Education-Centred Formal Wraparound Services in Support of School-Aged Students with Complex Needs

Report on interviews with stakeholders in rural and remote schools

UNSW Gonski Institute for Education

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Executive summary

This report presents the findings of the third stage of a larger project, entitled: "**A Wraparound Approach to 'Whole of Student' Issues: Education, Health, and Community Services**".

The third stage of the project involved interviews with key stakeholders in six rural and remote NSW high schools (referred to as 'the Schools'), which sought to answer the following research question:

What are the perceived Wraparound service needs of students with complex needs in regional schools as reported by stakeholders?

Interviews focussed on establishing what Wraparound approaches are currently being used in the Schools, identifying the strengths of current approaches and considering the barriers and additional needs required for effective school-related Wraparound support. In response to the barriers and needs identified by the stakeholders, the report concludes with recommendations that are intended to enhance the capacity of rural and remote NSW schools to provide Wraparound support for students with complex needs.

Whilst none of the Schools included in this project had formalised Wraparound programs, they all, to varying degrees, took a Wraparound approach to caring for students with complex needs. This generally involved School staff utilising the resources available within the Schools, for example Learning Support units and specialists and school counsellors and liaising with a range of external collaborators such as government and non-government agencies and health practitioners, to coordinate support for students. In some cases, students' families were also involved in the planning and coordination of support.

The major strength of the current approach to Wraparound was the commitment of School leaders and staff, who showed enormous resourcefulness in locating and utilising all possible avenues of support, both within the

Schools and from external agencies or providers.

There were, however, multiple barriers to the effective implementation of Wraparound support. These are detailed in section 0 of the report; however, the key barriers can be summarised as follows:

- Lack of coordination, both in the absence of a dedicated case management person/team to plan and coordinate care, and the lack of clear structures and protocols for accessing services and resources
- Staffing and funding constraints – both within the Schools and the external providers or agencies they collaborated with
- Lack of available services in Schools' local areas, particularly healthcare
- Poor communication/collaboration with external providers or agencies, exacerbated by high staff turnover in these agencies
- Difficulty engaging and connecting students and their families with available support

The stakeholders interviewed identified a range of additional needs that would allow them to implement Wraparound support more effectively. These are outlined in section 0; however, can be summarised as including the following four key areas:

- School staffing, including additional Special Education teachers, classroom teachers, school counsellors and administrative staff, as well as a dedicated Case management person/team
- School facilities that would allow for the on-site provision of services
- Improved access to health care and allied health care
- Holistic support, including better post-school transitions and support for students' families

In acknowledgement that many of the barriers Schools face are systemic and therefore beyond the control of the individual Schools, recommendations are directed at two levels: systemic changes, and School-level strategies.

At the **systemic level**, it is recommended that funding be increased for School staffing and facilities, as well as more funding being directed to meeting the needs of students' families, for example training in parenting skills,

or support for overcoming drug and alcohol addiction. Funding for health care in rural and remote areas should also be increased so that greater support can be given to students' health needs in Wraparound. Finally, it is recommended that a thorough examination of existing funding models for disability and education support be conducted to determine what barriers they create.

At the **School level**, an increased focus on developing staff through the provision of training in areas such as trauma-informed practice and disability, as well as resilience training to protect their wellbeing, will better equip School staff to understand and engage with the complex needs of their students. Existing expertise should be harnessed and shared in Communities of Practice within the local regions. In addition, the already positive relationships with students and their families can be built upon by focussing on including them more in the planning of Wraparound support.

1   Background to the Report

There is a growing population of students with complex needs, including those with disabilities, mental health issues, and social disadvantage (Dowse et al., 2014). When left unmet, these needs increase students' risk of poor outcomes, including educational disengagement, precarious housing, substance misuse, and involvement with the juvenile justice system. Many students with complex needs receive a variety of services both in and outside of school. A lack of central coordination of these services results in both gaps in and overlapping supports, resulting in poor outcomes. However, research demonstrates that the provision of Wraparound services has the potential to improve outcomes for students with complex needs (Eber et al., 2011).

Wraparound is outcomes-based, with long-term goals centred around home-like placements and improved quality of life, demonstrated through improved functioning in school, the community, and vocationally (Walker et al., 2008). A unique team is chosen based on the needs of the young person and may include professionals from education, mental health, juvenile justice, employment, community services, government, and medicine. A designated team facilitator (often a school social worker, counsellor, or psychologist) guides the team through

the wraparound process for as long as it takes to meet the needs of the young person and his or her family (Eber et al., 2011).

In order to establish the extent to which Wraparound was already being implemented in rural and remote schools, as well as to identify the barriers and additional needs for effective Wraparound support for students with complex needs, interviews were conducted with key stakeholders in six schools, referred to collectively as 'the Schools', located in four towns in rural or remote areas of NSW. Stakeholders interviewed included Principals, Deputy Principals, Head Teachers, specialist teachers, classroom teachers and school counsellors.

For the purposes of this report, the terms 'rural and 'remote' are used generally to refer to non-metropolitan areas. However, the four towns included in the project can be further classified using the Australian Bureau of Statistics Australian Statistical Geographical Standard (ASGS), which divides Australia into five classes of remoteness based on relative access to services (Australian Bureau of Statistics, 2018): metropolitan, inner regional, outer regional, remote and very remote. Two towns were classified as inner regional and two were outer regional (see Table 1 below for more information).

The reports' findings and recommendations address three of the four pillars of the Gonski Institute for Education's approach, as follows:

i.   Understand the problem – interviews with key stakeholders in six schools revealed a range of barriers to the provision of effective Wraparound support in rural and remote schools.

ii. Empower decision-makers – stakeholders were invited to identify additional resources that would enable them to provide effective Wraparound. As a result of this, targeted recommendations were made to improve the capacity of the Schools' leaders, as well as government agencies and funding bodies, to develop and implement Wraparound models.

iii. Advocate change – the findings of the report present evidence of the current challenges and limitations to effective Wrapround in rural and remote schools and provide support for future advocacy to secure meaningful change in policy and practice.

The report outlines the strengths of current Wraparound approaches in the Schools and the challenges they face as they seek to build collaborative support networks that work together to design and implement plans to meet young persons' needs across multiple life domains. A number of significant challenges to effective Wraparound are discussed and the needs identified by stakeholders during interviews are outlined. The report concludes with recommendations that would address the needs and of schools in rural and remote regions and enhance their effective implementation of Wraparound support for students with complex needs.

2 Alignment of the Project with the Gonski Institute Strategic Plan

This project, with its focus on investigating Wrapround models for supporting school-aged students with complex needs, aligned with the Gonski Institute for Education's Mission "to fix the equity problem in education … by providing educators, communities, policy makers and governments with the knowledge and tools to transform education through supporting students' unique academic, social, health and wellbeing needs" (Gonski Institute for Education, 2020, p. 6).

Wraparound models are holistic, existing to address the needs of the whole child and build collaborative support networks that work together to design and implement a plan to meet a young person's needs across multiple life domains. This collaborative process is individualised and person- and family-centred. Wraparound systems are beneficial for all students; however, they are critical and essential for students with complex support needs, who often require support from diverse sectors, and organisations.

One of the key findings of this report is the impact of systemic factors on the capacity of schools in rural and remote regions to support students with complex needs. Indeed, these factors were one of the major constraints on the effective provision of Wraparound.

Seven of the eight key factors identified by the Gonski Institute for Education in its Strategic Plan as impacting equity (Gonski Institute for Education, 2020) were present in each of the Schools included in the project, as outlines below.

2.1 Family background and community SES

Many of the students' families were low SES and had significant and complex needs, such as drug and alcohol dependence, homelessness, unemployment and mental health issues, that limited their capacity to support their children's health and educational needs. There was also a high proportion of student families from Indigenous backgrounds (in some Schools, more than 40%), many of whom had a strong mistrust of schools and other government agencies stemming from their own negative past experiences. Finally, the communities in which they lived were also characterised by financial disadvantage; the median household weekly incomes in each community were significantly lower than the NSW average (see Table 1 for details).

2.2 Disability and special education needs

Each of the Schools reported a high proportion of students with disabilities or complex needs (see Table 2 below for more detailed demographic information on each School's student population).

2.3 Outside-school factors

The inability for students to access appropriate health care reported by each School reflects a lack of access to health care in the general community in rural and remote communities. For example, the Australian Institute of Health and Welfare reported that, whilst the numbers of General practitioners per capita in rural and remote locations was higher than in metropolitan areas, there were far fewer medical specialists and other medical professionals such as psychologists, physiotherapists,

occupational therapists, optometrists and dentists per capita, with the reduction in numbers greater as the degree of remoteness increased (Australian Institute of Health and Welfare, 2019).

2.4   Location

Relatively few health care providers were available in the local community of each School, meaning that students often needed to travel long distances to access health services. In many cases, families were unable to provide or afford transport and public transport services were not readily available, preventing students from accessing health care, even when they were able to make appointments.

2.5   Funding

Funding was cited as a major constraint for the provision of Wraparound services. Insufficient funding was available in the Schools to meet the additional staffing requirements for supporting students with complex needs. In particular, the Schools were unable to fund dedicated case managers to coordinate services for students. Complex and/or short-term funding models for external agencies that the Schools worked with also meant that they could often not be relied on as a source of long-term Wraparound support. Finally, a range of perceived problems were identified with the NDIS funding model, which often made accessing services difficult.

2.6   Distribution of teacher experience and skill

Although each of the Schools had experienced and dedicated staff, who were committed to supporting their students, the ongoing challenges of staff turnover and difficulty attracting teachers to the rural and remote areas, meant that they were often under-staffed.

2.7 School leadership

Similarly, each of Schools in the study had experienced leaders who were committed to providing and coordinating whatever Wraparound care they could to students with complex needs. However, lack of funding for resources and staff, and the wide range of competing demands placed on their time meant they did not have the capacity to adequately meet students' needs.

3 Key Demographic Features of the Participating Schools' Local Areas

The six schools included in the project were located in four towns in inner regional and outer regional areas of NSW. The town names have been replaced with codes to ensure the participating Schools cannot be identified. Table 1 below contains demographic data selected from the 2016 ABS survey (Australian Bureau of Statistics, 2020), to highlight key characteristics of the local population that contribute to disadvantage. Data for the whole of NSW, the state in which each of the Schools is located, has been provided as a point of comparison.

It should be noted that ABS data on disability has not been included since the Census does not capture the complete population of people with disabilities. The questions in the 2016 Census focussed on identifying individuals with more severe impairments, addressing specifically their need for assistance with self-care, mobility or communication (Disney et al., 2019) and likely did not include many of the students in the participating Schools, who had a range of other disabilities or complex needs.

Key aspects of the towns' populations that highlight their relative disadvantage compared to the NSW average include a higher than state-average proportion of Aboriginal/Torres Strait Islander residents, lower median weekly household incomes for both the general population and Aboriginal/Torres Strait islander population, and a higher percentage of one parent families. The school-aged population (captured in number of persons in the 5-19 age bracket) was slightly higher than the state average in three of the four towns; however, the median ages

of both the general population and the Aboriginal/Torres Strait Islander population were in line with state averages.

Table 1: Local area demographics

Source ABS 2016 Census QuickStats (Urban Centre Locality)

	Town 1 (T1)	Town 2 (T2)	Town 3 (T3)	Town 4 (T4)	NSW
ASGS remoteness classification	Inner regional	Outer regional	Outer regional	Inner regional	N/A
Population - general	34,339	4,519	7,984	33,885	
Population – 5-19	6,762 (19.7%)	849 (18.6%)	1,426 (17.9%)	6,604 (19.5%)	18.4%
Aboriginal/Torres Strait Islander	5,420 (15.8%)	1,179 (26.1%)	1,198 (15.0%)	4,190 (12.4%)	2.9%
Median age - general	35	44	39	38	38
Median age – Aboriginal/Torres Strait Islander	21	22	20	21	22
Median weekly household income - general	$1,294	$807	$1,167	$1,121	$1,486
Median weekly household income – Aboriginal/Torres Strait Islander	$1,177	$858	$1,036	$1,008	$1486
One parent family	1,865 (21.4%)	308 (28.8%)	397 (19.5%)	2,001 (23.75)	310,906 (16%)

4   Key Demographic Features of the Schools

The key demographic features of the Schools reported in Table 2 below, are based on self-reports from the stakeholders interviewed in each School. Each of the Schools has been assigned a code, which includes a number and the code of the town where it was located, to ensure that individual Schools cannot be identified. The percentage enrolments of Aboriginal/Torres Strait Islander students in each School is considerably higher than the NSW average, which in 2017 was 5.8% (ABS, 2018).

Table 2: School demographic features

Code	Total students	Aboriginal/Torres Strait Islander students	Students with disability or complex needs	Other major support needs
S1T1	750-780	225 – 235 (30%)	255-275 (35%)	None identified
S2T2	300	150 (50%)	60-70 (20-25%)	Mental health (45% of students)
S3T3	440	190 (43%)	180 (40%)	Very complex needs (5%)
S4T4	1000 - 1100	150-165 (15%)	100 (10%)	Increasing EAL/D students
S5T4	750-760	315 – 320 (42%)	200 (26%)	Additional 15 students with exceptionally complex needs
S6T4	700	210 (30%)	100 (14%)	Increasing EAL/D students

5 Methodology

The following data collection and analysis were conducted in accordance with approved guidelines set out in Ethics Application No HC190259:

- Data were collected through individual or small focus group interviews with key stakeholders in six schools, spread across four towns in inner regional and outer regional areas of NSW.

- Semi-structured interviews lasting approximately 45 minutes were conducted by the two Chief investigators, using a common interview protocol (a copy can be found at Appendix 1).

- A total of 18 interviews were conducted, with 24 interviewees who included school leaders, teachers, specialists and school counsellors.

- Interviews were transcribed verbatim by a professional transcription service.

- Data were deidentified by replacing interviewee names and school names with pseudonyms.

- Thematic analysis of the data was conducted in two stages. In the first stage, data samples were open coded by several members of the research team. The research team compared the results of their coding and resolved any differences through discussion. In the second stage, the third author refined and clustered the emerging codes and categories into themes. The first author reviewed all themes for reliability, then these were re-examined by the second and third authors to enable triangulation and peer checking.

- The current report is based on the thematic analysis of the data set.

6 Key Findings and Discussion

Four key common themes were found in the interview data:

1. Current approaches to Wraparound

2. Strengths of current approach to Wraparound

3. Challenges or barriers to effective Wraparound

4. Additional resources needed for effective Wraparound

Each of these themes is discussed in detail in the sections that follow.

6.1   Current Approaches to Wraparound

Although none of the Schools have a formalised Wraparound team, there are well-developed collaborative practices to support students with complex needs, described by one interviewee as, *"Not so much a program… more a strategic approach."* However, a lack of resources means that support is often crisis driven. Another interviewee described the approach to Wraparound as follows, *"We just work it out ourselves as we go along."*

In some cases, the Schools operate as a hub for a range of external providers who are able to use School facilities to meet with students. In addition, a number of School staff are involved in liaising with external providers, helping students and their families to access services and coordinating the provision of these services. School staff also collaborate with case workers from external organisations such as the NSW Department of Education, NSW Police, Juvenile Justice, Family and Community Services (FACS) and NSW Health to facilitate a coordinated approach to support. This sometimes occurs during organised meetings in which all the providers that are caring for students come together with Education staff and student families to discuss progress.

6.2   Strengths of Current Approaches to Wraparound

6.2.1   External Collaborators

All of the Schools are extremely resourceful in identifying available sources of support and take a leadership role in coordinating support from external collaborators. As one interviewee noted:

> *We generally do our utmost to fulfil the students' needs both academically as well as socially, and considering lack of funds, I think, you know, we don't ever turn anyone away…we generally work with all of the different agencies that we can utilise and it's good, hard work from the people that actually come day to day…I think we do a pretty good job.*

Multiple external agencies and providers are involved, including:

- Government agencies such as NSW Police, Family and Community Services (FACS), Juvenile Justice; Child and Adolescent Mental Health Services (CAMHS), Western Family Referral Service and Sexual Assault Services (NSW Health) and multisystemic services such as the Family Investment Model (FACS);

- An extensive range of non-government organisations such as Marathon Health, Mission Australia, Life without Barriers, Uniting Care (Burnside), Barnados, the Benevolent Society, House with no Steps, Hear our Heart, Doorways, Headspace, Brighter Futures, Royal Far West, Local Area Family Support/Neighbourhood Services (name changed to de-identify location) Rural Young Minds (Samaritans), the Benevolent Society, House with no Steps, Clontarf, Girls Academy, Aboriginal Lands Council, National Aboriginal Sporting Chance Academy and Rural Land Management;

- Health professionals such as GPs, paediatricians, psychiatrists, psychologists, speech pathologists and occupational therapists.

6.2.2 School-Based Resources

In general, one of the great strengths in each of the Schools is its committed and experienced staff. Many staff members juggle multiple roles as they seek to support their students. In addition, the following existing school-based resources were identified as being integral to the provision of support for students with complex needs:

- Targeted support for Indigenous students, including an Aboriginal Education Officers/Advisers, who are supported by Clontarf for boys and Girls Academy – not-for-profit organisations. Some Schools also have connections with local Aboriginal elders or the Aboriginal Lands Council, who also provided additional support to Indigenous students.

- Learning Support Units, which often acted as a hub for services, with some case management functions, in addition to providing educational support, individual learning plans, emotional and social support and referrals to external providers. Learning Support Unit staff include Special Education teachers and

School Learning Support Officers (SLSOs, Australian term for teacher aides). Some Schools also received support from regional offices of the Department of Education.

- School counsellors/psychologists who work directly with students with mental health needs, but also refers to outside agencies.

- Behaviour support is provided at many of the Schools, using a range of strategies which include behaviour management plans, time-out cards and time-out drop in centres, check-in check-out mechanisms with senior staff.

- Case management responsibilities, often shared between a range of staff, including members of the Learning Support Unit, Deputy Principals, Principals and Head Teachers. Some Schools had a Head Teacher responsible for Wellbeing or Welfare.

- Two of the Schools had implemented or planned to implement restorative practice programs. A well-established restorative practice approach in one of the Schools, instigated by a senior School leader as a result of personal research, had brought immediate benefits: school suspensions reduced by 50% in the first year after the program was introduced. Extensive training of staff in this School has seen a high level of engagement in restorative practice, with extremely positive results across the board.

- Practical support such as shower facilities and meals are provided to students who need them.

- Behaviour support provided in Special Education classes.

6.2.3 Positive Relationships with Students and Families

Another key aspect of the support provided to students with complex needs is the development of positive relationships with students and their families. One way that some Schools foster these relationships is by actively involving both the individual students and their family members in the development of individual plans. All stakeholders also described their Schools as focussing on regular, constructive communication that is open, respectful, honest and culturally sensitive, avoids aggression and judgement, and includes both positive and negative feedback. Staff in some Schools have made significant effort to build rapport through home visits and phone calls. Finally, the introduction of restorative practice in one of the Schools has had a very positive impact on breaking down generational mistrust of schools and building constructive relationships with students and

families. At the time of interviewing, a second School was training staff and planned to implement a restorative practice program.

6.3 Challenges or Barriers to Effective Wraparound

Key challenges or barriers to effective Wraparound identified by the Schools include:

- Lack of access to medical or other support services provided by external collaborators/providers, which often have very long waiting lists. This is exacerbated by the location of the Schools in inner and outer regional areas, where many services are not readily available.

- In particular, there is a pressing need for mental health services. For example, one interviewee expressed concern that lack of access to specialist mental health services had led to GPs over medicating because students could not access appropriate mental health care.

- Those medical or other support services that are available are generally found in inner regional areas and many parents of students at schools in outer regional areas can't afford the time or cost of travelling.

- Out of area case workers are not able to provide timely responses in a crisis. An example was given where FACS was contacted because a student's safety was in doubt, and the caseworker was located more than 400km away.

- External collaborators/agencies are often understaffed, caseworkers change frequently, and some staff are not adequately screened or trained for the roles they hold.

- Many external collaborators have unreliable funding sources and are not able to provide long-term solutions.

- There was also a perception among some interviewees that that NDIS funding models are problematic. Provision of services is often informed primarily by what individual agencies have available, rather than focussing on meeting students' needs, and funding does not easily carry across key transition points such as primary to high school, or high school to post-school.

- Communication with external collaborators (including government agencies) is often difficult or limited. There is also a problem with inter-agency coordination and important information is not always shared.

- Students have negative relationships with some external agencies, particularly NSW Police and Family and Community Services (FACS), which makes it challenging to incorporate these agencies into Wraparound care.

- Many students' families are not equipped to support their children because they are facing their own challenges, including lack of time or money, high stress levels, or complex needs of their own such as drug or alcohol dependency.

- Inconsistent school attendance for some students makes the provision of school-based care challenging.

- Lack of a dedicated school staff member/team for coordination means that many staff in each of the Schools are performing multiple roles.

- Staffing shortages are further exacerbated by high staff turnover and difficulty in attracting teachers/specialist staff to work in inner and outer regional areas.

In many cases, the barriers or challenges the Schools in this study faced were in line with previous research. An analysis of literature on Wraparound that was conducted for stage 1 of this project identified the following nine factors as the most common barriers to effective Wraparound programs (Cumming et al., 2019):

   i.   Lack of collaborative functioning of the wraparound team, with differences in culture, priorities and protocols creating difficulties with communication and information sharing. In addition, availability and commitment of professional partners willing to accept the workload of providing effective wraparound was a potential barrier.

  ii.   Insufficient funding and resource allocation.

 iii.   A lack of strong, effective and open-minded leadership of Principals, facilitators and key decision makers.

 iv.   Aspects of the Wraparound program, such as the stage at which students were recruited to participated, the cultural appropriateness and adaptability of the program, the length of the programme, the intensity of the wraparound services, consistency of personnel, student and family engagement with the programme, and the care offered after exit were noted as important to overall wraparound efficacy.

v. Lack of commitment of stakeholders such as school principals, teachers and staff, participants and their families, the local community, external agencies, and relevant political systems.

vi. Participant absenteeism or dropping out of the programme, as well as changes amongst wraparound team members interacting with the student, and policy makers at state and national level.

vii. Lack of formal understanding between team members regarding goals, roles and responsibilities.

viii. Lack of thorough planning and groundwork.

ix. Lack of clear and ongoing communication within the team and between stakeholders.

Of these nine factors, seven were also identified by the Schools as being major barriers, including: lack of collaborative functioning (i), formal understanding between team members (vii), planning and groundwork (viii), and communication (ix) were all issues faced by the Schools, largely stemming from the absence of a dedicated coordinator/coordination team; lack of funding (ii) and issues relating to student absenteeism or staffing changes in the Wraparound team (vi). To some aspects of the Wraparound program related to consistency of personnel, availability of services or family engagement (iv) constrained the provision of effective Wraparound.

One very positive finding was that barriers associated with the commitment of school leaders (iii) and other stakeholders (v) were not present in the Schools in this project. Indeed, the opposite was true; School leaders, staff and other stakeholders demonstrated incredible commitment and resourcefulness in providing what Wraparound support they could to students with complex needs.

6.4   Additional Resources Needed for Effective Wraparound

A wide range of needs were identified by the key stakeholders to support the effective implementation and provision of Wraparound care, as discussed below.

6.4.1   School Staffing

School Staffing was an important resource that emerged during data analysis. Participating schools identified

the following:

- All Schools identified a need for more formalised coordination, preferably based at the School. Although a Wraparound approach has been adopted by many of the Schools, a number of agencies are involved, and it can sometimes be ad hoc because of the need for a dedicated person who takes final responsibility for planning and coordination. As one interviewee noted, *"I think it happens more incidentally than by design – or maybe we're designing it as we do it, but it's not institutional design or systemic design."* Ideally, a Wraparound/Welfare coordinator (or small team) would be part of the School staff. The development of formal protocols and procedures would further enhance the effectiveness of this role. These should include information about what services are available, how they can be accessed and who the relevant contacts are.

- There is a desperate need at the School-level for more funding for specialist staff such as Learning Support teachers, SLSOs, counsellors and behavioural specialists for delivering programs and training mainstream teachers.

- In some of the Schools, there is also a need for more specialist literacy support, particularly in Schools with a growing population who speak English as an additional language or dialect (EAL/D).

- More funding for administrative support would allow School leaders and specialist staff to focus on their key roles.

- More training focussing on disability support and trauma-informed practice to develop capabilities of general staff to work with students with complex needs.

- Funding or access to specialised courses for life-skills education including social, sexual education and health education for students.

- Supporting staff wellbeing with training in emotional resilience.

6.4.2 School Facilities

School Facilities emerged as important during data analysis. Participating schools identified the following:

- Facilities (and staff) for after-school academic support;

- Expanding onsite facilities to provide space for external providers to see students at school;

- Drop-in/wellbeing spaces that included facilities (and funding) for practical support, for example showers, facilities to wash clothes and meals.

6.4.3   Improved Access to Health Care and Allied Health Care

All schools mentioned health care access. Areas of need included:

- Timely access to health professionals for care was essential to meet students' health needs, but also for diagnosis so that funding for support can be obtained. In particular, Schools identified the need for psychiatrists, psychologists, paediatricians, speech pathologists and occupational therapists.

- Mental health was identified by many of the Schools as an area of major need. In order to deal with the growing need for mental health support, some stakeholders suggested that a mental health hub be established on School premises that included a nurse, psychologist, social worker and provided services such as general counselling and drug and alcohol counselling.

6.4.4.   More Streamlined Funding Models

Schools called for greater streamlining of funding models (for example NDIS and school funding) so funding support is easier to access for students with complex needs.

6.4.5   Holistic Support

Overall, a need for holistic support was identified. Participants identified the following as areas that would improve holistic support:

- A greater focus on supporting families, for example by providing courses on parenting skills, but also to support them in managing their own disabilities, as well as issues such as drug and alcohol addiction or domestic violence. In addition, some parents required literacy support in order to engage with the Schools, health providers and other agencies.

- Greater transition support for post-school pathways, especially for non-university pathways such as TAFE, particularly in outer regional schools).

7   Recommendations

Many of the challenges faced by the Schools stem from systemic factors that cannot be addressed at the local level, whereas others may be overcome with sufficient funding and resources at the individual School level.

For example, the difficulty of accessing medical services such as paediatricians, psychologists, mental health services and other allied health professionals such as speech pathology, hearing and vision services and occupational therapy for students with complex needs, reflects a general lack of availability of these services in the wider community. Significant funding increases are required to ensure adequate and equitable access to medical services in many rural or remote communities.

Similarly, the frustration expressed by key stakeholders about what they perceived to be unnecessarily complex and unreliable funding models are the result of well acknowledged issues in the funding and delivery of services for disability that have impact beyond Schools.

Finally, the need for greater funding at the School level to employ sufficient staff to meet students' complex needs, particularly for coordination of Wraparound, cannot be easily addressed by individual School leaders.

On the other hand, there are strategies that can be adopted at the School level that would allow individual Schools to increase the effectiveness of their current approach to Wraparound using their existing resources.

The following recommendations are therefore targeted at two levels: systemic changes, and School level strategies.

7.1   Systemic Changes

7.1.1   Fund Coordination for Wraparound Services

There is a desperate need for a more coherent and coordinated approach to Wraparound. Currently this responsibility is shared among several staff members in each of the Schools in this study, with external providers also contributing. Funding for dedicated case management officer/teams based at Schools, accompanied by clear lines of communication and authority would greatly enhance the coordination of Wraparound services. These teams should be sufficiently funded to also allow staff time to investigate all possible avenues of support and develop strong working relationships with external collaborators. In an environment where resources are scarce, a strategic approach to accessing them is essential for effective Wraparound. Having one person or a small team consistently performing the coordination role would also likely lead to better collaboration with students who have suffered trauma or have attachment difficulties.

7.1.2   Increase Staff Funding in General

There are substantial benefits to be gained from increased funding for staffing. An increase in administrative staff would alleviate the time pressures faced by many of the specialist teaching staff, allowing them to focus on supporting students. More funding for casual teachers would allow staff to engage in training and professional learning in the areas identified above. Although most Schools currently have Learning Support units, more funding is needed for Learning Support teachers and SLSOs to adequately meet all students' needs. Finally, in light of the growing number of students requiring mental health support, and the lack of available services in the local areas, there is a pressing need for the school counselling team in each of the Schools to increase.

7.1.3   Consider How to Attract New Staff/Retain Current Staff

In addition to lack of funding for staffing, attracting and retaining staff posed a major challenge for the Schools in this study. This is of particular concern because of the high staff turnover rates in rural and remote Schools. Many of the incentives that the Department of Education provides to attract staff to remote schools seem to be quite limited and did not apply to the Schools in the study. However, the experiences of the Schools in this study suggests that this policy needs to be rethought. It may be helpful data to be collect detailed data about staffing levels, rates of retention, time taken to recruit staff etc in order to present a compelling case to the Department of Education for incentives to be extended.

7.1.4   Improve Access to Health Care in Inner and Outer Regional Areas

The lack of access to health care in rural and remote Australia is a well-known problem and has significant implications on health outcomes. However, given the close connection between health and educational outcomes, there is an argument that improved access to health care would also help to reduce inequities in educational outcomes. This report has highlighted the extremely high incidence of complex needs in students at the six Schools in the study, which included disabilities, behavioural and emotional problems and mental health issues. Yet access to adequate healthcare for these students is woefully inadequate. Without sufficient support for students' health needs, Wraparound programs, regardless of how well they are coordinated at the School level, cannot be effective.

Whilst this problem extends well beyond the scope of the education system, it is one that needs to be addressed. Obviously greater funding for health professionals in rural and remote areas is the first step. However, another avenue that may support access is the provision of on-site facilities in Schools for visiting health professionals to use when seeing students. This would likely alleviate the communication difficulties that many Schools reported when dealing with external providers such as health professionals. It would have the further advantage of removing barriers related to travel for students and their families.

Another possible strategy would be to expand the provision of telehealth services. As a result of COVID-19, there have been significant advances in the provision of telehealth in a range of services. This has been

accompanied by a growing research interest in the delivery of health services and evidence of positive outcomes. For example Langbecker et al. (2019) found that the majority of primary school children in five rural and remote areas, who received occupational therapy and speech therapy via telehealth, showed improvements in speech and language skills, educational outcomes and class participation after one semester.

7.2   School-Level Strategies

7.2.1   *Protect and Develop School Staff*

A number of areas were identified by stakeholders where staff training and professional development would further enhance the capacity of all School staff to support students with complex needs. Providing all staff, irrespective of their role within the School, with training in trauma-informed practice, restorative practice and disability would ensure a consistent whole-school approach. In addition, together with resilience training, this may support staff wellbeing and reduce staff turnover, which were two areas of concern raised in interviews. Although funding would improve the capacity of the Schools to provide training and professional development, there is also scope for the existing expertise with Schools to be shared in a Community of Practice approach. It may be possible for several Schools within regions to collaborate on providing in-house staff training and development workshops. There may also be capacity for additional training and development to be accessed through the Department of Education.

7.2.2   *Move Towards a More Student-Centred Approach*

In each of the Schools in the study, there was a strong focus on fostering relationships with students with complex needs and their families, which has led to positive collaborations. Whilst this is certainly a constructive approach, moving towards an even greater focus on student-centredness by actively involving students and their families in planning and selecting their support will increase student agency and likely further increase the effectiveness of a Wraparound approach. However, an important precursor to such an approach is the existence of a coordinating person/team, with whom students and their families are able to build strong relationships of trust.

7.2.3   *Use Technology to Facilitate Coordination*

A key aspect of Wraparound is planning and coordination between different stakeholders, including education, health, relevant government departments and students and their families. In rural and remote locations, it may be difficult to coordinate physical meetings, particularly with visiting health professionals or representatives of agencies located in other areas. However, coordination is still possible through the use of online video-conferencing systems, which have become more common as a result of COVID-19. Utilising technology in this way allows for more regular meetings of stakeholders without the inconvenience of travelling large physical distances. Again, the success of this relies on the implementation of case management officers/teams within the Schools, who have the responsibility and capacity for coordination.

8   Conclusion

This report presented the findings from the third stage of a larger project, entitled: "**A Wraparound Approach to 'Whole of Student' Issues: Education, Health, and Community Services".** It sought to answer the following research question:

What are the perceived Wraparound service needs of students with complex needs in regional schools as reported by stakeholders?

A total of 18 individual and focus interviews with 24 stakeholders in six schools in rural or remote areas of NSW (the Schools), including school leaders, teachers, specialists and school counsellors, identified a range of barriers and challenges faced by the Schools. These included: difficulty accessing health and other support services, problems communicating/collaborating with external agencies, staff shortages and particularly the absence of a dedicated coordinator role/team in each of the Schools, complicated funding models that made obtaining funding for support difficult, and issues with individual students and their families that limited their capacity to engage in Wraparound programs. Many of these barriers or challenges reflected what had been found by other researchers.

In contrast to the findings of previous research, which often identified lack of commitment or engagement in Wraparound from school leaders as a barrier to effective Wraparound, each of the Schools in the current study were fortunate to have leadership and staff teams who were highly committed to providing Wraparound support for students with complex needs, despite the many barriers or challenges the faced.

In response the above research question, stakeholders identified a range of needs or changes required for effective Wraparound. These included: increased levels of school staffing and the appointment of a dedicated coordinator/team for Wraparound, expanded School facilities, improved access to health care and other forms of support, more streamlined funding models and the addition of wholistic support for students and their families.

The report concluded with a number of recommendations that would enhance rural and remote NSW schools' capacity to provide Wraparound support for students with complex needs. Whilst some of these recommendations are targeted at the school-level, for example staff training and development or an increased focus on involving students in planning Wraparound, the reality is that substantial systemic changes are required to overcome many of the constraints to effective Wraparound. Issues such as access to health care, funding (for school staff and NDIS support) and the ongoing challenge of attracting and retaining school staff in rural and remote areas can only be addressed through policy changes at the departmental or government level. It is hoped that the findings of this report and the recommendations it contains can provide a springboard for advocacy, to ensure greater equity for students with complex needs living in rural and remote areas in NSW, through access to Wraparound programs that comprehensively support their health and education outcomes.

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