Transition from Primary School to High School: developing a framework to guide future Centacare delivered interventions for young people transitioning from primary to secondary sch...
CentaCare Wilcannia-Forbes
Report 2017

Transition from Primary School to Secondary School:
Developing a framework to guide future Centacare delivered interventions for young people transitioning from primary to secondary school

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1. Acknowledgements

We would like to thank CentaCare Wilcannia-Forbes for commissioning and actively participating in this project focused on identifying the emotional and mental health needs of young people transitioning from primary to secondary school in a regional area of New South Wales.

The qualitative research component of this project would not have been possible without the active participation of secondary teachers from Kandos and Oberon who generously gave of their time and experiences to illuminate our understanding of transition to secondary school. We owe much to Dr Deborah Clarke’s energy and professional and research expertise for the richness of the qualitative data collected.

Thanks is also due to the external consultants who generously contributed their time, professional wisdom and recommendations across the duration of this project.

Finally, thank you to Melissa Buesnel for her organisational and administrative skills and consistent attention to detail and to Lisa Martin for her librarianship and data entry skills without whom this project would not have been completed.
2. Executive Summary

CentaCare Wilcannia-Forbes (CWF) provides a range of services to the communities within its footprint. The Family Mental Health Support Service (FMHSS) focuses on providing early intervention and support for vulnerable families with children and young people (0-18 years) showing early signs of, or are at risk of developing mental illness. When School Principals in several schools suggested that support for children struggling with the transition to secondary school was needed, the FMHSS team’s focus on identifying and responding to the needs of rural and remote communities whose needs are not met by existing services led to the commission of this exploratory research project.

This report outlines the findings from three separate sources examined to identify the specific needs of the target group (young people aged 10-14 years transitioning to secondary school) and review existing evidence that could inform the development of evidence-based interventions.

1. Analysis of Family Mental Health Support Services (FMHSS) referral and service usage data

A comprehensive analysis was undertaken of referral and service usage data collected by the FMHSS as part of the required reporting processes. This analysis demonstrated a steady increase in service delivery throughout the period July 2015 to April 2017. A shift in focus from intake and assessment interventions constituting 27% of activities in 2015 (to be expected of a new service), to 37% of all interventions focussing on advocacy and support in the period July 2016 to April 2017 was noted. 60% of referrals over the period July 2015 to February 2017 came from educational agencies, with 77% of these referrals being for mental health concerns. From July 2015 to February 2017, 75% of registered participants were aged between 10 and 14 years.

The introduction of a new data base in July 2016 introduced a formal needs assessment. For the target age-group, the data indicated 40% of the needs identified were categorised under the broad theme ‘mental health, wellbeing and self-care’, with 30% of the sub-area issues within this category relating to issues associated with self-esteem.

2. A comprehensive literature review ‘Supporting emotional wellbeing during the transition to secondary school in regional Australia.

The literature review examined recent research (2010-2017) focused on two main areas: emotional wellbeing and the psychological impacts of transition to secondary school as experienced by students in regional areas of Australia and evidence-based programs designed to support the psychological wellbeing of these students as they transition in regional schools. The review demonstrated a paucity of research specific to students in regional areas of Australia and a total absence of research conducted in regional NSW. Likewise, research reporting on programs designed to support the psychological wellbeing of students as they transition to secondary school is lacking.

The research reviewed did, however, provide Australian data that could be used to inform the development of interventions specific to the needs of the regional communities in New South Wales and other regional communities throughout Australia.

3. Findings from a qualitative project designed to ‘Investigate rural teachers’ perspectives of young people’s transition from primary to high school.

A qualitative descriptive research design utilizing recorded semi-structured interviews captured rural teachers’ perspectives on the factors that they have observed as impacting on students’ transition from primary school to high school; to identify the factors that they believe predispose rural young people to poor transition and to explore the strategies employed by in the target schools that are designed to assist young people successfully transition from primary to high school. Teachers from two co-educational government high schools in regional NSW were interviewed.

The findings from the data analysis relating to poor or successful transitioning from primary to high school could, in general, be classified into three categories of demonstrated behaviour: i) academic; ii) organisational; and iii) social and emotional. Poor transition behaviours were often seen to be interrelated, for example those young people whose academic transition was difficult, also struggled emotionally and organisationally in their transition to high school. The small and supportive nature of the regional communities, and their commitment to assist in aiding young people to successfully transition was of particular note in each case study site.
4. Recommendations

The recommended framework for development of strategies to support the emotional wellbeing of young people transitioning to secondary school incorporates four key areas. (See p. 65 – 67)

• Actively engage with primary schools to identify vulnerable students in Year 6
• Investigate Year 6 students’ concerns in regard to transition to Year 7
• Enhance data collection for 10-14 year old young people referred to FMHSS
• Evaluate existing strategies already in place to support transition

The research team recommends that all development activities include an active component of rigorous evaluation with dissemination of the findings from such activities in peer-reviewed journals and presentations of relevant conferences. This level of rigour in evaluation of programs will enable the widespread implementation of evidence-based programs and will serve to support CentaCare Wilcannia-Forbes reporting to funding bodies and applications for future funding.
3. Introduction

This document provides a report on the outcomes of the project undertaken by a CSU research team commissioned and funded by CentaCare Wilcannia-Forbes (CWF). From the project’s inception in 2016 until its completion in June 2017, the research team worked in close collaboration with key staff members of CWF.

The Family Mental Health Support Service (FMHSS) is a service focused on providing early intervention and support for vulnerable families with children and young people (0-18 years) who are showing early signs of, or are at risk of developing mental illness. CentaCare Wilcannia-Forbes was awarded the contract to deliver FMHSS and commenced in July 2015 delivering services from outlets in Broken Hill, Wilcannia and Parkes. In January 2016 service delivery was expanded to incorporate the Central Tablelands and saw an increase in the number of outlets providing service support to young people.

CentaCare Wilcannia-Forbes has demonstrated a commitment to ensuring that the FMHSS delivered under their auspices is focused on families and young people whose needs are not met by existing services. Thus, when School Principals at schools where CentaCare personnel were providing family services suggested that more support for children struggling during the transition to secondary school was needed, Tanya Judge and Kathryn Kent began the process that led to this project.

The first two months of this collaborative work saw a re-shaping of the initial plan to develop a program for children transitioning to secondary school. After careful consultation and discussion, the focus of this project moved to exploratory research to clearly identify the specific needs of the target groups and to review existing research evidence that could inform the development of evidence-based interventions.

Three discrete sources of information have been mined in order to provide recommendations from which a framework for development of targeted strategies to assist young people during the transition to secondary school can be developed. (see Figure 1)
4. Context

The CentaCare Wilcannia-Forbes footprint is located across regions of NSW classified under the Australian Standard Geographical Classification – Remoteness Areas system (ASGC-RA) as Inner Regional (RA2), Outer Regional (RA3) and Remote Australia (RA4). One of the programs run under the auspices of CentaCare Wilcannia-Forbes is the Family Mental Health Support Services (FMHSS). FMHSS delivers services in the following locations: Bathurst, Blayney, Broken Hill, Forbes, Kandos, Lithgow, Oberon, Orange, Parkes, Wilcannia and a number of smaller locations classified as outreach.

While locations such as Orange, Bathurst and Dubbo are considered as major urban centres within inner and outer regional areas, these centres are seen as key to the provision of services to outlying areas (Australian Health Ministers’ Advisory Council’s Rural Health Standing Committee, Updated 2016). Consistent with the National Strategic Framework for Rural and Remote Health, CentaCare focuses on delivering services to children and families in RA2, RA3 and RA4 areas of Western NSW.

The impact of rurality upon health outcomes is well described with higher rates of lifetime mental disorder, substance use disorders and increased levels of suicide deaths. Contributing factors to these higher rates have been identified as ‘socioeconomic disadvantage, a harsher natural and social environment, loneliness and isolation, and fewer available health services’ (AIHW 2010 quoted in Australian Health Ministers’ Advisory Council’s Rural Health Standing Committee, Updated 2016, p. 14).

Mental and behavioural problems are reported as 1.4 times more likely for adults living in the lowest socioeconomic areas compared with those living in the highest socioeconomic areas (Australian Institute of Health and Welfare, 2016, p. 28). The recent report of Australia’s health describes mental illness as a ‘large burden for young Australians. In 2013-2014, 14% (560,000) of children and young people aged 4-17 had a mental disorder in the proceeding 12 months’ (Australian Institute of Health and Welfare, 2016, p. 16). Further impacting on rates of mental illness is location with people living in inner regional and outer regional/remote areas of Australia experiencing high rates of mental health conditions (Australian Institute of Health and Welfare, 2016, p. 32).

Thus, for a significant number of children and young people within this region, both the ‘tyranny of distance’ and the ‘tyranny of disadvantage’ increase the likelihood that they will be at increased risk of mental illness (Edwards & Baxter, 2014). A number of measures implemented in 2010 have focused on enabling improved access to mental health services for Australian children already experiencing symptoms indicative of developing mental illness (Bassilios et al., 2016). While these services are essential, ensuring a consistent focus on prevention and early intervention is critical if young people in Western NSW are to achieve their full potential as healthy, contributing members of Australian society.

It is within this context that the CentaCare Wilcannia-Forbes FMHSS engaged with the research team from CSU to identify gaps in existing services designed to provide early intervention for young people at risk across the transition from primary school to secondary school.
5. Family mental health support service (FMHSS) CentaCare Wilcannia-Forbes

A comprehensive review of the services delivered by CWF was undertaken by service based staff and is presented in four parts as follows:

5.1 Family mental health support services DEX data analysis


This component of the DEX Data Analysis and the report on the data was prepared by Jashint Maharaj, Project Officer, FMHSS, CentaCare Wilcannia-Forbes on January 1, 2017.

The Family and Mental Health Support Service (FMHSS) under the auspices of CentaCare Wilcannia-Forbes delivers early intervention and support to vulnerable families with children and young people who are showing early signs of, or are at risk of developing mental illness. The intervention is child centered, family focused, holistic and strengths based using the Common Approach to Assessment, Referral and Support (CAARS) (Australian Research Alliance for Children and Youth (ARACY), 2013).

Background

A literature summary by Rossiter and Shields (2016) suggests that children in regional areas often experience greater levels of emotional and behavioural distress and that there are increased mental health risks with social and emotional pressures. Educational transition has been noted to be a difficult time within such domains and well-structured strategies can provide a positive experience which enables smoother progress. There is also evidence that poor adjustment or difficult transitions increase the likelihood of educational non-completion, disengagement and other associated negative outcomes.

Thus as an early intervention program, FMHSS is ideally situated to fill a void by providing a program to focus on enhancing social and emotional health and wellbeing in young people in rural and remote areas to improve mental health outcomes, and to assist in identifying early those young people at risk of developing mental health issues.

This notion has led to a collaboration between Charles Sturt University (CSU) and CentaCare Wilcannia-Forbes to consider existing data and literature surrounding primary school to high school transitions in rural and remote regions, and teacher perspectives on transitional outcomes.

Data Analysis from the DEX reporting portal was used to determine the extent of current services provided to families and individuals by FMHSS, with the age range of the study cohort determined to be between >10 years and <15 years. This age range correlates to those children potentially undergoing transition from primary school to high school.

Initial Phase

Between January 2015 and June 2015, under a pre-existing FMHSS model, the provision of services under the FMHSS was to anyone within the family unit with a mental illness. The service (being much broader in scope of practice) was provided through the Broken Hill outlet and included 46 sessions. 54% (n=45) of the total attendees were within the cohort age range (01/07/2000 – 01/01/2005) and the data shows that 22% of sessions focused on Education and Skills Training (Table 1). It can also be seen that 36% of services delivered was Child/Youth focused group activities (Figure 2). The stacked graph (Figure 3) demonstrates the usage of services by all clients including cohort.
Table 1: DEX Data FMHSS 01/01/2015 to 30/06/2015

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Sessions</th>
<th>Attendance</th>
<th>Total</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy/support</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Child/youth focussed groups</td>
<td>5</td>
<td>30</td>
<td>30</td>
<td>19</td>
</tr>
<tr>
<td>Education and skills training</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Family capacity building</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Information/advice/referral</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Intake/assessment</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Mentoring/peer support</td>
<td>2</td>
<td>14</td>
<td>14</td>
<td>9</td>
</tr>
</tbody>
</table>

Figure 2: DEX Data FMHSS 01/01/2015 to 30/06/2015

- Advocacy/support
- Child/youth focussed groups
- Education and skills training
- Family capacity building
- Information/advice/referral
- Intake/assessment
- Mentoring/peer support
Between July 2015 and December 2015, a new framework was adopted for the FMHSS, specifically targeting early intervention services for improved mental health and wellbeing in children between 0-18 years. The service provision was extended through the Broken Hill, Parkes and Wilcannia outlets and included 330 sessions. 45% (n=233) of the total attendees were within the cohort age range (01/01/2001 – 01/07/2005). With the modification to the framework (Table 2), 31% of sessions delivered in this period focused on Intake and Assessment.

### Table 2: DEX Data FMHSS 01/07/2015 to 31/12/2015

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Attendance</th>
<th>Unidentified</th>
<th>Total</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy/support</td>
<td>41</td>
<td>74</td>
<td>-</td>
<td>74</td>
</tr>
<tr>
<td>Child/youth focussed groups</td>
<td>6</td>
<td>15</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Community capacity building</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Education and skills training</td>
<td>45</td>
<td>370</td>
<td>290</td>
<td>80</td>
</tr>
<tr>
<td>Family capacity building</td>
<td>33</td>
<td>78</td>
<td>25</td>
<td>53</td>
</tr>
<tr>
<td>Information/advice/referral</td>
<td>45</td>
<td>59</td>
<td>9</td>
<td>50</td>
</tr>
<tr>
<td>Intake/assessment</td>
<td>101</td>
<td>144</td>
<td>5</td>
<td>139</td>
</tr>
<tr>
<td>Mentoring/peer support</td>
<td>22</td>
<td>121</td>
<td>51</td>
<td>70</td>
</tr>
<tr>
<td>Outreach</td>
<td>36</td>
<td>42</td>
<td>1</td>
<td>41</td>
</tr>
</tbody>
</table>
Unidentified data (Table 2) represents clients who were input into the DEX database without individual demographic information, as such these statistics are not included in the analysis data set. Examples of such data gaps include class interventions where all students have not consented for demographic data collection.

The available data (Figure 4) indicates that within the new framework, Intake and Assessment formed 27% of services while Education and Skills training (15%), Advocacy and Support (14%), Mentoring and Peer Support (13%), Information and Referral (10%), and Family Capacity Building (10%) made up a bulk of the services provided.

The following stacked graph (Figure 5) demonstrates the usage of services by all clients showing a change towards Intake/Assessment.
Expansion

Between January 2016 and June 2016, the service was provided through the Broken Hill, Parkes, Wilcannia, Oberon, Lithgow, Kandos, Forbes, Orange and Bathurst outlets, and included 543 sessions. 26% (n=229) of the total attendees were within the cohort age range (01/07/2001 – 01/01/2006). As the service continued to grow, it was seen (Table 3) that 36% of sessions was around Advocacy and Support of existing and new clients while 26% of sessions were still Intake and Assessment.

Table 3: DEX Data FMHSS 01/01/2016 to 30/06/2016

<table>
<thead>
<tr>
<th>Services</th>
<th>Sessions</th>
<th>Attendance</th>
<th>Unidentified</th>
<th>Total</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy support</td>
<td>197</td>
<td>338</td>
<td>11</td>
<td>327</td>
<td>62</td>
</tr>
<tr>
<td>Child/youth focused groups</td>
<td>14</td>
<td>358</td>
<td>304</td>
<td>54</td>
<td>18</td>
</tr>
<tr>
<td>Community capacity building</td>
<td>9</td>
<td>422</td>
<td>422</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Counselling</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Education and skills training</td>
<td>95</td>
<td>1470</td>
<td>1336</td>
<td>134</td>
<td>44</td>
</tr>
<tr>
<td>Family capacity building</td>
<td>23</td>
<td>37</td>
<td>1</td>
<td>36</td>
<td>17</td>
</tr>
<tr>
<td>Information/advice/referral</td>
<td>50</td>
<td>78</td>
<td>-</td>
<td>78</td>
<td>31</td>
</tr>
<tr>
<td>Intake/assessment</td>
<td>140</td>
<td>224</td>
<td>1</td>
<td>223</td>
<td>47</td>
</tr>
<tr>
<td>Mentoring/peer support</td>
<td>12</td>
<td>15</td>
<td>2</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Outreach</td>
<td>2</td>
<td>26</td>
<td>25</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The data (Figure 6) shows that within this six-month period, Advocacy and Support formed 38% of services while Intake and Assessment (26%), Education and Skills training (15%), Information, Advice and Referral (9%), and Child/Youth Focused Groups (10%) made up a bulk of the services provided.
In summation of the services provided by the FMHSS program between January 2015 and June 2016, it can be seen from Figure 7 that Advocacy and Support (27%), and Intake/Advice/Referral (27%) made up more than half of all sessions delivered to all clients.
The above graph (Figure 9) indicates that there was similar usage of services by the target Cohort (10-14 year old's) and Others in most domains. Pertaining to this transition project, 34% (n=507) of all clients were within the Cohort age range with Intake/Assessment (22%) and Advocacy and Support (21%) making up a large portion of services utilized. This is also congruent to services used by other clients (outside of cohort age range). It was interesting to note that the Cohort (53%) are reported to have used more Mentoring and Peer Support Services compared with Others.
5.2 Family Mental Health Support Services Data Analysis

5.2.1 Part 2 – July 1, 2016 – April 30, 2017.

Parts 2 - 4 were prepared by Kathryn Kent, Team Leader, and Christine Campion, Project Officer, FMHSS, CentaCare Wilcannia-Forbes and presented to the project team on June 12, 2017.

The Family Mental Health Support Service seeks to address the following (CentaCare Wilcannia-Forbes, 2015):

Issue in Society: Children and young people who are affected by, or at risk of mental illness, face challenges in managing aspects of their lives because of:

- A need for additional support services; a better connection to existing support services and more collaboration between existing services.
- A lack of understanding of children and young people who are showing early signs of, or are at risk of developing mental illness by their family and community

Target Group:

- Families and children up to 18 years of age who are showing early signs of, or at risk of, developing mental illness, and their families
- The most disadvantaged children, young people and families, including children in contact with the child protection system, Indigenous and CALD children and families, children and young people leaving the OOHC system and families experiencing homelessness, unemployment, drug and alcohol abuse, domestic violence or a history of trauma.
- Social service providers including ‘first to know agencies’ such as early learning centres, schools and medical services, child protection services, clinical mental health services, youth and homelessness services and Centrelink

CentaCare Wilcannia – Forbes (CWF), under the Family Mental Health Support Service (FMHSS) program delivers child centered, family focused, holistic and strengths based interventions based on the Common Approach to Assessment, Referral and Support (CAARS) (ARACY, 2013).

CWF and Charles Sturt University (CSU) have worked in collaboration to collect, collate and analyse existing data to aid understanding around primary school to high school transitions in rural and remote regions for those clients in the 10 – 15-year age group. This collaboration has been in place throughout the 2016/17 Financial Year.

This report forms the second of two parts in that analysis. It is based on the period 1/07/2016 – 30/04/2017. It is designed to supplement, and follow on from, the report to CSU by Jashint Maharaj on January 4, 2017.
5.2.2 Definitions and Helpful Terms

5.2.2.1 The cohort

A total of 203 clients make up the cohort. From July 1, 2016 until December 31, 2016, the cohort is those clients whose Date of Birth fell between 1/07/2001 and 31/12/2006. During the period January 1, 2017 until April 30, 2017, the cohort is those clients whose Dates of Birth fell between 1/01/2002 and 30/4/2007.

5.2.2.2 The outlets

During the period 1/07/2016 to 30/04/2017, CWF delivered the FMHSS program within Central Tablelands, Lachlan and Far West regions, providing service from the following ten locations: Bathurst, Blayney, Broken Hill, Forbes, Kandos, Lithgow, Oberon, Orange, Parkes, Wilcannia and a number of smaller locations classified as outreach.

DEX – the federal government’s Data Exchange database for all Department of Social Services program interventions.

PIX – CWF wide database. It supersedes all data entries into DEX for the FMHSS program. Staff began “rolling over” to PIX database entry from DEX from November 2016 onwards.

Identified Attendee – someone who has provided informed consent to receiving support and was prepared to provide their details to the Support Worker, for the purpose of recording their individual demographic information into a database. It could either be a client, or a person supporting a client, such as a parent, carer or teacher. An Identified Attendee is distinguished in the database as either a Client or a Support Person.

Unidentified Attendee – someone who provided informed consent to receive support, but did not provide informed consent to the inclusion of their personal and individual demographic information being recorded in the database. This may include those who attended a large-scale community event.

Types of Services – while examples of these are given in Appendix B of the Program Activity Guidance for the Data Exchange, DSS Version 1.3, (2017), (Figure 1) there is a degree of subjectivity from one worker to another and one location to another, as to how to select service types. In DEX, only one Service Type can be identified. In PIX, however, more than one service type can be identified.
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Example of service type use within this program activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake and Assessment</td>
<td>An initial meeting with a client during which the organisation gathers information on the client’s need and matches them to services available, and/or assesses a clients’ eligibility for participation in a particular service. This is usually (but not limited to) the first session a client attends.</td>
</tr>
<tr>
<td>Information / Advice / Referral</td>
<td>Provision of standard advice/guidance or information in relation to specific topic, such as an information session on career development, balancing caring and maintaining employment. Referrals to another service provided internally or externally to the organisation, such as Housing, Child protection, Employment agencies.</td>
</tr>
<tr>
<td>Education and Skills Training</td>
<td>Assisting a client in learning or building knowledge about a topic or aimed at developing a skill, such as career and education development, education on preparing for an interview, CV writing etc.</td>
</tr>
<tr>
<td>Child / Youth focussed groups</td>
<td>Sessions targeted at children or youth, and delivered in a group/rather than individual basis, such as social and recreational activities to help the young carer re-engage in the community, financial assistance, interpersonal skills.</td>
</tr>
<tr>
<td>Counselling</td>
<td>Working through a particular issue such as relationship concerns or financial concerns, as delivered by an industry recognised qualified staff member.</td>
</tr>
<tr>
<td>Advocacy / Support</td>
<td>Advocating on a client’s behalf to an entity such as a government body, or where support to the client was given in a particular circumstance such as a court appearance, as per the standard definition in Appendix A: Service Type Matrix.</td>
</tr>
<tr>
<td>Community Capacity Building</td>
<td>Development of community skills/cohesion or understanding of a topic or subject. Community capacity activities are delivered to a group or people rather than an individual, such as Carer’s Week, social and recreational activities that re-engage a carer with their community.</td>
</tr>
<tr>
<td>Family Capacity Building</td>
<td>Provide appropriate support actions that help the carer/family manage their lives more effectively such as, practical assistance with personal/domestic routines, financial well-being sessions to improve housing stability.</td>
</tr>
<tr>
<td>Facilitate Employment Pathways</td>
<td>Assistance in applying for work/training courses, creating CVs/resume's/selection criteria, supporting a client at interview, practice interviews, time management for caring and work.</td>
</tr>
<tr>
<td>Carer Support</td>
<td>Supporting carers to establish and maintain relationships with individuals and/or organisations that are able to provide support and services to maintain their own well-being and caring role while maintaining/improving their employment/educational opportunities.</td>
</tr>
</tbody>
</table>

Figure 10: FMHSS service types – those in red type are not delivered by CWF in this program.
5.2.2.3 DEX and PIX Data Summaries

The following tables summarise the data retrieved from the DEX and PIX databases for the period 1/07/2016 – 30/04/2017.

Peer Support

Peer support cases are identified within DEX and PIX as activities where one or more participants are in attendance, such as group work, community events, education and information, peer support etc. Within the Peer Support Case, service provision included 348 sessions across the three regions Central Tablelands, Far West and Lachlan. 9.23% (n=458) of total attendees were within the cohort range. Table 4 shows that 44% of sessions delivered focused on providing education and skills development to both existing and new participants, while 2% of sessions were intake and assessment.

Table 4: DEX and PIX Peer Support Data FMHSS 1/07/2016 to 30/04/2017 – Peer Support

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Number of identified attendees</th>
<th>Number of unidentified attendees</th>
<th>Total number of attendees</th>
<th>Number of attendees in cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy/support</td>
<td>9</td>
<td>13</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Child/youth focussed groups</td>
<td>111</td>
<td>700</td>
<td>549</td>
<td>1249</td>
</tr>
<tr>
<td>Community capacity building</td>
<td>10</td>
<td>11</td>
<td>804</td>
<td>815</td>
</tr>
<tr>
<td>Education and skills training</td>
<td>152</td>
<td>404</td>
<td>1697</td>
<td>2111</td>
</tr>
<tr>
<td>Information advice/referral</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Intake and assessment</td>
<td>7</td>
<td>9</td>
<td>216</td>
<td>225</td>
</tr>
<tr>
<td>Mentoring/peer support</td>
<td>19</td>
<td>46</td>
<td>11</td>
<td>57</td>
</tr>
<tr>
<td>Outreach</td>
<td>4</td>
<td>4</td>
<td>221</td>
<td>225</td>
</tr>
<tr>
<td>More than one session type selected</td>
<td>34</td>
<td>91</td>
<td>169</td>
<td>255</td>
</tr>
<tr>
<td>Totals</td>
<td>348</td>
<td>1285</td>
<td>3670</td>
<td>4960</td>
</tr>
</tbody>
</table>
Figure 11: Peer support - total service provision 01/07/2016 to 30/04/2017.

The available data (Figure 11) indicates that within the 10-month period, Intake and Assessment formed 2% of services while Education and Skills Training (44%), Child and Youth Focused Groups (32%) made up the bulk of the services provided. 10% of participants had more than one session type selected.
The following stacked graph (Figure 12) demonstrates the usage of services by all clients showing a change towards Education and Skills Training groups.

Figure 12: Services used by cohort vs others 01/07/2016 to 30/04/2017.

**Family Support**

Family Support cases are identified within DEX as activities were participants receive one to one intensive (up to 12 months) or short term (6 sessions) support. Family support sessions can focus on a single or multiple clients per intervention. Table 12 provides data for Family Support sessions where one client is the focus of the intervention. Service provision included 1085 sessions across the three regions Central Tablelands, Far West and Lachlan. 31.6% (n=532) of total attendees were within the cohort range. 47% of sessions delivered focused on providing advocacy and support, while 23% of sessions were intake and assessment.
### Table 5: DEX Data FMHSS 1/07/2006 to 30/04/2007 – Family Support, Where One Client is the Focus of the Intervention

<table>
<thead>
<tr>
<th>Session Type</th>
<th>Sessions</th>
<th>Number of identified attendees</th>
<th>Number of unidentified attendees</th>
<th>Total number of attendees</th>
<th>Number of attendees in cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy support</td>
<td>505</td>
<td>738</td>
<td>46</td>
<td>784</td>
<td>247</td>
</tr>
<tr>
<td>Child/youth focussed groups</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Community capacity building</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Counselling</td>
<td>82</td>
<td>164</td>
<td>1</td>
<td>165</td>
<td>65</td>
</tr>
<tr>
<td>Education and skills training</td>
<td>69</td>
<td>111</td>
<td>17</td>
<td>128</td>
<td>34</td>
</tr>
<tr>
<td>Family capacity building</td>
<td>59</td>
<td>116</td>
<td>5</td>
<td>121</td>
<td>33</td>
</tr>
<tr>
<td>Information/advice/referral</td>
<td>33</td>
<td>53</td>
<td>3</td>
<td>56</td>
<td>20</td>
</tr>
<tr>
<td>Intake and assessment</td>
<td>251</td>
<td>406</td>
<td>14</td>
<td>419</td>
<td>126</td>
</tr>
<tr>
<td>Mentoring/peer support</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Outreach</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>More than one session type selected</td>
<td>77</td>
<td>104</td>
<td>20</td>
<td>124</td>
<td>36</td>
</tr>
<tr>
<td>Totals</td>
<td>1085</td>
<td>1602</td>
<td>88</td>
<td>1685</td>
<td>532</td>
</tr>
</tbody>
</table>
The available data (Figure 13) indicates that within the 10-month period, Intake and Assessment formed 23% of services while Education and Skills Training (47%), and Counselling (8%) made up the bulk of the services provided. 7% of participants received more than one session type within an individual session.

Figure 13: Family support - total service provision 01/07/2016 to 30/04/2017.
The following stacked graph (Figure 14) demonstrates the usage of services by all clients showing a change towards Advocacy and Support.

Figure 14: Services used by cohort vs others 01/07/2016 to 30/04/2017.

Table 6 provides data for Family Support sessions where more than one client is the focus of the intervention. Service provision included 102 sessions across the three regions Central Tablelands, Far West and Lachlan. 23.8% (n=88) of total attendees were within the cohort range. 54% of sessions delivered focused on providing advocacy and support, while 17% of sessions were intake and assessment.

Table 6: DEX Data FMHSS 1/07/2006 – 30/04/2007 – Family Support, Where More Than One Client is the Focus of the Intervention

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Number of identified attendees</th>
<th>Number of unidentified attendees</th>
<th>Total number of attendees</th>
<th>Number of attendees in cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy support</td>
<td>55</td>
<td>187</td>
<td>28</td>
<td>215</td>
</tr>
<tr>
<td>Education and skills training</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Family capacity building</td>
<td>13</td>
<td>39</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Information/advice/referral</td>
<td>8</td>
<td>21</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Intake and assessment</td>
<td>18</td>
<td>61</td>
<td>3</td>
<td>64</td>
</tr>
<tr>
<td>More than one session type selected</td>
<td>6</td>
<td>18</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Totals</td>
<td>102</td>
<td>332</td>
<td>38</td>
<td>370</td>
</tr>
</tbody>
</table>
Figure 15: Total service provision 01/07/2016 to 30/04/2017.

The available data (Figure 15) indicates that within the 10-month period, Intake and Assessment formed 17% of services while Advocacy and Support (54%), Family Capacity Building (13%), Information/Advice/Referral (8%) made up the bulk of the services provided. 6% of participants received more than one session type within an individual session.
The following stacked graph (Figure 16) demonstrates the usage of services by all clients showing a change towards Advocacy and Support.

Figure 16: Services used by cohort vs others 01/07/2016 to 30/04/2017.

**Summary**

In summation of the services provided by the FMHSS program between July 2016 and April 2017, it can be seen from Figure 7 that Advocacy and Support (37%), and Intake and Assessment (18%) made up more than half of all sessions delivered to all clients.
5.2.3 Part 3 – July 1, 2015 – February 28, 2017

5.2.3.1 Family mental health support services DEX Data Analysis – Referrals into service

DEX data included for the period July 2015 to February 2017. The information relates to referrals into the Family Mental Health Support Service for family and peer support, including primary reason for referral, secondary reasons for referral, and referral source. Information has been collated from the programs service delivery area Far West, Lachlan and Central Tablelands. Participants are allocated one primary referral source and can be allocated multiple secondary referral reasons within DEX, if deemed appropriate. The cohort age range included from July 1, 2015 until December 2015, the cohort is the clients whose date of birth fell between 01/01/2001 and 01/01/2005. From July 1, 2016 until December 31, 2016, the cohort is those clients whose date of birth fell between 1/07/2001 and 31/12/2006. During the period January 1, 2017, until April 30, 2017, the cohort is those clients whose dates of birth fell between 1/01/2002 and 30/4/2007.

Family Support

Table 7 indicates that the primary reason for referral into the FMHSS, to receive individual one to one support was for reasons of concern for an individuals’ mental health (68%).

Table 7: DEX Data FMHSS 01/07/2015 - 28/02/2017 Primary Referral Reason into Service

<table>
<thead>
<tr>
<th>Primary Reasons for Referral</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family functioning</td>
<td>12</td>
</tr>
<tr>
<td>Physical health</td>
<td>3</td>
</tr>
<tr>
<td>Age appropriate development</td>
<td>1</td>
</tr>
<tr>
<td>Mental health</td>
<td>94</td>
</tr>
<tr>
<td>Personal and family safety</td>
<td>1</td>
</tr>
<tr>
<td>Education/employment</td>
<td>5</td>
</tr>
<tr>
<td>Community participation and networks</td>
<td>1</td>
</tr>
<tr>
<td>No referral reason</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
</tr>
</tbody>
</table>

Note. No referral reason represents registered clients who did not have an identified referral reason within the DEX database.

Figure 18 indicates that the primary referral reason for participants referred to the FMHSS Mental Health (68%), more than half of participants entered the program with mental health as a concern.
Table 8 indicated that secondary reasons for referral included family functioning (27%), education and employment (14%), and personal and family safety (11%) made up over half of the secondary reasons for referral.

Table 8: DEX Data FMHSS 01/07/2015 to 28/02/2017 Secondary Referral Reason into Service

<table>
<thead>
<tr>
<th>Secondary Reason for Referral</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>20</td>
</tr>
<tr>
<td>Physical health</td>
<td>6</td>
</tr>
<tr>
<td>Personal and family safety</td>
<td>26</td>
</tr>
<tr>
<td>Family functioning</td>
<td>64</td>
</tr>
<tr>
<td>Education/employment</td>
<td>32</td>
</tr>
<tr>
<td>Housing</td>
<td>7</td>
</tr>
<tr>
<td>Age-appropriate development</td>
<td>21</td>
</tr>
<tr>
<td>Community participation and networks</td>
<td>24</td>
</tr>
<tr>
<td>Material wellbeing</td>
<td>2</td>
</tr>
<tr>
<td>No second referral reason</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>202</strong></td>
</tr>
</tbody>
</table>

Note. No second referral reason represents registered clients who did not have an identified second reason for referral.
Total number of second reason for referral is larger than the total number of primary referral reasons, as multiple selections for second reason for referral could be input into DEX.

![Chart showing percentage distribution of referrals]

Figure 19: Secondary Referral Reason 01/07/2015 to 28/02/2017.

Table 9 provides data on referral source, indicating that 30% (n=41) of referrals came from an educational agency.

Table 9: DEX Data FMHSS 01/07/2015 to 28/02/2017 Referral Source

<table>
<thead>
<tr>
<th>Referrer</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>16</td>
</tr>
<tr>
<td>Legal agency</td>
<td>3</td>
</tr>
<tr>
<td>Internal</td>
<td>12</td>
</tr>
<tr>
<td>Educational agency</td>
<td>41</td>
</tr>
<tr>
<td>Community services</td>
<td>10</td>
</tr>
<tr>
<td>Health agency</td>
<td>11</td>
</tr>
<tr>
<td>Family</td>
<td>6</td>
</tr>
<tr>
<td>Centrelink</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
</tr>
<tr>
<td>No referrer reported</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
</tr>
</tbody>
</table>

Note. No referrer reported indicates the number of registered clients who did not have an identified referral source. This may be due to worker error.
Table 10 indicates that 82% of those referred to the FMHSS service in the identified time periods were within the cohort age range.

Table 10: DEX Data 01/07/2015 – 28/02/2017 Cohort Data

<table>
<thead>
<tr>
<th>Participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort</td>
<td>112</td>
</tr>
<tr>
<td>Non cohort</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
</tr>
</tbody>
</table>

Peer Support

Table 11 indicated that the primary referral reason for participants being referred to FMHSS within the peer support case was for mental health concerns (83%).

Table 11: DEX Data 01/07/2015 – 28/02/2017 Primary Referral Reason into Service

<table>
<thead>
<tr>
<th>Primary Referral Reason</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>170</td>
</tr>
<tr>
<td>Age appropriate development</td>
<td>1</td>
</tr>
<tr>
<td>Family functioning</td>
<td>1</td>
</tr>
<tr>
<td>Community participation and networks</td>
<td>1</td>
</tr>
<tr>
<td>Education/employment</td>
<td>2</td>
</tr>
<tr>
<td>No referral reason</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>206</td>
</tr>
</tbody>
</table>
Table 12 shows that age appropriate development made up 50% of the identified secondary referral reasons for participants in the peer support case.

<table>
<thead>
<tr>
<th>Secondary Referral Reason</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age appropriate development</td>
<td>132</td>
</tr>
<tr>
<td>Education/employment</td>
<td>23</td>
</tr>
<tr>
<td>Community participation and networks</td>
<td>17</td>
</tr>
<tr>
<td>Personal and family safety</td>
<td>1</td>
</tr>
<tr>
<td>Family functioning</td>
<td>24</td>
</tr>
<tr>
<td>Mental health</td>
<td>1</td>
</tr>
<tr>
<td>Money management</td>
<td>1</td>
</tr>
<tr>
<td>No secondary referral source</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>267</strong></td>
</tr>
</tbody>
</table>

![Pie chart showing referral reasons and their percentages]

Figure 22: Secondary Referral Reason 01/07/2015 to 28/02/2017.

Table 13: DEX Data FMHSS 01/07/2015 to 28/02/2017 Referral Source

<table>
<thead>
<tr>
<th>Referrer</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational agency</td>
<td>165</td>
</tr>
<tr>
<td>Internal</td>
<td>3</td>
</tr>
<tr>
<td>Other agency</td>
<td>4</td>
</tr>
<tr>
<td>Community services agency</td>
<td>2</td>
</tr>
<tr>
<td>Legal agency</td>
<td>1</td>
</tr>
<tr>
<td>No reported referrer</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>206</strong></td>
</tr>
</tbody>
</table>
Figure 23: Referral Source 01/07/2015 to 28/02/2017.

70% of participants within the peer support case were within the cohort age range.

Table 14: DEX Data 01/07/2015 – 28/02/2017 Cohort Data

<table>
<thead>
<tr>
<th>Participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort</td>
<td>145</td>
</tr>
<tr>
<td>Non-cohort</td>
<td>61</td>
</tr>
<tr>
<td>Total</td>
<td>206</td>
</tr>
</tbody>
</table>

Summary

For the period 01/07/2015 – 28/02/2017, 60% of all referrals came from educational agencies, however, 77% of referrals received for the primary reason of mental health concerns came from educational agencies. 75% of registered participants who were referred to the FMHSS were within the identified age-range. This figure may include the same participant reported in both the family support and peer support case, depending on whether they received individual support, peer support or both.
Part 4 – July 1, 2016 – February 28, 2017

Family mental health support services PIX Needs Assessment Data Analysis

July 1st 2016, CWF implemented a new client and intervention database, PIX. The information within part 4 includes analysis of PIX data for the period July 1, 2016 to February 28, 2017. Analysis includes only data from the identified cohort age range, from July 1, 2016 until December 31, 2016, the cohort is those clients whose Date of Birth fell between 1/07/2001 and 31/12/2006. During the period January 1, 2017 until April 30, 2017, the cohort is those clients whose Dates of Birth fell between 1/01/2002 and 30/4/2007.

Needs Assessment

Needs assessment consists of eleven areas of need, physical health/disability; Mental health, wellbeing and self-care; personal and family safety; age appropriate development; community participation and network; family functioning; managing money; employment, education and training; housing; behaviour; and legal. Each area consisting of sub-areas of identified issues. Participants may have had more than one area of need identified. Within the areas of need, participants may have had more than one sub-area identified.

Table 15 indicates that 40% of needs identified were mental health, wellbeing and self-care, with 30% of issues identified within mental health, wellbeing and self-care being issues of self-esteem. Overall the most identified single sub-area of issues was age-appropriate development (17%). No recorded issues consisted of 13% (n=26) of the overall analysis, this may be due to the implementation of a new database and worker error. Of all issues identified 72% were open, 14% had been resolved, and 1.5% was not resolved within the period of service.

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Sub-area of Issues</th>
<th>Number of Participants</th>
<th>Issues Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health, wellbeing and self-care</td>
<td>Anxiety</td>
<td>13</td>
<td>11 open 1 not resolve 1 resolved</td>
</tr>
<tr>
<td></td>
<td>Diagnosed mental health issues</td>
<td>3</td>
<td>3 open</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td></td>
<td>Self-esteem</td>
<td>24</td>
<td>14 open 10 resolved</td>
</tr>
<tr>
<td></td>
<td>Social skills</td>
<td>5</td>
<td>5 open</td>
</tr>
<tr>
<td></td>
<td>Self-management/ control</td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td></td>
<td>Emotional management skills</td>
<td>8</td>
<td>7 open 1 resolved</td>
</tr>
<tr>
<td></td>
<td>Life skills</td>
<td>7</td>
<td>2 open 5 resolved</td>
</tr>
<tr>
<td></td>
<td>Grief and loss</td>
<td>15</td>
<td>9 open 6 resolved</td>
</tr>
<tr>
<td></td>
<td>Stress</td>
<td>4</td>
<td>4 open</td>
</tr>
<tr>
<td>Personal and family safety</td>
<td>Self-harm</td>
<td>2</td>
<td>2 open</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td></td>
<td>Personal safety</td>
<td>2</td>
<td>1 open 1 resolved</td>
</tr>
<tr>
<td></td>
<td>Suicidal ideation</td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td></td>
<td>Domestic/family violence</td>
<td>2</td>
<td>2 open</td>
</tr>
<tr>
<td>Area of Need</td>
<td>Sub-area of Issues</td>
<td>Number of Participants</td>
<td>Issues Status</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Age-appropriate development</td>
<td>Social/emotional</td>
<td>34</td>
<td>33 open 1 not resolved</td>
</tr>
<tr>
<td>Community participation and network</td>
<td>Lack of access to opportunity</td>
<td>1</td>
<td>1 not resolved</td>
</tr>
<tr>
<td></td>
<td>Geographic isolation (lack of access to services)</td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td></td>
<td>Social isolation (feels isolated/alone)</td>
<td>3</td>
<td>3 open</td>
</tr>
<tr>
<td></td>
<td>Lack of friendship group</td>
<td>6</td>
<td>6 open</td>
</tr>
<tr>
<td>Family functioning</td>
<td>Dealing with relationship difficulty</td>
<td>2</td>
<td>2 open</td>
</tr>
<tr>
<td></td>
<td>Child protection issues</td>
<td>1</td>
<td>1 resolved</td>
</tr>
<tr>
<td>Conflict</td>
<td></td>
<td>2</td>
<td>2 open</td>
</tr>
<tr>
<td>Family formation</td>
<td></td>
<td>3</td>
<td>3 open</td>
</tr>
<tr>
<td>Family maintenance</td>
<td></td>
<td>2</td>
<td>1 open 1 resolved</td>
</tr>
<tr>
<td>Family separation</td>
<td></td>
<td>9</td>
<td>9 open</td>
</tr>
<tr>
<td>Enhancing a relationship</td>
<td></td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td>Employment, education and training</td>
<td>Truancy</td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td></td>
<td>Disengagement from school/education</td>
<td>6</td>
<td>6 open</td>
</tr>
<tr>
<td>Housing</td>
<td>Homelessness</td>
<td>1</td>
<td>1 resolved</td>
</tr>
<tr>
<td>Behaviour</td>
<td>Bullying</td>
<td>6</td>
<td>4 open 2 resolved</td>
</tr>
<tr>
<td></td>
<td>Diagnosed behavioural issues (eg ADHD)</td>
<td>1</td>
<td>1 open</td>
</tr>
<tr>
<td></td>
<td>Disruptive/antisocial behaviour</td>
<td>3</td>
<td>3 open</td>
</tr>
<tr>
<td></td>
<td>Anger management issues</td>
<td>7</td>
<td>7 open</td>
</tr>
<tr>
<td>No recorded issues</td>
<td></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>205</td>
<td>179</td>
</tr>
</tbody>
</table>
The following figures give a pictorial representation of data within Table 15.

Figure 24: Mental health, wellbeing and self-care.

Figure 25: Personal and family safety.

Figure 26: Age-appropriate development.
The following figures give a pictorial representation of the data within Table 15.
Figure 30: Housing.

Figure 31: Behaviour

Figure 32: No recorded issues/needs.
5.2.4.2 Consider the following when interpreting needs assessment data

Needs assessment data is subject to worker error. Data for the cohort indicates that 40% of participants experience difficulties with mental health, wellbeing and self-care, with 30% of participants experiencing issues with self-esteem. 72% of issues remain open and are receiving current service provision.

5.2.5 Summary of data

The FMHSS is to deliver services to young people aged 0-18 years of age, who are at risk of or showing early warning signs of developing mental health issues. Three levels of intervention assist in providing support, long term intensive support for up to 12 months; short term support, 6 sessions; and group work, consisting of education and training, community engagement. The aim of the program is to provide young people with the ability to cope with the different aspects of their lives, improve their wellbeing, to develop the capacity to fully participate in their communities, and experience their full potential (Department of Social Services, 2015).

CentaCare Wilcannia-Forbes was awarded the contract for the new framework, to commence service in July 2015, for the Far West and Lachlan Regions, and began delivering services from outlets: Broken Hill, Wilcannia and Parkes. In January 2016 service delivery was expanded to incorporate the Central Tablelands and saw an increase in the number of outlets providing service support to young people. In 2017 the FMHSS employs staff within Broken Hill, Wilcannia, Parkes, Forbes, Orange, and Bathurst to deliver services to regional areas within the service delivery footprint.

The analysis of DSS DEX and CWF PIX data has shown an increase in service delivery throughout the period July 2015 to April 2017 with a total of 2408 sessions being provided to 343 registered participants. The data provided has shown that over this period there has been a shift from the major focus of interventions provided for intake and assessment (27%) in 2015, to 37% of all interventions focussing on advocacy and support in the period July 2016 to April 2017. DEX referral information indicates that 60% of referrals over the period July 2015 to February 2017 came from an educational agency, with 77% of referrals made being for mental health concerns. Analysis of DSS DEX data identified that for the period July 2015 to February 2017, 75% (n=257) of registered participants within DEX were within the identified cohort.

In June 2016 CWF implemented an internal database PIX. In February 2017 entry into DEX was ceased by FMHSS staff. Entry into DEX will occur via upload from PIX at specified reporting times. With the introduction of the internal database Needs Assessment data was collated for the period July 2016 to February 2017. Data provided was only for the identified cohort. Analysis has indicated that 40% of needs identified were for mental health, wellbeing and self-care, with 30% of sub-area issues within mental health, wellbeing and self-care being for self-esteem. 77% of issues identified were currently open for the cohort identified.

Consideration of this data analysis must consider the potential for worker error occurring when inputting information into the DEX and PIX systems. Where possible potential errors have been identified and where information was missing this has been noted in the presentation of the data and the analysis.

5.3 DATA SPECIFIC TO SCHOOLS PARTICIPATING IN THE QUALITATIVE RESEARCH COMPONENT OF THIS PROJECT

The data presented thus far in this section reports on the CentaCare Wilcannia-Forbes service as a whole. The researchers requested a breakdown of the data in relation to the number of referrals to the FMHSS from two particular educational settings (i.e. those settings who participated in the qualitative research component of this project reported in Section 8 Qualitative Project (p.53).

Email correspondence from Kathryn Kent 28th June 2017

In Oberon 6 individuals were referred for Family Support; 30 individuals were referred for group work and of these individuals 25 fell within the cohort.

In Kandos 6 individuals were referred for Peer Support; 6 individuals were referred for group work and of these individuals 8 fell within the cohort.

These data may reflect the same individuals being within both family support and group work, having been referred to receive both types of service provision. Table 16 indicates these data.

<table>
<thead>
<tr>
<th>School</th>
<th>Family Support</th>
<th>Group work</th>
<th>Total no. of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandos</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Oberon</td>
<td>4</td>
<td>21</td>
<td>22</td>
</tr>
</tbody>
</table>

Table 16: Referrals to FMHSS of young people aged 10-14 years from schools participating in qualitative research
6. Literature Review

6.1 Supporting emotional wellbeing during the transition to secondary school in regional Australia

6.1.1 Introduction
Globally, an extensive literature reports on a wide range of aspects and impacts associated with students’ transition from primary to secondary school. For educators and health care professionals seeking to support the emotional wellbeing of students transitioning to secondary school in regional Australia, the challenge is to ensure interventions are informed by context specific evidence.

This paper reports on a review of recent research focused on emotional wellbeing and the psychological impacts of transition to secondary school as experienced by students in regional areas of Australia and programs designed to support the psychological wellbeing of these students as they transition in regional schools.

6.1.2 Background
The transition from primary to secondary school is but one of the challenges confronting young people in the early years of adolescence. Erikson (1963, 1968) described human development as a series of stages with adolescence defined as a time of identity formation. Over many decades, extensive exploration of this developmental stage continues to reveal both the complexity of the identity formation process and the multitude of factors that influence and impact upon this process (Kroger, 2012). Bosacki (2016) suggests, however, that few researchers and theorists examine equally the social and emotional developmental needs of the young person transitioning from later childhood to early adolescence. She describes this period of adolescence as comprising ‘complex social cognitive dimensions of… both… private and public worlds’ (p. 326). It is within the context of such complexity that the transition from primary school to secondary school occurs for young people in Australia.

The ‘tyranny of distance’ may add an additional layer of complexity for children and young people growing up in regional Australia. Living in a regional location may provide some protective factors such as community involvement and a sense of belonging. Nevertheless, differences in cognitive outcomes were identified in a systematic evaluation of the differences of children age 1-9 years living in urban and regional areas. The ‘tyranny of disadvantage’ while not limited to regional areas increased the likelihood of emotional and behavioural difficulties (Edwards & Baxter, 2014). Recent reports of the extent of emotional and behavioural difficulties amongst children and adolescents draw attention to the need to address issues impacting on mental health and wellbeing. The second Australia wide survey conducted during 2013-2014 to assess the mental health and wellbeing of young people aged from 4 to 17 years reported 17% of this overall cohort having used mental health services in the previous twelve months. These findings represented a substantial increase from that reported in the first national survey in 1998 (Johnson et al., 2016). Dray and colleagues (2016) focused attention more closely on the mental health of 12-16 year old adolescents living in regional NSW and reported associations between socio-demographic factors and mental health issues. A startling 27% rated ‘high’ or ‘very high’ for overall mental health problems. A 2014 meta-analysis of 26 community based studies examining the relationship between mental health problems and academic achievement highlighted the importance of early identification and intervention for young people with emotional problems (Riglin, Petrides, Frederickson, & Rice, 2014).

Although an extensive global literature reports on transition, the focus of these reports was largely related to academic performance and the difficulties and negative impacts of transition to secondary school (Gniewosz, Eccles, & Noack, 2012; Towns, 2011). The unsettling nature of this period of a young person’s educational journey is well-described (Benner, 2011). The complexity of this transition becomes apparent, when reviewing the multiple factors that have been identified, including socio-economic and demographic factors, school level factors, individual features and relational matters (Maguire & Yu, 2015; McLaughlin & Clarke, 2010). Over the past decade, more attention has been directed to identifying the factors that support successful transition and to exploring the perspectives of students, parents and teachers.

Australian researcher, Hanewald (2013) reported a comprehensive literature review of research describing the experience of transition of young people from primary to secondary school published between 2005-2011. ‘Key themes of student belonging and well-being, the role of support from teachers and parents, the role of peers, academic outcomes and the importance of family-school connections’ were identified (p. 72). However, from the 38 articles identified, only three of these reported on research undertaken in the Australian setting (Ganeson & Ehrich, 2009; Marston, 2008; Waters, Cross, & Shaw, 2010).

This review seeks to identify empirical research and literature reviews published since 2010.
6.1.3 Methods

In April 2017, a search was conducted across the following databases: CINAHL Plus with Full-Text; ERIC (EBSCO); Psych INFO 2002-Present; Psychology and Behavioural Sciences Collection; Health Collection (Informit); Humanities and Social Sciences Collection; Australian Family and Society Abstracts Database (FAMILY); Proquest Education Journals; ERIC Education Resources information centre (ERIC website). The focus of this search was to identify research focusing on the transition experience of young people, their families and teachers’ perspectives related to mental and emotional wellbeing and interventions designed to provide emotional support published between 2011 and April, 2017. In particular, relevant studies undertaken in Australia were sought.

The search was conducted using the key words, ‘transition secondary primary’, intervention, mental health, school, wellbeing, rural, social competence OR emotional competence OR interpersonal competence, NOT (university OR higher education OR autism OR disability OR college). The search was replicated by a second research assistant. Only studies published in English were included and all needed to be peer-reviewed. Studies focusing on specialist areas such as young people living with chronic illness, special needs or particular areas of social disadvantage were excluded. Studies from countries where the school system was markedly different from the Australian context were also excluded.

The studies identified were evaluated methodically using deductive reasoning and those that provided information illuminating the psychological impact of transition to secondary school or described interventions to support transition were included.

6.1.4 Results

6.1.4.1 Non-Australian studies – perspectives on transition

The School Transition and Adjustment Research study undertaken in South East England during 2012-2013 reported on a comprehensive evaluation of the factors that are predictive of a successful or difficult transition to secondary school (Rice et al., n.d.). The researchers described a student as needing both positive academic and behavioural engagement in school coupled with a sense of belonging for successful transition. Specific characteristics of an individual child that were likely to predict adjustment included the child’s capacity for psychological adjustment, self-control and motivation to learn. Additional factors that were identified as having a ‘moderate effect on better academic and behavioural adjustment were: female gender, higher socio-economic status… low parent transition concerns, high positive life events, high learning motivation, high self-control and low psychological adjustment difficulties’ (Rice et al., n.d., p. 32). Riglin and colleagues (2013) examined the impact of a young person’s psychological functioning on their academic achievements in Year 7 (the first year of secondary school in the UK). This 2-phase longitudinal study reported symptoms of depression, school liking and behavioural problems (identified as conduct problems) as predictive of lower academic achievement following transition to secondary school.

The marked difference between teacher and student perspectives on transition to secondary school was identified by Topping (2011) in a narrative literature review of studies published globally prior to 2010. While teachers focused primarily on academic attainment, students focused more on socio-emotional issues such as peer relationships. Table 17 provides a summary of the non-Australia studies focusing on perspectives of transition.

<table>
<thead>
<tr>
<th>Authors &amp; Year</th>
<th>Sample</th>
<th>Country</th>
<th>Age</th>
<th>Focus</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice et.al n.d Conducted 2012 - 13</td>
<td>2000 pupils Collected data from students, parents and teachers</td>
<td>SE England UK</td>
<td>Yr 6 - 7</td>
<td>Identifying factors that predict successful or difficult transitions to secondary school</td>
<td>Mixed methods 3 phase trial Questionnaires Interviews</td>
</tr>
<tr>
<td>Riglin et al 2013</td>
<td>202 students</td>
<td>Southern county UK</td>
<td>11-12</td>
<td>Psychological functioning and academic attainment in Year 7</td>
<td>2-phase longitudinal study</td>
</tr>
<tr>
<td>Topping 2011</td>
<td>Reporting on transition to secondary school</td>
<td>Global</td>
<td></td>
<td>Teacher and student perspectives of transition to secondary school</td>
<td>Literature review 88 international studies</td>
</tr>
</tbody>
</table>

Table 17: Summary of non-Australian studies from 2012-2017
6.1.4.2 Non-Australian studies – evaluating interventions related to transition to secondary school

Studies reporting on interventions designed to improve well-being and emotional functioning during transition to secondary school were limited in number, and utilised small sample sizes. Two studies focus on interventions targeting students identified as vulnerable. Akister et al. (2016) evaluated a summer activity project designed to support children identified by primary school teachers as vulnerable, i.e. exhibiting emotional or behavioural problems. Follow-up at the end of Year 7 found a reduction in emotional distress specifically in those who had entered the program with emotional problems, however, there was no apparent impact on those who had displayed behavioural problems. The researchers emphasised the importance of targeting early intervention programs to the specific needs of the individual student.

In the Scottish setting, nurture groups in primary school to support vulnerable students is a well-described intervention (Boxall & Lucas, 2010). Nurture groups (usually 10-12 students) provide additional support for students to assist in the development of social, emotional, communication and academic skills necessary for integration into the broader school environment. Nurture groups have been identified as an effective intervention for students whose emotional difficulties and behaviours place them at high risk of exclusion from school. Kourmoulaki (2013) undertook a qualitative study to research the factors that contribute to optimal functioning of nurture groups in the secondary school setting and to identify possible areas for improvement of this type of intervention.

The disruption to social networks in the transition to secondary school has been identified as one of the unsettling components of this transition period for the majority of students (Topping, 2011). Implementing measures to support and strengthen peer relationships in the first year of secondary school have been established in some UK secondary schools. Keay, Lang and Frederickson (2015) undertook a small qualitative study exploring staff perspectives on active measures to support peer relationships and reported wide-spread support for such measures. They identified four themes specific to ensuring success: care and supportive relationships; understanding peer groups; active management and understanding and working with parents (p. 282).

A systematic review and meta-analysis of research reports (between 1985 and 2014) evaluating school-based preventative programs targeting anxiety and/or depression in young people with a mean age between 5 and 19 was published this year by Australian researchers (Werner-Seidler, Perry, Calaer, Newby, & Christensen, 2017). The 81 studies meeting the inclusion criteria were drawn from diverse locations including American, Canada, Europe, Asia and Australia. The researchers report the overall quality and rigour of the studies as poor, however they suggest that the results, especially in regard to programs targeting depression suggest that large-scale studies of refined school-based prevention programs may produce positive public health outcomes. Table 18 summarises the non-Australian studies reporting on interventions to assist students during the transition to secondary school.

<table>
<thead>
<tr>
<th>Authors &amp; Year</th>
<th>Sample</th>
<th>Country</th>
<th>Age</th>
<th>Focus</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akister et al 2016</td>
<td>39 students</td>
<td>SE England</td>
<td>10-12</td>
<td>Impact of physical activity on wellbeing during transition to secondary school</td>
<td>Questionnaire SDQ</td>
</tr>
<tr>
<td>Keay, Lang &amp; Frederickson 2015</td>
<td>9 staff</td>
<td>UK</td>
<td>1st year secondary school</td>
<td>Perspectives on function of peer relationships in supporting transition to secondary school</td>
<td>Qualitative Semi-structured interviews</td>
</tr>
<tr>
<td>Kourmoulaki 2013</td>
<td>16 NG staff, 25 additional staff, 6 parents</td>
<td>Scotland</td>
<td>1st year secondary school</td>
<td>Nurture groups’ (NG) role in supporting transition to secondary school</td>
<td>Qualitative Semi-structured interviews</td>
</tr>
<tr>
<td>Werner-Seidler et al 2017 Australian authors</td>
<td>81 studies, 31,974 students</td>
<td>Global</td>
<td>5-19 Sub-group 10-14</td>
<td>School-based depression and anxiety prevention programs for young people</td>
<td>Systematic review and meta-analysis</td>
</tr>
</tbody>
</table>

Table 18: Summary of non-Australian intervention studies from 2011 – 2017
6.1.4.3 Australian studies

Fourteen articles published between 2012 and 2017 reporting on research undertaken in Australia were identified. Of these nine were undertaken in urban settings in Western Australia with five of these conducted solely within the urban based Catholic schools in that state. Of the remainder, the two studies undertaken in Tasmania identified both regional and urban participants.

Nine of the studies employed a quantitative methodology, four used mixed methods, while the remaining study utilised a qualitative interpretivist methodology.

A comprehensive analysis of data drawn from the Longitudinal Study of Australian Children specific to the experiences of children transitioning to secondary school as reported by Maguire and Yu (2015) sought to identify characteristics of the most vulnerable children. The analysis included pre-transition factors of ‘socio-emotional wellbeing; temperament; academic performance; experiences in primary school; and parenting style and parental investment’ (p. 91) as variables against which to examine contributors to post-transition student and parent report of poor transition. ‘Key factors that were independently related to child-or parent-reported difficulties after adjusting for other factors that are known to influence children’s school transition were emotional and behavioural difficulties, children’s experiences in primary school and their participation in extracurricular activities (p. 101).’

The potential for a difficult transition to secondary school was starkly identified by Waters, Lester, Wenden and Cross (2012) in their 1-year prospective study examining Year 8 students (1st year secondary school in WA) experience of transition. 31% of students described the experience as either ‘somewhat difficult’ or ‘difficult’ (p. 196). Many of these students also reported emotional and social health challenges as they continued in secondary school. The continuation of the difficulties as the students came to the end of their first year in secondary school suggests that the psychological impact of a difficult transition may persist beyond the initial months. The impact of this transition is not however, limited to impacts on social and emotional wellbeing. Consistent with previous reports of a negative impact on academic achievement across transition to secondary school, Hopwood, Hay and Dyment (2017) reported that a cohort of 244 students transitioning from Year 6 to Year 7 for Tasmanian students ‘typically aged between 11 and 13’ ‘demonstrated a decline in reading achievement’. However, school by school analysis identified students in one of the 7 locations surveyed as having an overall increase in reading attainment (Hopwood et al., 2017, p. 54).

The following studies reveal the ongoing research focus seeking to determine indicators that may either signal a young person at risk of difficulties arising during the transition period to secondary school or factors that support a successful transition. Vaz, Parsons, Falmer, Passmore and Falkmer (2014) examined a cohort of students transitioning to secondary school in Western Australia focusing closely on the impact of the student’s personal background and school factors upon both their academic competence and mental health functioning. Personal background factors, including household SES and disability were found to have a consistent impact upon academic and mental health functioning across the transition period. The school context was found to have limited impact upon mental health functioning. In contrast, research conducted within the Catholic school system in Western Australia identified a positive relationship between school climate i.e. ‘quality and character of school life’ (Lester & Cross, 2015, p. 1) and mental health and emotional wellbeing for young people while transitioning to secondary school (Lester & Cross, 2015). Factors such as a sense of being safe at school, feeling connected to the school and having peer support were each identified as protective of both mental health and emotional wellbeing, whereas feeling connected to teachers contributed to emotional wellbeing.

Lester, Waters and Cross (2013) reported a negative impact on the mental health of students associated with low levels of school connectedness during the transition period and continuing into the second year of secondary school. The large cohort of students from Catholic schools in Western Australia, aged between 11 and 14 years surveyed in this study displayed increased levels of depression and anxiety associated with low levels of school connectedness. The term school connectedness, i.e. one of the factors associated with a positive school climate is also described as ‘school belongingness’. Goodenow (1993) describes this term as ‘the psychological membership in the school or classroom, that is, the extent to which students feel personally accepted, respected, included and supported by others in the school social environment’ (p. 80). Consistent with Lester et al.’s (2013) findings, Vaz and colleagues (2014) found that the positive impacts on mental health functioning associated with a sense of belonging to school persisted across the transition to secondary school as measured 6 months prior to and 6 months after commencing secondary school. Further analysis found not only stability related to school belonging across the transition period, but also identified personal factors known to influence school belonging in primary school (competence, coping skills) as continuing to positively influence belonging in secondary school (Vaz et al., 2015).
The Greek philosopher, Epictetus (55-135 AD) suggested that ‘Men are disturbed not by things, but by the view which they take of them’ (Seddon, n.d.). For the young person contemplating the coming move from primary school, the view which they take, for example, concern, worry, fear or alternatively positive anticipation of the move to secondary school may impact on their experience of transition. Mackenzie, McMaugh and O’Sullivan (2012) undertook a cross-sectional survey of 75 female students in a private school in Sydney, New South Wales. Students in Year 6 and Year 7 completed the survey in Term 4 and a small cohort (n = 6) of Year 6 students participated in a focus group interview. Pre-transition students viewed the coming move as likely to be a positive experience overall. Although concerns related to increased homework, moving to another context and developing new friendships were noted, these were outweighed by anticipation of the positive aspects of the change. Post-transition, overall perceptions remained positive, however, less positive than that recorded in Year 6. Students who had an older sibling already in secondary school were noted to have lower social threat scores. The generalisability of MacKenzie and colleagues’ (2012) findings to other educational contexts is limited by several factors, including the small sample size, female only participants and a cohort taken from a very specific context, i.e. an independent school where students are primarily from middle to upper socioeconomic backgrounds.

Waters, Lester and Cross’s (2014b) two-phase longitudinal qualitative study examined the impact of positive expectation on the experience of transition to secondary school for 2,078 Catholic schools in WA. Of note is the finding that ‘students who expected a positive transition were more than three times more likely to report an actual positive transition experience’ (p. 153). Female students were more likely to identity expectations of new friendships and continuation of existing friendships as factors contributing to their anticipation of a positive transition. A significant number of students, however, were worried about the transition while still in primary school suggesting that supportive interventions undertaken during this period may be indicated. Waters, Lester and Cross (2014a) examined these findings in greater depth finding that for those students reporting a positive transition experience, continuity of support from peers, school and family was pivotal to this outcome. Prior to transition, the highest predictor of a positive experience of transition was the perception of support from peers, in contrast, post transition ‘parental presence in Grade 7 (at home before and after school and at meal times) was the most significant predictor of students actual transitions experience in Grade 8’ (p. 546).

Another WA researcher, Coffey (2013) sought the perspectives of Year 7 students, parents and teachers about the upcoming transition to secondary school. She highlighted the crucial role that relationships play in enabling successful transition and recommended careful attention be given to student and parental concerns when developing transition programs. In contrast to the priority given to relationships as crucial to successful transition in the previous study, an emphasis on curriculum continuity and awareness, communication between primary and secondary schools, and adequate teacher support was reported by Hopwood, Hay and Dyment (2016). This qualitative study interviewed 12 Tasmanian teachers seeking their views on ensuring successful transition to secondary school. Whilst acknowledging the central role teachers have in both social and academic support, the findings focused on the academic component of the transition process. Attention was given to the significant gap between the primary and secondary systems and the ways in which this can adversely impact on the transition experience and academic progress.

Almost completely absent amongst the Australian studies reported in this literature review are studies reporting on the evaluation of focused interventions designed to address the identified challenges known to impact upon successful transition to secondary school. Neal and Yelland (2014) reported on an intervention delivered in four schools in two Australian states targeting students in low socio-economic areas. The aim of the intervention was to increase levels of engagement in schooling for students in the first year of secondary school who were at risk of dis-engagement. The program comprised a variety of supportive activities including weekly clubs, inspirational speakers, leadership camps and social gatherings and provided affordable computers and training. However, the overall findings at the end of the year indicated little, if any improvement in the students’ level of engagement in schooling. The researchers highlight the importance of ensuring that intervention programs are strongly linked to school curricula and real life experiences to ensure they are both relevant to the students’ lives and build meaning for the future. See Table 19 for a summary of the Australian studies included in this review.
<table>
<thead>
<tr>
<th>Authors &amp; Year</th>
<th>Sample</th>
<th>Country</th>
<th>Age</th>
<th>Focus</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffey 2013</td>
<td>506 Students 334 Parents 86 Teachers</td>
<td>WA</td>
<td>Year 7</td>
<td>Ensure student and parent concerns are acknowledged and accounted for in planning transition</td>
<td>Mixed methods Survey Semi-structured interviews Focus groups</td>
</tr>
<tr>
<td>Hopwood, Hay &amp; Dyment 2016</td>
<td>12 Teachers 5 – Primary Yr 6 7 – Secondary Yr 7</td>
<td>Urban &amp; Regional Tasmania</td>
<td>11-13</td>
<td>Methods for facilitating successful transition</td>
<td>Qualitative interpretivist Semi-structured interviews</td>
</tr>
<tr>
<td>Hopwood, Hay &amp; Dyment 2017</td>
<td>244 students</td>
<td>Urban &amp; Regional Tasmania</td>
<td>11-13</td>
<td>Impact of transition on literacy</td>
<td>Two phase longitudinal quantitative study Progressive Achievement Test in Reading (PAT-R)</td>
</tr>
<tr>
<td>Lester, Waters &amp; Cross 2013</td>
<td>3,459 students from Catholic schools</td>
<td>WA</td>
<td>11 – 14</td>
<td>Reciprocal relationship between school connectedness and mental health</td>
<td>4 phase longitudinal quantitative study Self-report measures: Connectedness to School DASS-21</td>
</tr>
<tr>
<td>Lester &amp; Cross 2015</td>
<td>3,462 students from Catholic schools</td>
<td>WA</td>
<td>11 – 14</td>
<td>School climate factors and relationship to mental and emotional wellbeing</td>
<td>4 phase longitudinal quantitative study Self-report measures</td>
</tr>
<tr>
<td>Mackenzie, McMaugh &amp; O’Sullivan 2012</td>
<td>75 female students Independent Girls’ School</td>
<td>Sydney NSW</td>
<td>Year 6 &amp; 7</td>
<td>Students perception of transition</td>
<td>Mixed methods Focus groups ITCT questionnaire</td>
</tr>
<tr>
<td>Maguire &amp; Yu, 2015 Chapter 5</td>
<td>2299 children Australia wide</td>
<td>11 to 13</td>
<td>Individual characteristics and experiences of children associated with successful and unsuccessful transitions to secondary school</td>
<td>Accelerated cross-sequential design Mixed methods including: Face-to-face interviews Self-report questionnaires</td>
<td></td>
</tr>
<tr>
<td>Neal &amp; Yelland, 2014</td>
<td>54 students</td>
<td>2 major cities in Australia</td>
<td>12 to 13</td>
<td>Evaluate an intervention to support a group of disadvantaged students in their first year in secondary school</td>
<td>Mixed methods Student surveys and focus groups Teacher surveys and interviews Parent phone interviews Welfare staff</td>
</tr>
<tr>
<td>Vaz, et.al, 2014</td>
<td>255 students</td>
<td>WA</td>
<td>11 to 13</td>
<td>Beneficial longitudinal effects of school belongingness on mental health functioning</td>
<td>Cohort study - prospective, longitudinal design with two data collection points</td>
</tr>
<tr>
<td>Vaz, et.al, 2014</td>
<td>266 students</td>
<td>WA</td>
<td>11 to 13</td>
<td>Impact of personal background and school contextual factors on academic competence and mental health functioning</td>
<td>Cohort study - prospective, longitudinal design with two data collection points</td>
</tr>
<tr>
<td>Vaz, et.al, 2015</td>
<td>266 students</td>
<td>WA</td>
<td>11 to 13</td>
<td>Belongingness in early secondary school Stability over transition</td>
<td>Cohort study - prospective, longitudinal design two data collection points</td>
</tr>
<tr>
<td>Waters, Lester, Wenden &amp; Cross, 2012</td>
<td>1,500 students from Catholic schools</td>
<td>WA</td>
<td>12 to 13</td>
<td>Social and emotional outcomes of transition to secondary school</td>
<td>2- phase longitudinal quantitative study Self-report measures</td>
</tr>
<tr>
<td>Waters, Lester &amp; Cross, 2014</td>
<td>2,078 students from Catholic schools</td>
<td>WA</td>
<td>12 to 13</td>
<td>The impact of a positive expectation of transition to secondary school</td>
<td>2- phase longitudinal quantitative study</td>
</tr>
<tr>
<td>Waters, Lester &amp; Cross, 2014</td>
<td>1,974 students from Catholic schools</td>
<td>WA</td>
<td>12 to 13</td>
<td>The impact of peer and parental support on expectation and experience of transition to secondary school</td>
<td>2- phase longitudinal quantitative study</td>
</tr>
</tbody>
</table>

Table 19: Summary of Australian studies from 2012 – 2017
6.1.5 Discussion

In 2014, Vaz and colleagues lamented the limited deductive studies and small sample sizes of available studies examining the impact of transition on academic competence and mental health functioning (p. 2). Although the number of Australian publications reporting on transition from primary to secondary school published between 2011 and 2017 has increased, research conducted in the eastern states of Australia is extremely limited.

Notably absent are studies specific to the experiences and needs of young people in regional and remote areas of New South Wales. Although, each of the studies identified in this literature review were conducted in Australia, state to state differences in the timing of transition to secondary school impacts on the generalisability of the findings to New South Wales. For example, young people transitioning to secondary school in New South Wales are one year younger than those in Western Australia.

While not specific to regional contexts, Australian research reporting the characteristics of children at increased risk of experiencing a difficult transition to secondary school, i.e. those displaying emotional and behavioural difficulties, prior difficult experiences in primary school and limited engagement in extracurricular activities signal characteristics requiring the attention of educators and researchers (Maguire & Yu, 2015). Likewise, the frequently noted potential for a decrease in academic attainment following transition to secondary school was flagged again by Tasmanian researchers, Hopwood et al. (2017), while UK researchers (Riglin et al., 2014) identified the reciprocal association between emotional problems, in particular depression and school attainment across the entirety of a young person's educational experience (Gniewosz et al., 2012). A closer examination of the transition to secondary school, again identified the adverse impact of depressive symptoms, behavioural issues and school liking on academic attainment (Riglin et al., 2013). The close association identified by Waters et al. (2012) between student reports of a difficult transition and persisting emotional and social difficulties provides further evidence of the need to give close attention to this phase of a young person's educational journey.

It is helpful to move perspective from exploring difficulty in transition to predictors of success. Several studies identified the potential positive impact of the school climate, of a strong connectedness to school, school belongingness and the young person's emotional well-being and successful transition to secondary school (Lester et al., 2013; Vaz et al., 2015; Vaz, Falkmer, et al., 2014). Particular attention was drawn to ‘the need for primary schools to foster belongingness among students at an early age and transfer students’ belongingness profiles as part of the handover profile’ (Vaz et al., 2015, p. 1).

Fifteen years ago, Australian researchers, Williams and Boman (2002) challenged the prevailing perspective at the time of transfer from primary-secondary school as ‘transition shock’ and ‘sought to examine the issue of primary-secondary transfer and to consider aspects of it through the ‘voices’ of Australian students’ (p. 129). One of the two student cohorts in this study were from regional NSW. Rather than see this transition as difficult, students saw themselves as ready for the change and wished to be seen as ‘grown-up’ and the majority of students anticipated and experienced the transition as a positive experience.

The reports identified as part of this literature review likewise uncovered the perspectives and experience of students related to transition to secondary school. Not only did positive expectations of secondary school influence a student’s experience of secondary school, students who identified limited concerns in relation to transition were less likely to report emotional and social difficulties post transition (Mackenzie et al., 2012; Waters et al., 2014b). Waters and colleagues (Waters et al., 2012) suggested that asking students directly about their thoughts about transition while in the final year of primary school and again asking students in the first year of secondary school about their experience of transition could do much to inform future development of effective support strategies.

This transition from primary to secondary school is especially challenging as it coincides with adolescence, a developmental stage characterised by rapid change and upheaval. It is also during this stage of a young person’s life that risk of developing a mental illness is more likely. Given the findings reported in this review, careful attention to identifying young people at risk of difficulties during this challenging period is warranted.

6.1.6 Summary and Conclusion

This review of research reporting on emotional wellbeing and the psychological impacts of transition to secondary school has demonstrated the paucity of research specific to students in regional areas of Australia and a total absence of research conducted in regional NSW. Likewise, research reporting on programs designed to support the psychological wellbeing of students as they transition to secondary school is lacking. However, the research reviewed provides Australian data that can inform the development of interventions specific to the needs of the regional communities in New South Wales and other regional communities throughout Australia.
7. Qualitative project

7.1 Investigating Rural Teachers’ Perspectives of Young People’s Transition from Primary to High School

7.1.1 Introduction:

Anecdotal comments made by School Principals in schools in which CentaCare personnel were providing family services suggested that “we could do more during transition to help kids transition to high school” and that “a lot of children struggle to adjust to high school, we don’t do transition well”. The factors that predispose young people to poor transition are scantily researched, particularly for young people in rural and remote locations. The unsettling nature of school transition has the potential to impact on peer relations, academic achievement, disengagement with learning and ultimately absenteeism from school. These factors may adversely impact on future education, career opportunities, mental health status, initial employment and life chances.

In order to consider further ways in which CentaCare might provide an effective and evidence-based response to the concerns that had been raised, further information was needed.

7.1.2 Aims:

This project aimed to elicit rural teachers’ perspectives on the factors that they have observed as impacting on students’ transition from primary school to high school; to identify the factors that predispose rural young people to poor transition and explore the strategies employed by schools that assist in successful transition from primary to high school.

7.1.3 Method:

The research employed a qualitative descriptive design utilizing recorded semi-structured interviews to capture teachers’ perspectives.

7.1.3.1 Recruitment:

The recruitment process commenced with initial contact with the Principal of each of the potential school sites by phone and email describing the nature of the research and to gain consent to conduct the study in the school sites. Information Sheets and Consent Forms were emailed to each school Principal to share with their teaching staff – Year 6 or 7 teachers. The Principal then explained the nature and process of the project to the Year 6 or 7 teaching staff and distributed the information and consent forms.

7.1.3.2 Ethics:

Prior to commencing data collection, ethics approval was sought and obtained from both CSU Faculty of Science, Human Ethics Low Risk Committee (Approval 400/2016/37) and the NSW State Education Research Applications Process (SERAP 2016546).

7.1.3.3 Participating schools:

Of the four sites approached in NSW Central West, two sites, both high schools, responded. The two primary schools in the same locations identified the pressure of existing commitments as the reason for non-involvement in this study.

Both of the sites that responded, are co-educational government high schools.

Kandos High School caters for the towns of Kandos and Rylstone and five smaller rural feeder schools. In 2016, Kandos high school had 29 full time teaching staff and 237 student enrolments. The student cohort comprised 108 girls and 129 boys, 13% of whom identify as Indigenous, and 3% having a language background other than English. The school is located in an inner regional town with mining and agriculture providing the town’s principal employment.

The school’s index of community socio-educational advantage (ICSEA) is 922 (Australian average 1000), indicating significant levels of poverty and disadvantage within the parent community.

Table 20 illustrates the distribution of student achievement relative to the Australian distribution, highlighting the below average academic achievement of students at Kandos in relation to the Australian average.

<table>
<thead>
<tr>
<th></th>
<th>Bottom Quarter</th>
<th>Middle Quarter</th>
<th>Top Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Distribution</strong></td>
<td>56%</td>
<td>27%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Australian Distribution</strong></td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Table 20: Distribution of student achievement | Percentages are rounded and may not add to 100
Source: Myschools retrieved from

ICSEA – for information see https://acaraweb.blob.core.windows.net/resources/About_icsea_2014.pdf
7.1.3.4 Participants:
A total of 16 interviews were conducted with high school teachers. Of the 16 teachers interviewed, four were male and twelve were female. Most participants were experienced teachers with a number of years’ experience working in rural schools. See Table 22 for further demographic details.

<table>
<thead>
<tr>
<th>School</th>
<th>No interviewed</th>
<th>Gender</th>
<th>Average no. of years teaching at K or Ob school</th>
<th>Average no. of years teaching in rural school/s</th>
<th>Average no. of years teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandos</td>
<td>9</td>
<td>M = 3 F = 6</td>
<td>8 Range = 1-25</td>
<td>15.5 Range = 2-32</td>
<td>17 Range = 2-34</td>
</tr>
<tr>
<td>Oberon</td>
<td>7</td>
<td>M = 1 F = 6</td>
<td>5 Range = 1-13</td>
<td>5 Range = 1-13</td>
<td>12.5 Range = 4-25</td>
</tr>
</tbody>
</table>

Table 22: Demographic Data

7.1.3.5 Data Collection:
Interviews were conducted by Dr Deborah Clarke, who has extensive experience in qualitative research and in undertaking research interviews. The interviewer spent two full days at each of the case study sites, with the interviews at Kandos high school being undertaken on March 1st and 22nd 2017. Interviews with Oberon teaching and support staff were conducted on 10th and 17th March, 2017. The interview schedule was negotiated with the Principal and Year 7 Student Adviser at each site, and between interviews, the researcher informally discussed the nature of the school and the surrounding community with staff during morning musters, while accompanying staff on playground duty, during lunch time and at staff meetings. These informal interactions with staff provided the researcher with additional information regarding the schools’ contexts and assisted in understanding the culture of each school. In addition, to teaching staff, the researcher interviewed two support staff, who assisted students with special learning needs. These interviews were conducted in the Learning Support Room, which added to the researcher’s understanding of students with learning support needs.

Each interview was audio-recorded and the interviews were then transcribed by an external transcribing agency. These initial transcriptions were then each manually checked against the interview recording for accuracy before data analysis commenced.

7.1.4 Analysis:
Yin’s (2010) ‘Five phases of analysis’ as illustrated in Figure 33, provided the conceptual framework for analysis of the data for this research project.

![Figure 33: Yin's Five Phases of Analysis](image)
Incorporating the information contained in the database of 16 transcripts, hand-written notes made by the interviewer and the audio files, the dissembling process commenced. This required extraction from the database, responses to the individual research questions and compiling these together, i.e. reassembling the data to enable the researchers to progress to interpretation of the data. It is important to note the non-linear nature of these steps and to recognise that an iterative process occurs across the course of the analytic process. As the interviewer/researcher, Clarke was deeply immersed within the school environment, allowing identification of recursive relationships both across the data collected and the two similar, yet different school environments (Yin, 2010, p. 179).

7.2 Findings

The thematic analysis of the transcribed interview data derived a number of broad themes. These themes represented the factors that the secondary teacher participants’ identified as indicative of successful transition, of difficulty transitioning, the connected culture of the rural school and community, and the adoption of school, class, teacher and community strategies to increase students’ feelings of belonging and access to support.

The following tables expand on some of these themes in more detail:

<table>
<thead>
<tr>
<th>Indicators of successful or difficult transition to high school</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Successful transition</strong></td>
</tr>
<tr>
<td>Turning up to school</td>
</tr>
<tr>
<td>Positive social relationships</td>
</tr>
<tr>
<td>Have a ‘niche’ in their year group</td>
</tr>
<tr>
<td>Building relationships with teachers</td>
</tr>
<tr>
<td>Effective communicators</td>
</tr>
<tr>
<td>Confident</td>
</tr>
<tr>
<td>Happy</td>
</tr>
<tr>
<td>Comfortable everywhere</td>
</tr>
<tr>
<td>Able to use available resources</td>
</tr>
<tr>
<td>Negotiate school grounds &amp; timetables</td>
</tr>
<tr>
<td>Academically comfortable</td>
</tr>
<tr>
<td>Academically able to do most of their work in given time frame</td>
</tr>
<tr>
<td>Have adequate literacy and capacity</td>
</tr>
<tr>
<td>Organised – get to class on time</td>
</tr>
<tr>
<td>High level of literacy greatly improves likelihood of successful transition</td>
</tr>
</tbody>
</table>

**Later impacts of difficult transition**

If the student is not ready for transition > social difficulties > emotional instability > increased anxiety

Boys > acting out

Girls > bullying (this needs early and focused attention from teachers)

Table 23: Indicators of Successful or Difficult Transition to High School
### What strategies are currently in place to support the young person transitioning to high school?

<table>
<thead>
<tr>
<th>For all students</th>
<th>Special attention for those who are vulnerable</th>
<th>Process when a child is identified as vulnerable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to commencing in Year 7:</td>
<td>Handover of individual learning plans</td>
<td>Academic support available if that is the key issue</td>
</tr>
<tr>
<td>Extensive transition program in place</td>
<td>Connect with learning support team</td>
<td>Learning support teacher</td>
</tr>
<tr>
<td>Transfer of information from PS to HS teachers</td>
<td>Utilise alert systems</td>
<td>Talk with the child first</td>
</tr>
<tr>
<td>Parent information sessions</td>
<td>The child may undertake an individualised transition program accompanied by their support person</td>
<td>Follow-up with year advisor</td>
</tr>
<tr>
<td>Meet with the students and ask about the concerns and respond to any questions</td>
<td></td>
<td>Teacher musters and welfare meetings</td>
</tr>
<tr>
<td>Visits to high school and participation in Year 7 “type” work</td>
<td></td>
<td>Check what’s happening for the child external to school</td>
</tr>
</tbody>
</table>

### In Year 7:
- Well-being teacher
- School camps
- CALM card system
- Girls’ group
- Use of Barnardo’s Book of Me
- Focus on relationship building
- Formal and informal assessment
- Attention to class dynamics

### Referral to external agencies
- Referred through the school welfare system or via Year Advisor
- Referrals made to:
  - Internal counsellor
  - Chaplain
  - CentaCare

### Teachers’ perspectives on what is needed to aid transition

#### At an organisational level
- Good system of information exchange between PS and HS
- More communication between PS and HS

#### Positivity expressed
- To the ‘kids about transition’
- About the ‘kids who are transitioning’

Recognize that this transition coincides with adolescence

Not every issue that a young person is experiencing is transition related.

### Messages to the young person

#### For teachers
- Young people need to be challenged to enable them to move to the next level of learning
- Too much comfort may be unhelpful

#### This is high school – it is not like primary school
- Develop social groups – find your group and find your strengths

---

Table 24: Strategies currently in place to support transition

Table 25: Teachers’ perspectives on what is needed to aid transition
### Secondary Referral Reason

<table>
<thead>
<tr>
<th>Rural</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lots of eyes to watch out for children having difficulties</td>
<td>Children may have less drive</td>
</tr>
<tr>
<td></td>
<td>More time to help those who are struggling</td>
<td>‘Life happens’ to them</td>
</tr>
<tr>
<td></td>
<td>‘Unique situation: Seen as desirable and supportive</td>
<td>If known to have difficulties:</td>
</tr>
<tr>
<td></td>
<td>Multiple connections already exist as part of being in a small community</td>
<td>No new start</td>
</tr>
<tr>
<td></td>
<td>Having siblings in the school</td>
<td>Can’t escape</td>
</tr>
<tr>
<td></td>
<td>Positive if they get on well at home</td>
<td>Self-fulfilling prophecy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child has more confidence and skill in negotiating city environment</td>
<td>Less attention from the year advisor, teachers</td>
</tr>
<tr>
<td></td>
<td>More independent</td>
<td>Sense of anonymity because of large student cohort</td>
</tr>
</tbody>
</table>

**Table 26: Teachers’ perspectives on transition from Primary School to Secondary School**

### 7.3 Strategies currently employed to support successful transition

As evidenced by the data analysis of the teacher interviews, there were a breadth of individual, group, class, whole school and community strategies employed to support the transition of young people from primary to high school. It was clearly apparent that the success of these strategies was reliant upon the commitment of school staff, parents and broader community members offering, assisting with, and evaluating these strategies. Examples of individual strategies included:

- the transfer of student learning plans from the feeder primary school to the high school;
- the high school Learning Support Teacher mentoring of ‘at risk’ or ‘vulnerable’ students prior to transition to high school;
- Year 7 adviser support and referral to external support agencies;
- Year 7 adviser and Principal visits to students’ homes if necessary.

Group support strategies formed the majority of successful transition strategies and included experiences such as home group or roll call integration with older students acting as peer mentors, gender based projects such as the after school ‘girls group’; and class based orientation activities that focused both on academic and emotional and social wellbeing. In addition, both case sites were mindful of gradually transitioning students in regard to the academic and behavioural expectations of high school by facilitating day and week-long visits to the high school for Year 6 students during Terms 3 and 4 of the school year. Those staff who would be teaching the Year 6 cohort in the following year facilitated these lessons and introduced the increased demands of high school to the students, during discipline based activities.

Parent information afternoons and community BBQs, and community funded sporting activities and hobbies were examples of strategies that were aimed at assisting students’ successful transition by drawing on the support of the parent and broader community members. Raising awareness of high school expectations and organisation, and relationship building was the focus of these school/community interactions. Furthermore, the Year 7 adviser and the School Principals visited all of the primary feeder schools to introduce themselves to the prospective Year 7 students and their Year 6 teachers. Informal dialogue between primary and high school teachers assisted in sharing of information regarding students and their abilities and needs.

It was apparent that both case sites’ personnel were thoroughly committed to enhancing the transition experience of their students to high school, and designed a myriad of strategies to assist students to successfully transition. For those students who experienced difficult or poor transition, standardised and well communicated protocols were in place to value add to the students’ internal support mechanisms. These additional resources included informal conversations with subject teachers, Year adviser, school chaplain, home visits and referrals to external agencies as needed.
7.4 Summary of Findings

The findings from the data analysis relating to poor or successful transitioning from primary to high school could, in general, be classified into three categories of demonstrated behaviour: i) academic; ii) organisational; and iii) social and emotional. It was apparent from the data analysis that poor transition behaviours were often interrelated, for example those young people whose academic transition was difficult, also struggled emotionally and organisationally in their transition to high school. The small and supportive nature of the regional communities, and their commitment to assist in aiding young people to successfully transition was of particular note in each case study site. The small regional communities voiced their ‘ownership’ of the young people of the towns as a whole, and entrusted the schools to employ strategies to encourage successful transition of their children. The strategies adopted by each case school were well documented and had been annually evaluated over time. Additional class, year group and whole school strategies were introduced periodically after annual reflection of the existing programs. From the teachers’ perspectives, the transition of the majority of young people in their care was positive, and well supported by both the school and the broader community. Of particular note, was the variety of transition strategies adopted by each case site, and each school's commitment to ensuring a positive transition experience for their student cohort.

8. What does the data to date suggest?

FMHSS data demonstrates an increasing number of referrals across reporting period with a large percentage referred by educational organisations. Target age group (10-14 years) form majority of referrals received.

---

**Literature Review**

- Limited Australian research available
- Regional perspective absent

Transition to secondary school coincides with adolescence and increased risk of developing mental illness

Supporting vulnerable students during transition reduces negative impacts

- Ensuring social and emotional wellbeing enhances academic outcomes
- School connectedness & belongingness are indicators of successful transition
- Important to access student concerns pre-transition and address these

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**Secondary Teachers’ Perspectives**

### Indicators of successful transition

- Active participation in all aspects of school
- Socially engaged
- Coping academically
- Confident & happy
- Organisationally competent

### Difficulty transitioning

- Absenteeism
- Withdrawn
- Socially isolated
- Struggling academically
- Disorganised

Social isolation repeatedly emphasised as an indicator of difficulty

Displaying inappropriate emotional responses
The findings from this collaborative project suggest several areas for further investigation and development that will enable CentaCare Wilcannia –Forbes to enhance the work of the service and to more actively support the young people at particular risk during the transition to secondary school with earlier preventative interventions. The following diagram highlights the key recommendations emerging from this project. Each recommendation is explained in further detail in the sections that follow.

### 9. Recommendations

**9.1 Actively engage with primary schools to identify vulnerable students in Year 6**

Existing research and the secondary teachers interviewed in this project indicate the importance of preparing and enabling students in Year 6 with the social, emotional and communication skills that will assist them to thrive when they reach secondary school. Connectedness and belongingness to the school community have been repeatedly cited as protective of emotional wellbeing and mental health.

- Work with primary schools and Year 6 students to more actively utilise indicators of children at risk and engage with supportive interventions earlier.

- In combination with information from Year 6 teachers, a number of screening tools utilised in the research reviewed for the literature review may assist in identifying students who would benefit from early intervention.

- The School Transition and Adjustment Research Study conducted in the UK incorporates a number of assessment tools including questionnaires that enable teachers to identify the strategies that have been used in Year 6 to prepare the student/s for transition (Rice et al., n.d.)

- Consider whole of cohort interventions to strengthen social connectedness and minimise stigmatisation of students as ‘having problems’.

**9.2 Investigate Year 6 students’ concerns in regard to transition to Year 7**

Students who indicated higher levels of concern in regard to transitioning to secondary school on the Schools Concern Questionnaire (SCQ) (Thomasson, Field, O’Donnell, & Woods, 2006) were found to be much more likely to report transition to secondary school as a difficult experience (Mackenzie et al., 2012; Waters et al., 2014b).

- This may be an effective means of identifying students who would also benefit from early intervention. For example, with interventions designed to develop anxiety management strategies and for students who scored outside the normal range on measures such as the Short Mood and Feelings Questionnaire (SMFQ) age appropriate CBT – focused interventions may be indicated.

- Following up on these students in the first year of secondary school (at mid-year and on completion of Year 7) will provide further information that can both inform and evaluate interventions.
9.3 Enhance data collection for 10-14 year old young people referred to FMHSS

CWF data mined for this project indicate an increasing number of referrals from educational providers to the FMHSS service. However current data collection methods, identification of referral sources and clarity regarding the interventions provided is somewhat non-specific. This limits the ability to identify possible correlations between student needs, secondary teachers’ perspectives and the research findings reported in the literature review.

- Consider ways in which relevant data can be systematically recorded and accessed to facilitate more rigorous evaluation of the needs of the young people aged 10 – 14 referred to the FMHSS.
- Identify measures that are both clinically indicated and have been used in Australian research studies that would enable comparisons between the regional cohort served by the FMHSS and cohorts in urban areas of Australia.

9.4 Evaluate existing strategies already in place to support transition

As evidenced by the data analysis of the teacher interviews, there was a wide range of individual, group, class, whole school and community strategies already employed to support the transition of young people from primary to high school. It was clearly apparent that the success of these strategies was reliant upon the commitment of school staff, parents and broader community members offering, assisting with, and evaluating these strategies.

- Undertaking a formal evaluation using validated tools of one or more of the specific strategies currently in place would provide robust evidence of the effectiveness of such strategies and enable dissemination of these findings for the benefit of other rural schools.
- Research activities focused on this evaluation could be undertaken with the collaboration of the CSU team and in conjunction with activities undertaken in response to recommendations identified in 10.1 and 10.2.

9.5 Conclusion

This project has established a sound evidence-base from which CentaCare Wilcannia-Forbes could undertake further research in collaboration with the research team to develop a focused intervention supporting the emotional wellbeing of young people transitioning to secondary school.

The analysis of the FMHSS referral and service usage data identified the significant number of young people between the ages of 10 and 14 years referred for assistance requiring support for emotional and psychological issues.

The qualitative study provided the perspectives of secondary school teachers on the issues related to transition to secondary school and the types of interventions currently in place in the two schools which they represented. Research examining students’ and parents’ perspectives could enhance understanding of this critical period in a young person’s life and further inform program development.

The literature review thoroughly investigated published research findings examining the psychological and emotional aspects of transition from primary school to secondary school. The review also sought to identify supportive interventions that would be suitable for implementation in rural NSW. While the findings provided Australian data of potential relevance to this project, a total absence of publications outlining evaluated interventions in rural and regional NSW highlights the need for regionally developed and evaluated programs. It is strongly recommended that further investigations and all development activities include an active component of rigorous evaluation with dissemination of the findings from such activities in peer-reviewed journals and presentations at relevant conferences. This level of rigour will enable the widespread implementation of evidence-based programs and support CentaCare Wilcannia-Forbes’ reporting to funding bodies and applications for future funding.
10. Appendices

10.1 First publication available from this project

The following paper was accepted for publication and the abstract and reference was released on-line on the 24th November, 2017.


Abstract

Extensive international literature is available on aspects and impacts associated with students’ transition from primary to secondary school. However, in regional and rural Australia, it is challenging for educators and healthcare professionals to ensure that interventions supporting the emotional wellbeing of students transitioning to secondary school are informed by context-specific evidence. This paper presents a narrative review of research published since 2010 investigating students’ emotional wellbeing and psychological impacts of the transition to secondary school, with a focus on programs implemented to support young people during this transition. Research specific to students in regional and rural areas of Australia was lacking, with a marked absence of studies in regional and rural settings outside Western Australia and Tasmania. Similarly, research evaluating programs to support the psychological wellbeing of students transitioning to secondary school was lacking. However, this review provides a comprehensive overview of factors influencing the transition to secondary school from the perspectives of young people, their parents and teachers. These Australian data capture particular concerns and features that may inform development and implementation of interventions specific to the needs of young people in regional and rural communities across Australia. In schools where no specific intervention is planned, this review provides general guidance regarding challenges faced by transitioning students and possible ways students can be supported. In particular, this review highlights the need for educators and researchers to work together to develop and evaluate programs to support young people as they transition from primary to secondary school.

Keywords:

Australia; rural; regional; school transition; secondary school students; wellbeing
10.2 Manuscript in preparation

10.2.1 Draft abstract for manuscript reporting qualitative findings

Investigating Rural Teachers’ Perspectives of Young People’s Transition from Primary to High School

Background

Transition from primary to high school is a significant experience for young people as they move from a small, self-contained classroom to a larger heterogeneous school with increased expectation of student independence. For some young people, navigating this transition is problematic resulting in reduced academic performance, and increasing anxiety and depression. For those young people who are vulnerable, poor transition increases the likelihood of developing mental health issues. The factors that predispose young people to poor transition are scantily researched, particularly for young people in Australian rural locations.

Aim

This research project aimed to elicit rural teachers’ perspectives on the factors that they have observed impact on students’ transition from primary school to high school, the factors that predispose rural young people to poor transition from primary to high school, and the strategies that teachers’ perceive assist in successful transition.

Method

The research employed a qualitative descriptive design with 16 teachers from two demographically-matched rural NSW secondary schools participating in face to face recorded semi-structured interviews.

Relevance

The unsettling nature of school transition has the potential to impact on peer relations, academic achievement, disengagement with learning and ultimately absenteeism from school. Difficulty with this transition may adversely impact on future education, initial employment, career opportunities and mental health status. This study is significant as it investigated:

Results

A thematic analysis of transcribed interview data resulted in broad recurring themes. These themes related to the factors indicative of a successful transition, of difficulty transitioning, the connected culture of the rural school and community, and the adoption of school, class, teacher and community strategies to increase students’ feelings of belonging and access to support.

Conclusion

This paper identifies recommendations for monitoring indicators of successful transition, and processes for assisting those young people who are vulnerable to poor transition.

10.0.2 Paper prepared by research team for CentaCare to share with participating schools

This paper will enable CentaCare WF to continue communication with the participating schools, to thank participants and to open discussion for further research collaborations and interventions to support vulnerable students.

10.3 Recommendations for further manuscripts

10.3.1 Article on development of FMHSS in Wilcannia-Forbes

This would provide the opportunity to showcase the work of CentaCare Wilcannia-Forbes, be informed by the extensive work undertaken by the CentaCare team to analyse service utilisation and could include ‘good news stories’

10.3.2 Further publications arising from Qualitative Research Project

Dr Deborah Clarke and Associate Prof Rachel Rossiter will work together to complete a series of publications. Acknowledgement will be given to CentaCare Wilcannia-Forbes in all publications proceeding from this aspect of the overall project.
### 10.4 Range of questionnaires and scales available for further research

<table>
<thead>
<tr>
<th>Abbrev</th>
<th>Questionnaire</th>
<th>Description</th>
<th>Reference/Source</th>
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<tbody>
<tr>
<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire</td>
<td>25-item youth self-report version Identified as a key measurement tool for use in Australian child and adolescent mental health services, Normative data exists for Australian school students aged 7–17 years. The SDQ consists of five subscales: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationship problems; and prosocial behaviour</td>
<td>(Goodman, 1997, 2001)</td>
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<tr>
<td>DASS</td>
<td>Depression Anxiety Stress Scale</td>
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<td>(Lovibond &amp; Lovibond, 1996)</td>
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<td>SCARED</td>
<td>Screen for Child Anxiety Related Emotional Disorders</td>
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<td>(Birmaher et al., 1997)</td>
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<td>SMFQ</td>
<td>Short Mood and Feelings Questionnaire</td>
<td>13-items on a 3-point scale</td>
<td>(Angold et al., 1995)</td>
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<td>SPPA</td>
<td>Self-Perception Profile for Adolescents</td>
<td>Academic competency</td>
<td>(Harter, 1982)</td>
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<td>START</td>
<td>Secondary Transition Adjustment Research Tool</td>
<td>4-item questionnaire completed by primary-school teachers Measures two domains of a successful transition 1) being academically and behaviourally involved in school and 2) feeling a sense of belonging to school</td>
<td><a href="https://www.ucl.ac.uk/stars">https://www.ucl.ac.uk/stars</a></td>
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<td>ITCT</td>
<td>The Impending Transition to Secondary School Perceived as a Challenge and Threat questionnaire</td>
<td>Two questionnaires: 1 – pre transition 29 items 1 – post-transition 26 items Developed in Austria</td>
<td>(Sirsch, 2003)</td>
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<td>SCQ</td>
<td>Schools Concern Questionnaire</td>
<td>Pupil report questionnaire that asks about commonly reported concerns about secondary school. The questionnaire is currently being used by research teams in the UK and Australia. Self-report measure lists 17 potential concerns about moving to secondary school (e.g., size of school, following a timetable, being bullied).</td>
<td>(Thomasson et al., 2006)</td>
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<td>PSSM</td>
<td>Psychological Sense of School Membership scale</td>
<td>18-item</td>
<td>(Goodenow, 1993; Ye &amp; Wallace, 2014)</td>
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<td></td>
<td>Teacher Connectedness Scale</td>
<td>6-item Assessing a child's perception of whether a teacher cares about them and notices when they are not there</td>
<td>(Resnick, Bearman, Blum, &amp; et al., 1997)</td>
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<td>Connectedness to School</td>
<td>6-item questionnaire</td>
<td>(Resnick et al., 1997)</td>
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<td>How I Feel About Myself and School</td>
<td>Measuring Wellbeing</td>
<td>(McLellan &amp; Steward, 2015)</td>
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<td>Loneliness at School Scale</td>
<td>15-item</td>
<td>(Cassidy &amp; Asher, 1992)</td>
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<td></td>
<td>Safety at School</td>
<td></td>
<td>(Rigby &amp; Slee, 1998)</td>
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Table 27: Questionnaires and Scales to consider for use when undertaking further research
11. Contributors

11.1 CSU RESEARCH TEAM

11.1.1 Associate Professor Rachel Rossiter
RN, NP, CMHn, BHHSc, BCounselling, MCounselling, MN(NP), HScD, GradCertPTT, FACMHN

Associate Professor of Nursing (Nurse Practitioner)
School of Nursing, Midwifery and Indigenous Health
Faculty of Science
Charles Sturt University
Orange, NSW 2800

Rachel’s initial research experience grew from her clinical work as a DBT therapist and focused on improving services provided to people with borderline personality disorder. This has included funded projects to challenge stigma, create a culture of care amongst health care professionals and build workforce capacity to deliver evidence-based interventions for this vulnerable population. Research collaborations, qualitative research projects and publications continue to include this area of research. Her broad range of clinical and research experiences has also enabled her to work with academic and clinician colleagues in two provinces in Thailand (supervising two PhD students to completion) and in Sharjah and Abu Dhabi in the United Arab Emirates (UAE). She is principal investigator for a UAE based project assessing Mental Health Literacy in undergraduate health professional students at entry level and co-investigator for an Al-Jaleela funded project assessing Mental Health Literacy in the current nursing and medical workforce in the UAE. The findings from these projects will form the basis for future workforce development projects to build a culture of safety and care for people with mental illness. Rachel’s research includes capacity building activities focused on qualitative research in cross-cultural settings, mindfulness-based interventions (MBSR and DBT), developing nursing capacity for advanced practice, Nurse Practitioner education and clinical practice development, mental health literacy and mental health workforce development and evaluating the effectiveness of on-line post-graduate academic education.

11.1.2 Dr Deborah Clarke
Ecd, MEd, BEd, DipTeach, SFHEA

Senior Lecturer Health Curriculum
School of Teacher Education
Faculty of Arts and Education
Charles Sturt University
Bathurst, NSW 2795

Deb’s expertise and interest in mental health stems from her research partnership with the Black Dog Institute. Deb has assisted in conducting an RCT of the HeadStrong resource throughout 10 central West NSW secondary schools. Deb researches in diverse areas including young people’s health, health literacy, health education curriculum design, Indigenous curriculum, and teacher education. Deb is the current supervisor of six Doctoral students and two Honours students, and is Associate Editor of the Higher Education Research and Development Journal. Deb was the author of the Australian Curriculum Personal and Social Capabilities statements in the National Curriculum. In a past life Deb was a secondary Health and Physical Education teacher.
11.1.3 Professor Linda Shields
Professor of Rural Health
Faculty of Science
Charles Sturt University
Bathurst, NSW 2800

Honorary Professor
School of Medicine
University of Queensland

Linda’s research interests include the influence of a rural and remote environment on nursing and health outcomes across the life span; the care of children in health services, in particular family-centred care and the history of nursing and ethical issues surrounding nursing such as nurses’ roles in the “euthanasia” programmes of the Third Reich.

She holds a Doctor of Medicine from The University of Queensland, the first nurse in Australia to attain a Higher Doctorate. She is a Fellow of the American Academy of Nursing and the International Nurse Researcher Hall of Fame of Sigma Theta Tau International. In 2014 was awarded a silver medal by the European Society for Person Centered Health Care, for her work on family-centred care.

As well, she is a Life Member of the Australian College of Children and Young People’s Nursing, a Fellow of the Australian College of Nursing and a Fellow of the Royal Society of Medicine (UK). She sits on the board of directors of the TJ Ryan Foundation, the Association for the Wellbeing of Children in Healthcare, the Australian College of Children and Young People’s Nurses and editorial boards of Journal of Child Health Care, Nursing Children and Young People, and the Nordic Journal of Nursing Research.

She has over 400 publications in nursing, medical and history journals and several books and chapters.

Her previous positions include professorial appointments at the University of Limerick in Ireland, University of Hull in England, Curtin University in Western Australia and James Cook University in Queensland.

11.2 Individual contributions to each project component
11.2.1 Family mental health support services DEX Data Analysis

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<td>Review of draft manuscript part 1, 2, 3, 4</td>
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Table 28: Contributors to FMHSS DEX Data Analysis
11.1.2 Literature review

| Assoc Prof Rachel Rossiter | Lead researcher for literature review  
|                           | Identification of search terms  
|                           | Methodical review of abstracts identified from literature searches  
|                           | Synthesis of research findings  
|                           | Presentation of identified studies with overview to research team  
|                           | Preparation of draft manuscript  
|                           | Finalisation of manuscript for inclusion in this report  

| Dr Deborah Clarke | Co-identification of search terms  
|                  | Methodical searching of data bases to identify articles for inclusion  
|                  | Review of draft manuscript  

| Lisa Martin | Replication and extension of literature search  
|            | Entry of all articles into EndNote  
|            | Accessing full text of all manuscripts  

| Prof Linda Shields | Review of draft manuscript  

Table 29: Contributors to Literature Review

12.2.3 Qualitative research project

| Dr Deborah Clarke | Ethics applications  
|                  | Recruitment  
|                  | Scheduling of all interviews  
|                  | Conducted all face-to-face interviews  
|                  | Analysis of qualitative data  
|                  | Preparation of components of final report for CentaCare  
|                  | Preparation and submission of abstract for conference presentation  
|                  | Preparation of manuscript for publication  

| Assoc Prof Rachel Rossiter | Analysis of qualitative data  
|                           | Preparation of manuscript for publication  
|                           | Write-up for final report for CentaCare  
|                           | Preparation of abstract for conference presentation  

| Melissa Buesnel | Administrative assistance for data management  
|                | Second level quality assurance of all transcribed interviews  
|                | First-level analysis of data  

Table 30: Contributors to Qualitative Research Project
11.3 CentaCare Team

11.3.1 Tanya Judge
RN, CNS
Mental Health Program Manager
CentaCare Wilcannia-Forbes
201 Rankin Street
Bathurst, NSW 2795

Tanya has approximately 20 years’ experience working in the Mental Health field. This experience is vast with extensive clinical and managerial experience in array of acute and community settings both in the government and non-government sector. Tanya's experience in program and service development grew from her position as Nursing Unit Manager at Panorama Clinic which focused on commissioning a 10 bed sub-acute mental health inpatient unit. During this time Tanya developed the unit's model of care, PARC Model—Prevention and Recovery Care and Mental Health Day program which was adapted from a Victorian recovery focussed model. Continuing in the service development of mental health programs Tanya held a position as Support Facilitator with Partners In Recovery which ultimately looked at improving system collaboration and integration for people with chronic persistent mental illness at a system change level. Upon appointment as Program Manager with CentaCare, Tanya has continued to look at opportunities to improve and reduce gaps in service delivery particularly in her area of interest of early intervention/prevention. The partnership with CSU is a great opportunity to learn and be involved in best practice research to ensure service development is evidence based. Tanya’s contribution to the research project is as Project Manager and assist as allocated by the research team.

11.3.2 Kathryn Kent
BSocSc, DipMngt, DipComSerCoOrd, GradDipPsy
Team Leader Family Mental Health Support Service
CentaCare Wilcannia Forbes
201 Rankin Street
Bathurst, NSW, 2795

Kathryn is currently the Team Leader for the Family Mental Health Support Service with CentaCare Wilcannia-Forbes, funded by Department of Social Services. Kathryn's postgraduate and undergraduate degrees are from Charles Sturt University. Kathryn's expertise is in providing person centred, strength based service delivery within rural and regional communities. Kathryn has previously been involved in supporting the education of undergraduate health professional students in chronic and complex care of mental health issues since 2011, with the introduction of carers and those living with mental health issues presenting their lived experience of mental health issues to nursing and paramedic students at Charles Sturt University. Kathryn’s joint research has focused on the lived experience of mental health issues and participants’ contribution within the education of health professionals. Current focus is on early intervention mental health support of children and young people; and ethical considerations of presenting lived experience of mental health issues.

11.3.3 Jashint Maharaj
(July 2016-January 2017)
Project Officer
Family Mental Health Support Service
CentaCare Wilcannia Forbes
Dubbo, NSW

11.3.4 Christine Campion
Project Officer
Family Mental Health Support Service
CentaCare Wilcannia Forbes
Dubbo, NSW
11.4 EXTERNAL CONSULTANTS

11.4.1 Associate Professor Catherine Hawke

MBBS, FFPH, RCP

Public Health Physician and Associate Professor Public Health
University of Sydney
School of Rural Health
1502 Forest Road
Orange, NSW 2800

Catherine is a public health physician and A/Prof at the School of Rural Health (SRH) of the University of Sydney. She has established her career in rural and regional health and medical education since moving back to Australia in 2005 from the UK. Using her strong background in public health practice, including community based and child public health to develop research and key collaborations to work to improve rural and regional health and reduce inequalities. She has been a member of the University of Sydney Human Research Ethics Committee since 2009.

A major achievement has been the development of the ARCHER study - Adolescent Rural Cohort of Hormones, health, Education, environment and Relationships (NHMRC). This community cohort study of over 300 young people from diverse backgrounds across the Central West NSW came about through consultation and engagement of young people, schools, Councils, FACS, Police, Aboriginal health and youth workers. Data collection methods included focus groups, questionnaires and biological samples.

She is a chief investigator on the ACCESS 3 study funded by the Office of Kids and Families, NSW Health to inform youth health policy. ACCESS 3 will describe the experiences of young people accessing and navigating the health system in NSW, focusing on the barriers and facilitators to accessing health care for marginalised young people in NSW.

Identifying the need to collaborate to improve rural research capacity she has led the development and is the founding Chair of the Western NSW Health Research Network (WHRN) - a multiagency, multidisciplinary network committed to research to improve the health of rural populations. Membership includes four universities, The WNSWLHD, Medicare local, hospitals, community organisations and NGOs such as Care West. CH has worked with the Orange Aboriginal Medical Service (OAMS) for ten years and is a founding member of the Population Health Committee. OAMS’s population health approach has won the acclaim of the AH&MRC and NSW Cancer Council.

CH has considerable experience in teaching, supervising and mentoring research students and clinicians through the Sydney Medical School, University of Sydney, and HETI. She works with the Hoc Mai Foundation team to train clinicians and support clinical research in Vietnam through the delivery of practical clinical research workshops.

11.4.2 Cathie Matthews

B.Appl Sc Sp Path, Grad Cert CAMH

School-Link Coordinator and Speech Pathologist
Child & Adolescent Mental Health
Western NSW Local Health District
145-147 March Street
Orange, NSW 2800

Cathie has been involved on the research reference groups in her capacity as the School-Link Coordinator for the ARCHER and ACCESS 3 studies, Sydney University.

Cathie is passionate about access to health services for children and young people living in rural communities. She works with schools to implement prevention, promotion and early intervention programs to build resilience, mental health and wellbeing.

Furthermore she provides training and support regarding mental health and wellbeing, and accessing timely mental health support services for students in our area. As a Speech Pathologist working with clients within Child & Adolescent Mental Health teams across the LHD, she strongly advocates for the importance of communication and social-emotional learning to support mental health and wellbeing.
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