy diet/good hygiene/clothing Developmental checks/immunisations up to date, health appointments kept, incl. ante-natal All physical health needs met Speech & language development appropriate Dental and optical care as required Sexual activity and awareness appropriate for age Good state of mental health & emotional well-being No use or exposure to substances 	<ul style="list-style-type: none"> Susceptible to minor health problems Adequate diet Slow in reaching developmental milestones. Starting to default on appointments Minor concerns regarding diet/hygiene/clothing Emerging speech & language difficulties Defaulting on dental and optical appointments Emerging concerns around sexual activity and awareness Emerging concerns around mental health & emotional well-being Exposure to substances which impact on health and development 	<ul style="list-style-type: none"> Severe/chronic health problems Profoundly ill e.g. obesity, failing growth Slow in reaching developmental milestones. Non attendance for appointments Escalating concerns regarding diet/hygiene/clothing Failure to access / engage with some speech & language services Dental and optical concerns not being met Increasing risk of vulnerability from sexual activity and awareness (inc. teenage pregnancy) Significant concerns not being met. Failure to access support and services Exposure to problematic use. Experimental use by adolescents 	<ul style="list-style-type: none"> Severe/chronic health problems & appropriate services not being accessed, life threatening health problems Severe health effects from problematic diet Developmental milestones unlikely to be met. Non organic failing growth Regularly unwell. Very unclean/dirty, clothing smelt Significant impact of not accessing or engaging with speech and language support Severe impact from dental and optical concerns not being met Sexual exploitation/abuse Serious mental health issues. Serious risk to self or others. Sustained bouts of depression/self harm. Threats of suicide Problematic and chaotic use of substances which impact significantly on the health and well-being of the child. Class A drug use or daily use of any substance by an adolescent
Learning & Education	<ul style="list-style-type: none"> Success/achievement, reaching educational potential Regular school attendance and good punctuality Age appropriate cognitive development. Positive and stimulating environment 	<ul style="list-style-type: none"> Not thought to be reaching educational potential. Some identified learning needs that require school-based support Pattern of regular school attendance Reduced access to books/toys. Not always engaged in learning, e.g. poor concentration, low motivation & interest 	<ul style="list-style-type: none"> Identified learning needs that are not being met. Evidence of non-engagement with appropriate support Some fixed term exclusions. Persistent exclusions. High percentage of non attendance No access to leisure activities/recreation. No interests/hobbies displayed 	<ul style="list-style-type: none"> Repeated permanent school exclusion. Permanent school exclusion with other risk factors Denied access to stimulation
Emotional & Behavioural	<ul style="list-style-type: none"> Feelings & actions demonstrate appropriate responses Good quality attachment with caregivers Behavioural difficulties well managed 	<ul style="list-style-type: none"> Some difficulties with peer group relationships & adults. Evidence of inappropriate responses & actions Disrupted attachment due to parental or child factors. Can be over/friendly or withdrawn with strangers Emerging difficulties around managing challenging/disruptive behaviour 	<ul style="list-style-type: none"> Difficulty coping with anger, frustration & upset Disruptive/challenging behaviour by parent or child (lead to poor attachment) Challenging / disruptive behaviour impacting on daily life, achievement & relationships etc 	<ul style="list-style-type: none"> Regularly involved in anti-social/criminal activities Disruptional attachment between parent and child leading to significant harm Challenging / disruptive behaviour putting others or self in danger
Identity	<ul style="list-style-type: none"> Positive sense of self & abilities. An ability to express needs No young caring responsibilities within family network Good relationship with siblings Positive relationship with peers Family support child in development of self-identity 	<ul style="list-style-type: none"> Some insecurities around identity expressed, e.g. low self esteem for learning Some appropriate responsibility for providing care Has some difficulties sustaining relationships Has some difficulties sustaining relationships with peers Family struggling to accept child's self-identity 	<ul style="list-style-type: none"> Subject to discrimination e.g. racial, sexual or due to disabilities Demonstrates significantly low self esteem Caring responsibilities impacting on daily life, achievement & relationships etc Some level of risk to or from siblings Isolated from peers. Peers also involved in challenging behaviour. Missing school or leisure activities Family very negative about child's developing self identity 	<ul style="list-style-type: none"> Experiences persistent discrimination e.g. based on ethnicity, sexual orientation or disability. Alienates self from others High level of caring tasks impacting on the child's chances and emotional well-being Family breakdown related to child's behavioural difficulties Isolation affecting development, or increasing risk of exploitation. No access to appropriate peer group Family's negative response to child's self identity impacting significantly on child's well-being
Social presentation	<ul style="list-style-type: none"> Appropriate dress for different settings Good level of personal hygiene 	<ul style="list-style-type: none"> Frequently inappropriately dressed for setting Level of hygiene causing concern 	<ul style="list-style-type: none"> Presentation leads to isolation from peer groups and is impacting on development Poor hygiene manifesting in physical difficulties (e.g. sores) 	<ul style="list-style-type: none"> Presentation is significantly impacting on development or leading to severe isolation Exacerbating significant issues or clear impairments. No engagement with services to address concerns
Self Care Skills	<ul style="list-style-type: none"> Growing level of competence in practical & emotional skills such as feeding, dressing and independent living skills 	<ul style="list-style-type: none"> Appears to be lacking appropriate self care 	<ul style="list-style-type: none"> Care expectations or living circumstances not age or developmentally appropriate. Inappropriate young caring responsibilities 	<ul style="list-style-type: none"> Child or young person neglects to use self-care skills due to alternative priorities or parental factors such mental health or substance misuse

It is important to note that the Continuum of Need (CoN) is not intended to replace professional judgement or decision-making, and should not be used as a checklist or be used solely as an assessment of need. The CoN is a tool to assist practitioners to understand the child's needs and risks; it is important to note:

- *Children, young people and their families rarely fall neatly into one level. They may have elements of need across the levels and it is up to the practitioner to consider which needs take priority when identifying the appropriate level.*
- *The lines between each level are inevitably blurry, and there will always be room for different interpretations. The continuum provides a framework for thinking and conversations; it is not intended to provide answers.*
- *Children, young people and their families do not have a fixed position on this Continuum. Their position will change and move as their needs and individual situation changes.*

(CoN Children + Young People's Trust East Sussex).

Continuum of Need (CoN) Pilot Design

The key activities that formed the School Focused Youth Service (SFYS) Continuum of Need (CoN) pilot were:

Identification of Pilot Schools

A scoping exercise was conducted to determine target schools for the CoN pilot. School data, Department of Education and Training (DET) information, data and recommendations together with interest, readiness and commitment from interested schools guided the identification of the three pilot schools: Echuca East Primary School, Pyramid Hill College and Kerang Primary School.

CoN Briefing & Training Sessions

At the first briefing/training session St. Arnaud Secondary College and Grampians Community Health (as services experienced in using the CoN) presented key information and examples to attendees on the CoN in their settings, namely:

- An overview of the CoN
- Service delivery component
- Student mapping
- Shared support plans for students with complex needs
- Partnerships; and
- Implementation

The session was targeted at the three identified pilot schools: Echuca East PS, Pyramid Hill College and Kerang PS, including SFYS Local Working Group (LWG) members and other key identified community stakeholders.

Provision of CoN Information to Pilot Schools

Schools were provided with key information and templates for the Continuum of Need tools (indicator and windscreen tools). Student planning tools, evaluation tools and data collection tools were also provided to participating schools.

Project Management Support

School Focused Youth Service (SFYS) provided the backbone support to schools to build their understanding of and capacity to implement the CoN tools in their settings. This included:

- supporting access to resources and training to adopt the use of the tool within a school setting
- working with other stakeholders implementing the tool
- aligning the use of the tool with other school based and regional interventions
- supporting the development of the agency network in providing specific student based interventions based on the use of the tool
- seeking targeted capacity building training opportunities to upskill staff to provide interventions for vulnerable students; and
- organising ongoing consultations with schools and key stakeholders to build sustainability for the approach.

Additional project management support was supplemented by the three participating LLENs in providing overarching partnership facilitation.

Targeted Capacity Building PD

Professional development activities were identified and delivered to staff at pilot school sites and other identified community stakeholders. There were three trainings offered:

- A Framework for Understanding Poverty
- Trauma Theory & Using Trauma Informed Strategies for the Classroom (including in-school follow-up support)
- African Drumming

Student CoN Mapping & Support

The three pilot schools mapped identified year 5 and 6 students using the CoN framework and tools (indicator and windscreen tools). Wherever possible mapping was to be collaborative with teachers, well-being staff, Koorie Engagement Support Officers (KESO), principals, Student Support Services (SSS), parents/caregivers and community service providers invited to be involved.

Students identified as being vulnerable or having complex needs were to be provided with extra support through a shared support plan, links to services and enhanced transition planning and support.

Development of Service Resource Directory

A service resource directory was developed for each of the three pilot site localities. The aim of the directory was to assist school staff to understand the range of services available in their communities so that they could better link students and their families to the supports they require.

Evaluation

An external evaluator (Local Logic Place) was appointed to assist the Local Working Group to design an Evaluation Plan and data collection tools for the CoN Pilot, conduct focus groups and interviews, and analyse and write the evaluation report.

Summary of Key Findings

The CoN pilot evaluation has revealed a number of successes, challenges and opportunities:

Successes

- An increase in collaboration amongst staff in schools relating to children/young people's well-being.
- Alignment with the Education State policies.
- An improved understanding of student/family needs.
- Getting to know the student in a holistic way-looking beyond school to home and family.
- Adopting a shared language when describing needs and risks relating to children/young people and their families.
- Trauma Theory & Using Trauma Informed Strategies for the Classroom training was excellent and follow up by practitioner at a school level helped staff to apply learnings in their own settings.
- A Framework for Understanding Poverty PD helped staff to better understand students/families experiencing poverty.
- The ability to leverage stakeholder through LLENS.

Challenges

- Confusion over terminology/language in CoN mapping tool.
- Using the tool in paper form made it unwieldy.
- Bringing all parties together to complete the CoN mapping at the same time in a school setting was very difficult.
- Release time required to bring staff together at the same time for student mapping.
- Uncertainty around privacy/information sharing e.g. transition planning and support.
- Involving service providers in the CoN student mapping process.
- Involving families in the CoN student mapping process.
- Mapping whole year levels was very time consuming.
- Families don't always follow up when services contacts are provided for self-referrals.
- Service access barriers - some services had long waiting lists, required families to travel and had a cost attached.
- The service directory being too general with not enough service information.
- Privacy concerns - schools not clear about what information can be shared when students are transitioning to secondary school.
- Keeping service directory resources current.

Opportunities for Improvement

- Development of an electronic version of CoN mapping tool.
- Enhancing service directories for ease of use in the school setting.
- Linking the CoN to existing school electronic information systems e.g. Compass.
- Further informing service providers and secondary schools about the CoN.
- Improve connections between parents/caregivers and schools.
- Strengthen collaborative work between services and schools.
- Develop clear CoN mapping processes and resources to maximise use of time.
- Structure school wellbeing/welfare support services for students/families mapped as having additional support needs.
- Develop a privacy resource for schools using CoN tools.
- Consider how CoN resources can integrate with transition planning.

Results

The evaluation framework and corresponding tools were designed to measure the four key project objectives and corresponding indicators:

- ➔ Increased capacity to identify and better meet the needs of vulnerable children.
- ➔ Increased knowledge of available supports and services for children and young people with complex needs.
- ➔ Enhanced service collaboration and pathways for jointly coordinating support for vulnerable children and young people.
- ➔ Staff have a common language around risk and vulnerability.

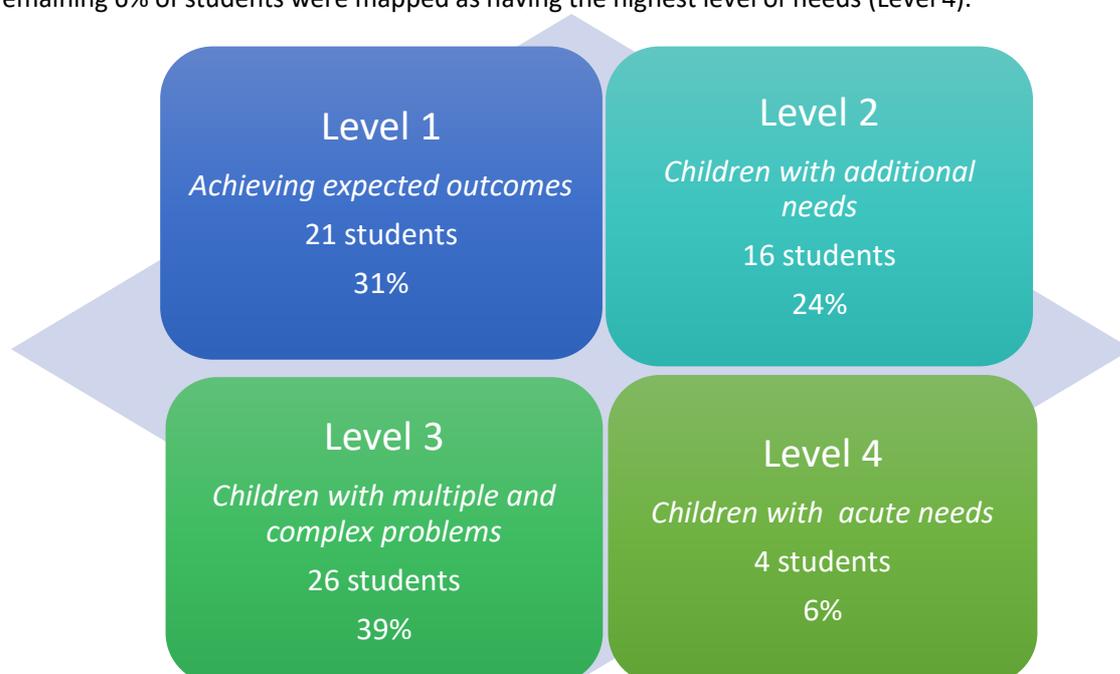
Results have been gathered from: an online survey, individual interviews, student mapping data and focus group conversations.

CoN Student Mapping Data

CoN student mapping in all three participating schools focused on a mix of students at a year 5/6 level. In total 67 students were mapped using the CoN tool:

- Pyramid Hill College: 16 students mapped
- Echuca South Primary School: 33 students mapped
- Kerang Primary School: 18 students mapped

The CoN student mapping completed at the three participating schools highlighted varying 'levels' of need with the highest number of students falling into the complex category - Level 3 (39%) followed closely by students who were on track in Level 1 (31%) and students with some additional needs in Level 2 (24%). The remaining 6% of students were mapped as having the highest level of needs (Level 4).



CoN mapping at participating schools revealed the following range of levels:

School	Level 1	Level 2	Level 3	Level 4
Echuca South Primary School	12%	27%	60%	-
Kerang Primary School	22%	22%	33%	22%
Pyramid Hill College	81%	19%	-	-

Pilot schools shared that often students didn't fit neatly into one category and that sometimes their needs in certain areas straddled more than one level. The key resource on the Continuum of Need from the Children and Young People's Trust of East Sussex highlighted this also:

'Children, young people and their families rarely fall neatly into one level. They may have elements of need across the levels and it is up to the practitioner to consider which needs take priority when identifying the appropriate level.'

The CoN mapping tool lists a number of indicators for seventeen domain areas. Pilot school data indicated concerns across Levels 2, 3 and 4 in the following domains (Level one was not recorded as students were considered to be on track):

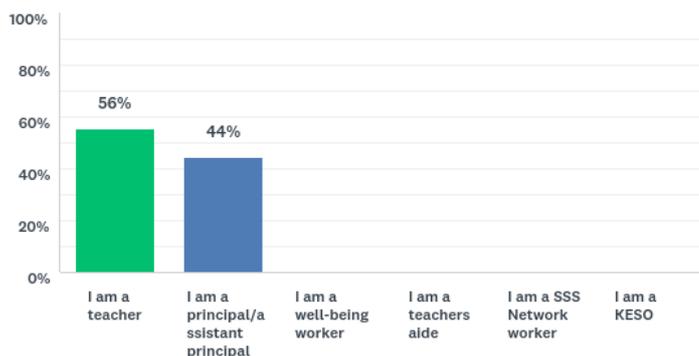
Domain	Echuca South PS	Kerang PS	Pyramid Hill College
Health	77%	39%	50%
Learning & Education	67%	22%	56%
Emotional & Behavioral	79%	44%	50%
Identity	70%	39%	56%
Social Presentation	51%	17%	12%
Self-Care Skills	57%	33%	-
Basic Care	39%	28%	37%
Ensuring Safety	54%	39%	-
Emotional Warmth	67%	22%	25%
Stimulation	51%	17%	-
Guidance & Boundaries	45%	22%	12%
Stability	61%	33%	6%
Family History	70%	50%	31%
Wider Family	64%	17%	12%
Income	Data not Available	17%	12%
Housing	57%	11%	6%
Social Integration	57%	39%	19%
Community Resources	48%	44%	-

It is essential to note that given the use of the CoN indicator tool was a new experience for staff this could have introduced variables in its application across the three school sites.

The top five domains that students presented most frequently in when mapped were:

Echuca PS	Pyramid Hill College	Kerang PS
1. Emotional & Behavioral	1. Learning & Education	1. Family History
2. Health	2. Identity	2. Emotional & Behavioral
3. Identity	3. Health	3. Community Resources
4. Family History	4. Emotional & Behavioral	4. Health
5. Learning & Education/ Emotional Warmth	5. Family History	5. Identity/Social Integration/ Ensuring Safety

Q1 What is your role? (Tick all that apply)



The mapping identified some similarities across domain areas in the three pilot schools: Emotional & Behavioral, Family History, Health and Identity all featured in the top five domain areas.

A balanced mix of teachers (56%) and principals/assistant principals (44%) completed an online survey.

All respondents and focus group participants who provided feedback had been actively involved in piloting the CoN tool. Respondents of the online survey had a range of experience piloting the tool:

- 22% were involved in 1-10 CoN student mapping sessions
- 33% were involved in 11-20 CoN student mapping sessions
- 11% were involved in 31-40 CoN student mapping sessions
- 33% were involved in 41-50 CoN student mapping sessions

Focus group participants and survey respondents shared that all CoN student mapping occurred in a team environment with 2 or more professionals contributing.

Respondents completing an online survey indicated that the other CoN team members involved were:

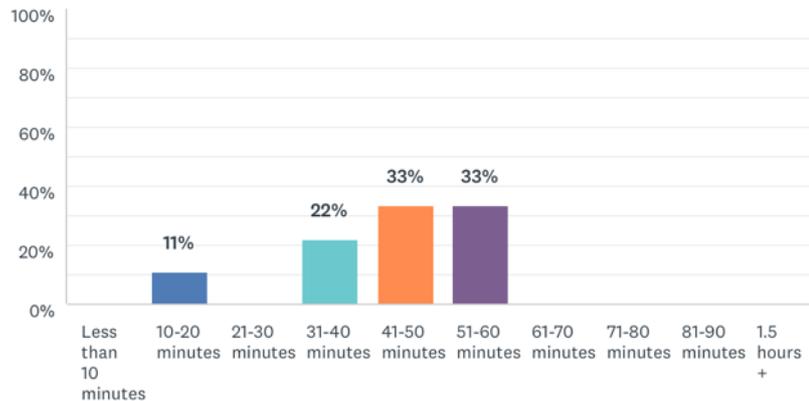
- Another teacher (100%)
- School well-being staff (67%)
- The principal or assistant principal (78%)
- A teacher's aide (44%)
- Student Support Services (SSS) staff (11%)

- Koorie Engagement Support Officer (KESO) staff (44%)

Notably, parents, students and external service providers were not included in any of the student mapping.

On average, how long did it take for you to complete a Student Mapping Tool task for each student?

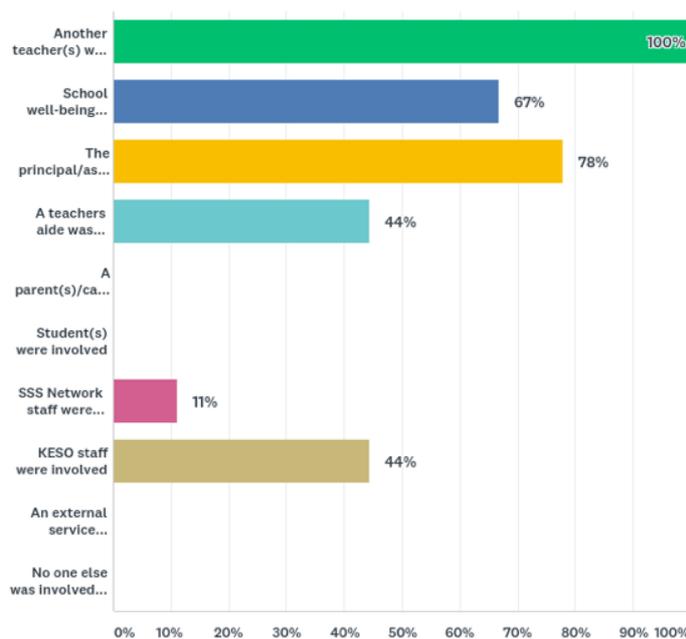
Answered: 9 Skipped: 0



Survey respondents highlighted that individual CoN student mapping most commonly took 41-60 minutes to complete (66%), 22% said the mapping took 31-40 minutes to finish and the remaining 11% said that the mapping took 10-20 minutes to complete.

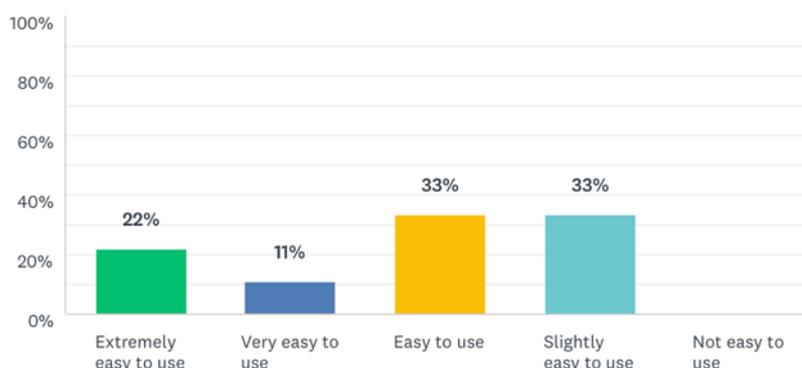
Survey respondents found that the CoN tool was relatively easy to use:

Q4 Tell us about who else was involved in either some or all of the CoN Student Mapping tasks that you undertook?(tick all that apply)



How would you rate the ease of use of the CoN Student Mapping Tool?

Answered: 9 Skipped: 0



33% of those that completed a survey found the CoN Student Mapping Tool either extremely or very easy to use, 33% found the tool easy to use and 33% found it slightly easy to use. Focus group participants shared that the tool and the indicator language took some adjusting to. They also shared that the tool became easier to use once they had used it a number of times.

“We needed to further define some of the indicators so we could better understand them”.

“It was time consuming to organise a time where all parties could get together to complete CoN mapping”.

“Some were confused with some of the language, but once we determined what best fit our school’s profile it was easier”.

All three trial sites identified that the CoN mapping tool would be easier to use if it was in an electronic form.

“If there was an electronic system we could all access that”.

“It’s time consuming and clunky as it is, make it online and more user friendly”.

Results: Key Evaluation Objectives and Indicators

- Schools have the capacity to identify and better meet the needs of vulnerable children.**

Increase in referrals for supports for vulnerable children (and their families).

Referrals were highly variable across the three pilot schools:

School	# Family Specific Referrals	# Child Specific Referrals
Kerang PS	8	25
Echuca PS	2	8
Pyramid Hill P-12 College	1	4

The number of referrals in some schools may reflect the fact that schools had most children/young people experiencing vulnerability in that year 5/6 group already firmly on their radar. Kerang PS had the highest number of referrals to services with some children being referred to more than one service.

It was also identified as a challenge that some families were offered contact numbers for key support services, however they chose not to engage with those services.

“We offered some numbers for services but some families didn’t follow up”.

Pilot schools identified other barriers for families when referring to support services:

- Long waiting lists
- Travel
- Cost

“Some families required psych or family support, we were able to help them but there was a waiting list for both”.

Schools identified that there were a number of services that children/families needed that they weren’t able to access due to barriers:

- Speech therapy
- Counselling
- Occupational therapy
- Social Work
- Psychologist
- Paediatricians
- Family Support
- Child and Adolescent Mental Health Services

“We are limited with our services in this community”.

Schools involved shared that SSS seemed stretched and more specifically that Speech, Social Work and Psychologists were under-resourced, very busy and extremely difficult to access.

The CoN mapping not only suggested linking students and their families to services, it also highlighted in some cases the need for stronger connections to community.

“One child wanted to play sport so we linked the child (& family) with sport”.

Increased confidence/knowledge/skills in identifying vulnerable children (and their families).

The three schools involved in piloting the CoN student mapping tools overwhelmingly agreed that the tool was useful in assisting them to further identify the needs of vulnerable children. All schools however agreed that most children in the piloted age group with complex needs were already on their radar- so the tool did not identify many children who they did not know were vulnerable, rather it assisted to build greater shared understanding of needs.

“Using the CoN and talking together has assisted us to all be on the same page”.

“We pride ourselves on knowing our learners but CoN has given us broader/deeper knowledge”.

Schools also highlighted the benefit of the tool in assisting them to understand children/young people and what might be happening for them in a family setting, including identifying the broader needs of the parent/family. ***As a result of the CoN process one school is now sending left over breakfast club supplies to two families who they discovered sometimes keep kids at home when food supplies are low at home.***

“Sometimes we think about kids and blame the parent, being able to help parents more is good”.

“We are looking beyond the child at school”.

“We aren’t thinking twice now, we have a better understanding of what is reportable and what is not”.

“The student mapping has helped us to better document and gather evidence of need”.

“Seeing everything on paper does make you more aware”.

71% of survey respondents rated the effectiveness of the tool in assisting them to identify the specific needs of students as extremely/very effective. The remaining respondents (29%) rated the tool as effective.

“The CoN tool helped us to draw together a ‘whole’ picture of the student”.

“We identified that there were some kids that we knew very little about”.

Increased confidence/knowledge/skills in seeking supports for vulnerable children (and their families).

A service access directory has been developed for each school’s locality (Kerang, Echuca, and Pyramid Hill). Feedback from schools on the ease of use and improvements was actively shared so that the directory could be tweaked prior to the completion of the pilot.

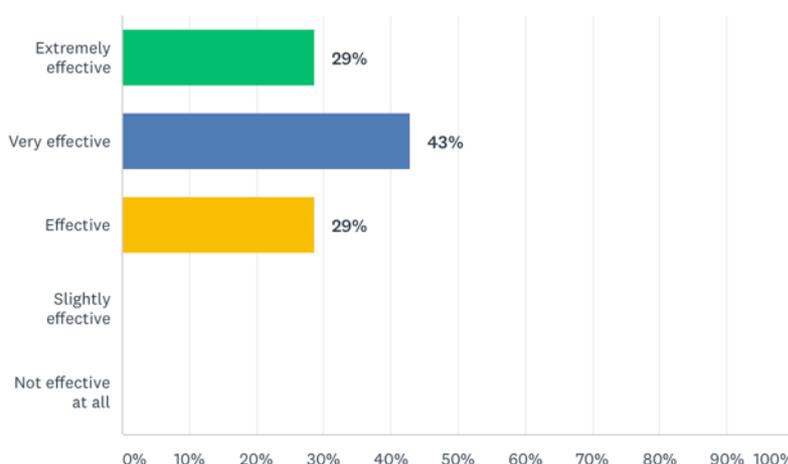
It is important to note that the directory was not available upon commencement of CoN student mapping activities so some schools indicated that they acted straight away and referred prior to the resource directory being available.

“We have found the resource directory to be useful”.

“The services we can access are limited”.

How would you rate the effectiveness of the CoN Student Mapping Tool and Windscreen Tool in assisting you to identify the specific needs of vulnerable students?

Answered: 7 Skipped: 2



The service directory was circulated to a total of twenty-nine staff within the three pilot schools. Whilst the directory has proven to be a supportive resource it was still apparent that service access issues were present in all of the three localities. These access issues were largely based on:

- Lengthy waiting lists
- Travel requirements
- Cost

The CoN provides a framework and indicators for identifying vulnerability and risk, it does not however provide a structured process for support seeking or coordination of supports for children with complex

needs. Questions were raised during the trial about 'case note' taking and teachers lack of experience at this was identified. Clear procedures and structures for the collection and recording of information may provide some guidance on this issue.

2. Schools have greater knowledge of available supports and services for children and young people with complex needs.

Increase in staff knowledge of available services and supports and referral pathways.

It was important to schools that service access directories were easy to use and had enough detail so they understood things like:

- Where services were based/offered from
- Eligibility criteria
- Cost
- Would the service visit or did families need to travel?
- Contact numbers

“Ensure service access lists are simple but informative”.

“The service list needs to be more specific-not just a list of agencies”.

“We have found the resource directory to be useful”.

A developmental evaluation approach has enabled an active improvement of the service access directories to better meet the needs of pilot schools. Embedding online links and strengthening service access information were the key enhancements made to the resource.

3. Children and families experiencing vulnerability are supported in a collaborative way.

Increase in collaborative support for children and families with complex needs.

At a school level staff completing a survey and or involved in focus groups clearly articulated that they were working together more collaboratively to identify and support students and families experiencing vulnerability. This approach has resulted in joined up more consistent supports within the school setting.

“Using the CoN and talking together has assisted us to all be on the same page”.

“We are now constantly observing and relaying things we think are important to other team members”.

“The conversation between all staff brought us all onto the same page and filled some gaps in our knowledge of the child”.

“We had collaborative conversations and did in-depth well-being check-ups for students”.

In addition, having a common language has supported clear communication when discussing student needs/risks in the school setting.

The CoN pilot has also forged a collaborative relationship between the three schools involved with schools seeking advice from each other and connecting up at shared Professional Development sessions.

At a community level, collaborative work was minimal during the student mapping process with all survey respondents indicating that no external service providers were involved in this stage of the CoN process. Collaboration with parents was also absent with mapping work occurring solely with school staff.

“It is clear that we need to adapt to make mum/dad more accountable”.

In focus groups at all three pilot schools the question was asked: *What collaborative work have you undertaken with other services as a result of the CoN project?* Participants at two of the three schools

indicated that collaboration with other services had not occurred. Collaboration that was highlighted by schools was focused largely on getting to know services at an afternoon tea and service provider presentation which was found to be useful and informative.

“We found out that a new health promotion position will be starting in our community soon”.

“Having service providers visiting schools was very good”.

Increase in key stakeholder knowledge of CoN framework and processes.

A range of stakeholders were provided with information on the CoN and invited to meet with schools to talk together about service provision.

The information sessions were seen as an opportunity to inform providers about the Continuum of Need (CoN) pilot; services in attendance were: secondary schools, health services, Police, Department of Education and Training and SSS Network staff.

“It would be useful for all staff to be trained especially in a small community”.

Schools relayed that supporting services and secondary schools to have a deeper understanding of the CoN would greatly assist with transition support and joined up work for students and their families.

Improved transition support for children experiencing vulnerability.

Transition supports have been enhanced in schools to some extent, however there appears to be some confusion amongst school staff about privacy and what can be shared about the CoN work when students transfer out of their current setting to attend secondary school.

The sensitivity around privacy is heightened by the fact that the CoN not only relates to the student but also to the broader family setting.

“High schools could use this information right now for transition”.

“With privacy rules can we pass this CoN information on to another school during the transition process?”

The majority of students mapped are currently in year 5, this age group was preferential so that the school could have some time to develop a support plan and links to services prior to the student transitioning to secondary school.

CoN pilot schools shared that twenty-two students are on a Shared Support Plan as a result of the CoN mapping and fourteen students were flagged as vulnerable requiring considered transition support to secondary school.

“Not all mapped kids needed a support plan”.

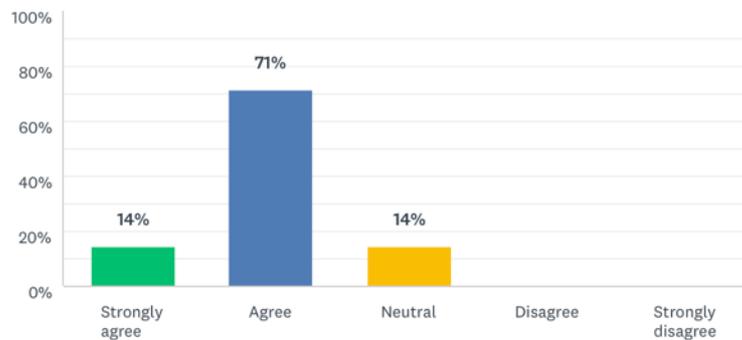
4. Staff are using a common language around risk and vulnerability.

Increased understanding of and use of a common language around risk and vulnerability.

85% of survey respondents agreed that the CoN tools assisted them to have a shared measure and language of needs and risk at their school.

Using the CoN Student Mapping Tool and Windscreen Tool has assisted staff at our school to have a shared measure and language of needs and risk to use with students.

Answered: 7 Skipped: 2



Survey respondents and focus group participants alike revealed that they were now using a shared language with their colleagues in their schools when discussing needs and risks of students.

“CoN has given us a common language around risk”.

“We are now using the same language”.

“We now have similar speak to Social Workers”.

Professional Development

Professional development was offered to staff from participating pilot schools and was also extended more broadly to involve service providers and other schools within the SFYS geographic boundaries.

Three professional development sessions were offered:

1. A Framework for Understanding Poverty

This workshop has been developed specifically for the education sector, to give teachers the tools to address these challenges and take a lot of the stress out of managing the classroom. Catering to the needs of teachers, ancillary and office staff as well as allied professionals in schools, ‘Frameworks’ can make dealing with children and their families much easier, in and out of the school setting. It can optimise behavioural, social and academic outcomes, making life better for everyone!

Twenty-five staff from participating CoN pilot schools attended the Framework for Understanding Poverty workshop. **Staff relayed that the training has helped them to understand where some students and families may be coming from and provided suggestions for respectful language to use.**

2. Trauma Theory & Using Trauma Informed Strategies for the Classroom

The workshop aims to boost inclusion and learning outcomes for students with complex needs, create behaviour support plans that increase self-regulation and coach staff. In addition, on site school support was also offered to the three pilot schools:

- *Development of behaviour support plans for students with critical needs*
- *Skills Coaching - one on one or in teams using an instructional approach*

- *Coaching of key staff using a train the trainer model to create communities of practice*
- *Review of the interventions implemented using an evidence based approach*

Eleven staff from participating CoN pilot schools attended the Trauma Theory & Using Trauma Informed Strategies for the Classroom training with six attendees completing a training evaluation form.

100% of participants who completed an evaluation form said that they now have better knowledge and understanding of the impact of trauma on the lives of young people.

“The training has made me realise that student behavior can be a result of trauma and that you need a plan to deal with it”.

“I now realise that behavior is communication”.

“I now have some practical skills to try”.

School Based Coaching

School based follow-up coaching was offered by Emma McCarthy from Emma McCarthy Consulting who had conducted the Trauma Theory & Using Trauma Informed Strategies for the Classroom training. This on-site coaching in August supported twenty-seven staff and in September supported twenty-five staff from participating CoN pilot schools.

Participating staff highlighted the on-site coaching as extremely valuable:

“Having access to Emma has helped us to change behavioral plans”.

“The coaching assisted us to plan for a whole of school approach”.

“Emma was great, she assisted with challenging behavior strategies and plans for six kids”.

3. African Drumming

Drumming is about more than music: it exercises the brain and the body together. It teaches us how to work together, how to lead and be creative, and generates a real sense of inclusion. Drumming offers tools to explore themes that are important to all aspects of schooling and life: leadership and respect; self-expression and focus; synchronicity in diversity.

Eleven participants from 6 schools did the Level 1 & 2 course and 2 participants from one school completed the Level 1 course.

Eleven participants completed an evaluation rating the content of the course and the accompanying resources:

- 82% of participants that filled in a survey rated the content of the course as excellent and the remaining 18% rated the content as very good.
- 73% of participants that filled in a survey rated the accompanying resources as excellent and the remaining 27% rated the resources as very good.

“I plan on using drumming to help reduce anxiety in children”.

“I hope to use this knowledge to work with students at risk and students who are harder to engage”.

Recommendations

CoN Resources & Processes

1. Develop a *CoN Implementation Resource Package* to use with new schools and new staff alike.
2. Create privacy/information sharing policy and procedures to inform schools about the collection and sharing of information in relation to the CoN Framework.
3. Develop a policy and clear procedures to support the recording of any CoN information.
4. Develop an information sheet capturing a clear process and 'trigger points' for activating the CoN student screening so that staff are not required to map students without additional needs.
5. Build a formal CoN response structure with school well-being/welfare staff that assists well-being staff to lead supports for students/families mapped as having additional support needs.
6. Develop CoN electronic capabilities to assist with ease of mapping students, updating mapping and sharing information electronically within the school setting.
7. Explore linking the CoN electronic capabilities to existing electronic information systems being used by schools e.g. Compass
8. Enhance early intervention by undertaking CoN student screening with identified 'at risk' students as early as possible in a student's schooling life.

9. Undertake business modelling to further understand resources required for schools to sustainability implement the CoN framework.
10. Foster CoN sustainability through the use of school Equity Funding.

Collaboration & Partnerships

11. Improve parent/caregiver engagement in mapping processes and care planning.
12. Increase the involvement of community services and Student Support Services (SSS) in mapping and care planning.
13. Plan together with Student Support Services (SSS) to develop processes for offering timely and adequate supports for vulnerable students with complex needs.
14. Consider developing and adopting a collaborative 'team around the child/young person' school/community approach that can be activated for vulnerable students who have multiple, complex needs.
15. Hold regular forums to keep community service providers informed about the CoN approach in participating schools and explore ways to ensure effective service provision.
16. Bring participating schools together regularly to share learnings and participate in professional development aimed at enhancing supports for students with complex needs.
17. Link CoN processes to transition planning for students transitioning to secondary school.

Service Directories

18. Review existing service directories with schools to ensure ease of use and that the appropriate level of information to guide referrals is present.
19. Identify resources that will enable regular reviewing and updating of service directories so information is current and relevant.
20. Ensure Service Directories are developed as a first step for new schools adopting the CoN Framework so that school staff can be responsive with referrals.

Conclusion

The evaluation of the Continuum of Need (CoN) pilot found that the CoN was a particularly useful tool for identifying vulnerability and supporting common language in schools for student/family risk and needs. The three schools involved in the trial highlighted the strength of the CoN in supporting them to understand student needs in a holistic way, focusing on both school and home environments.

All three schools also highlighted their interest in continuing to use the CoN in their school setting however it is important to note that some enhancement of the tools to make them more user friendly would encourage sustainability of the approach going forward.

There was consensus through the research that, to support the earliest identification of risk/vulnerability, mapping should commence in the lower primary grades (e.g. year 1/2). The CoN mapping tool could then be used at key points in the students' educational journey to measure progress and any further needs of students and their families including students with emerging needs who haven't previously been mapped.

There was also agreement that sustained resourcing was required to both continue to support new and existing staff in the understanding and implementation of the tools and also to ensure current and comprehensive service mapping and referral support resources were available and current.

Achieving sustainability of the CoN framework in the three pilot schools and expansion beyond to new schools will require the development of additional structures and thoughtful resources focusing on:

- privacy, information collection and information sharing,
- trigger points for undertaking CoN student mapping,

- formally connecting school wellbeing roles to coordinate CoN referrals and joined up responses with relevant community service providers, SSS etc.
- professional development for school staff to build their capacity when working with vulnerable children/youth and their families,
- converting paper CoN tools to electronic form,
- enhancing collaborative work with families, school support services (SSS) and community service providers,
- educating the broader health and community service sector about CoN; and
- ease of referrals for schools.

Importantly, if sustainability of the CoN approach is to be realised in schools, a formula that will tap into Equity Funding needs to be developed.

Schools have a distinct advantage when using the CoN framework largely due to their nature as a universal service and their unique day to day interaction with children and young people.

The Vulnerable Children Action Plan agrees:

'The Department's universal services are often the first or only platform with which vulnerable families can engage in a positive way, and can be a positive protective factor in the lives of vulnerable children and young people. For example, schools can provide a safe, inclusive learning environment — a secure place and community for all children, but particularly those for whom family life is less secure. This protective effect is enhanced if the school's connections to health and community services provide a pathway for families who might otherwise miss out'.

(DEECD, Vulnerable Children Action Plan 2013)

Whilst schools have well documented advantages for being 'first to know' about risk and vulnerability in children they also have limited capacity as sole responders. Partnerships and collaborative work between schools and the health and community service sector are a key ingredient for addressing risk and vulnerability for children and young people.

Collaborative responses are also a necessary component of the CoN framework if schools are to effectively support children/young people (and their families) to reach their fullest potential.

References

Australian Research Alliance for Children and Youth (ARACY) 2008, *Inverting the pyramid — Enhancing systems for protecting children*, Woden.

Children + Young People's Trust East Sussex-*the Continuum of Need Information & guidance for services providing early help*.

Deloitte Access Economics, *The socio-economic benefits of investing in the prevention of early school leaving*, prepared for Hands On Learning Australia, 2012

Department of Education and Early Childhood Development (DEECD), *Vulnerable Children Action Plan*, 2013.

Ibid., p. 9.

Northern District Health Community Health School Focused Youth Service Work Plan, 2017

S Lamb, J Jackson, A Walstab and S Huo, *Educational opportunity in Australia 2015: Who succeeds and who misses out*, Centre for International Research on Education Systems, Victoria University, for the Mitchell Institute, Melbourne, 2015,

Appendices

SFYS Continuum of Need Project

Focus Group Questions

- Q1. What would you say have been the key successes of the CoN Project?
- Q2. What would you say have been the main challenges of the CoN Project?
- Q3. Has the project helped you to gain knowledge/skills to better identify children experiencing vulnerability? Please explain.
- Q4. Has the project helped you to be better informed about the range of services and supports that are available for children and their families? Please explain.
- Q5. What collaborative work have you undertaken with other services as a result of the CoN project (at a school level and at a family level)?
- Q6. Have there been services that children/families have needed that you weren't able to access?
- Q7. What are you doing differently now as a result of the CoN project?
- Q8. If you could suggest a future improvement for the project what would it be?
- Q9. Do you think the CoN Assessment tool is a useful tool for schools?
- Q10. Have you found the electronic CoN Service Agencies Directory resource for the indicators in levels 3 and 4 to be of value?
- Q11. Do you intend on continuing to embed the CoN tool in your school?
- Q12. What supports/resources would help you to maintain the use of this tool?
- Q13. What Professional Development/Capacity Development has been most useful to your staff during this project?
- Q14. How have your staff used this knowledge in your work?
- Q15. Is there any other PD/Capacity Development that you think would be of use to your staff?

SFYS Continuum of Need Project

Online Survey Questions

1. What is your role? (Tick all that apply)

- I am a teacher
- I am a principal/assistant principal
- I am a teacher's aide
- I am a SSS network worker
- I am a KESO

2. Have you mapped students using the Continuum of Need (CoN) Student Mapping tool?

- Yes
- No

3. For how many students have you undertaken the CoN Student Mapping task?

4. Tell us about who else was involved in either some or all of the CoN Student Mapping tasks that you undertook? (tick all that apply)

- Another teacher(s) was involved
- School well-being staff member(s) were involved
- The principal/assistant principal was involved
- A parent(s)/caregiver(s) was involved
- Student(s) were involved
- SSS Network staff were involved
- KESO staff were involved
- An external service provider was involved
- No one else was involved in any of the assessments I did

5. On average, how long did it take for you to complete a Student Mapping Tool task for each student?

- Less than 10 minutes
- 10-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- 61-70 minutes
- 71-80 minutes
- 81-90 minutes
- 1.5 hrs+

6. How would you rate the ease of use of the CoN Student Mapping Tool?

- Extremely easy to use
- Very easy to use
- Easy to use
- Slightly easy to use
- Not easy to use

- 7. What would you say were the positives of using the CoN Student Mapping Tool?**
- 8. What were the challenges of using the CoN Student Mapping Tool?**
- 9. How would you rate the effectiveness of the CoN Student Mapping Tool and Windscreen Tool in assisting you to identify the specific needs of vulnerable students?**
 - Extremely effective
 - Very effective
 - Effective
 - Slightly effective
 - Not effective at all
- 10. Using the CoN Student Mapping Tool and Windscreen Tool has assisted staff at our school to have a shared measure and language of needs and risk to use with students.**
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
- 11. Do you have any suggestions for how the CoN Student Mapping Tool or processes can be improved for use in the school setting?**
- 12. Is there anything else that you would like to add?**