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Better support for children with additional health and developmental needs in school settings: perspectives of education experts

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ABSTRACT

Aim

Many children start school with additional health and developmental needs (AHDN), yet how best to support these children for optimal outcomes in the school setting is a complex challenge. This study aims to determine the views of education experts on what differentiates the most effective primary schools.

Methods

Qualitative interviews were conducted with 9 senior leaders across the education system responsible for managing or improving practice across a range of schools or school regions in Victoria. Using a positive deviance approach, which investigates strategies already implemented in organisations achieving desired outcomes, the semi-structured interviews aimed to elicit instances of perceived good practice that already exist within the school system. Interviews were analysed using inductive content analysis.

Results

All education experts reported high variability across schools, and suggested a number of factors differentiating those that were most effective at supporting children with AHDN. They included the presence of: strong teacher support by the school leadership team; explicit and documented processes to guide the practice of teachers and ensure consistency at a whole school level; inclusive relationships and environments; participation and knowledge sharing between medical, allied health and other stakeholders in the care team; and an evidenced-based approach to allocating resources to programs and strategies.

Conclusion

This exploration of instances of good practice can generate novel insights into a complex problem. Current findings suggest a number of potential opportunities for enhancing practice that can be tested in future research. Improving outcomes for this vulnerable and significant group of children will require collaboration across health and education.

Key Messages

1. Using a strengths-based approach focuses on instances of good practice in order to generate insights about what is possible within current system constraints.
2. Education experts report great variability in how well schools support children with additional needs.
3. The practices identified by education experts as indicative of exemplary school support prompt further qualitative and quantitative exploration.

INTRODUCTION

Children with additional health and developmental needs (AHDN) have chronic medical, developmental, behavioural, or emotional difficulties, that necessitate additional health, allied health, educational, and related services (Forrest, Bevans, Riley, Crespo, & Louis, 2011). These children are positioned at the intersection of the health and educational systems. At school entry, 1 in 5 children are identified as demonstrating either emerging or established AHDN (Goldfeld, O'Connor, Quach, Tarasuik, Kvalsvig, 2015).

At a national level, the Australian Student Wellbeing Framework identifies the need for all children to have the opportunity to learn and participate at school as one of its 5 key elements (Council, 2018). This framework describes effective practice as that which enhances the social, emotional and learning outcomes of all students, while providing schools with significant autonomy in how to achieve this. Within Victoria, policy guidance exists around the program for students with disabilities (PSD). A recent review identified opportunities within the current PSD policy to better support children with additional needs (Victoria State Government, 2016). Recommendations of this review included the importance of a strengths-based, functional needs approach to assessing student need.

Children with AHDN often require multidisciplinary support incorporating allied health and medical expertise. For example, paediatricians are often (or, where not, potentially should be) an integral part of these multi-disciplinary care teams. Despite the importance of services offered by hospital and community-based health care providers, attention to interven-

tions occurring outside the clinic context is also necessary. Even in the most ideal of scenarios, these children will still spend much more time in school settings than in any health care clinic. Over a 12 month period, less than 10% of children over 4 years of age visit a paediatrician, while almost all primary school-aged children spend at least 25 hours per week in schools (Warren, 2018; School Policy, 2017). For children with AHDN, this suggests the critical importance of interventions within the school setting, and raises the need for effective communication between paediatricians, allied health professionals, and schools to ensure appropriate sharing of information and recommendations regarding a child's support needs and care.

One approach which has gained increasing recognition as framework for considering the support needs of children with AHDN in schools is "inclusive education". This refers to the overarching aim of ensuring that all children have the opportunity to learn and participate at school, regardless of their health or developmental status. Inclusive education is a widely supported principle and a Sustainable Development Goal of the Unesco Education 2030 Framework for Action (UNESCO, 2015). This approach is not only solely the responsibility of schools, but also requires communication and coordination between families, teachers, health professionals, and others involved in their care, to inform teacher's classroom practice for inclusive education.

While the goal of inclusive education is widely endorsed, previous research has provided a good understanding of the barriers to the complex process of implementing inclusive education in schools (Forlin, Chambers, Loreman, Deppler, & Sharma, 2013; Burns & Schuller, 2007; Ainscow, 2005). For example, the goals of improved achievement and inclusion can be seen as conflicting, and inclusive education may not be understood in the same way across settings or individuals (Florian, Rouse, & Black-Hawkins, 2016). Another concerning barrier identified is the lack of standards or guidelines to measure outcomes relating to inclusive education (Anderson & Boyle, 2015).

This study takes a strengths-based approach and aims to better understand effective approaches to ensuring that all children have the opportunity to learn and participate at school. In this study, we use a qualitative approach to gain rich insights from the perspectives of education experts on perceived instances of good practice. That is, individuals who have extensive experience in the education sector and responsibilities across a number of schools, therefore bringing a broad, system-based perspective to education. In understanding the perspectives of education experts, we aim to improve our understanding of potential opportunities to better support children with AHDN in schools that are possible within current system constraints.

An alternative strengths-based approach can also add value by providing a better understanding of effective approaches to ensuring all children have the opportunity to learn and participate at school. That is, asking “what went right?” can generate different and useful information compared to the traditional approach of “what went wrong?”. The positive deviance approach assumes that potential solutions to problems can be found within the practices of organisations who overcome such barriers. These practices can be examined and those most promising tested for their potential to improve outcomes in other organisations (Bradley et al., 2009). Multiple stakeholders from across the system can be utilised to identify these potential solutions. Within the education system itself teachers, principals, policy makers and families are all critical participants in this ecosystem. In addition, health care providers play an important role in supporting these children.

METHODS

We used qualitative research methods involving semi-structured interviews with purposive sampling. Experts with extensive experience in working in the Victoria education system (hereafter referred to as “experts”), with responsibilities across a range of schools, were invited to participate using a purposive sampling approach. This allows for the deliberate selection of participants to benefit from their particular expertise (Tongco, 2007). They were identified through existing professional networks of the project investigators and a

snowballing approach. Ethical approval for this procedure was gained from the Royal Children's Hospital Melbourne Human Research Ethics Committee (HREC 37289).

Sample

Nine of the ten invited experts agreed to participate via informed consent. The small sample size is appropriate to the qualitative methodology and research question, which focused on in-depth exploration of themes (Malterud, Siersma & Guassora, 2016). Experts were from both government and non-government education sectors. However, it is unlikely to be representative of all experts in the field and this should born in mind in the interpretation of results.

Procedure and materials

Semi-structured interviews were conducted in person and audio recorded between March and August 2018. Following the positive deviance approach, questions aimed to elicit responses that identified potential solutions and examples of good practice in supporting children with AHDN, rather than challenges, which are already well documented. The schedule of broad questions asked are shown in Table 1. Participants were instructed to particularly consider how schools respond to the needs of children who are not captured within formal special needs programs and for whom school responses are likely to be more variable. Participants were deliberately not directed on specific details describing best practice in order to ensure that the system itself defines the desired outcomes, rather than having these externally imposed.

(Table 1)

Data analysis and reporting

Audio-recording of interviews were transcribed by a transcription service. Transcriptions were checked for accuracy. Inductive content analysis, which allows for an objective and systematic processing of data, was then conducted to identify key concepts and themes (Elo & Kyngäs, 2008). This approach uses the data obtained in the interviews to guide the

categorisation framework which explains the findings in a comprehensive yet concise format. Codes were generated from the data which were then grouped into themes. Quotes illustrating each theme were identified, and have been abbreviated if necessary without a loss of meaning for reporting. Analyses were conducted using NVivo 12 software.

RESULTS

Overall, five themes emerged which are described in detail below. They were (i) leadership and structured support, (ii) guidance using a documented and practical framework, (iii) importance of relationships and an inclusive environment, (iv) actively sharing knowledge and seeking expertise when required and (v) appropriate and evidenced-based use of resources.

In line with the aims of this research the focus of the following discussion is on key themes emerging around opportunities and perceived exemplars of good practice. It should be noted that all experts also expressed concerns about practice in this area and challenges within the current system, consistent with previous research on barriers. Illustrative quotes for each theme are shown in table 2.

(table 2)

Leadership and structured support

All experts spoke of the importance of leadership, especially in reference to the principal's role as an essential element in supporting children with AHDN. This included the importance of the school leadership team in first having a good understanding of the needs of these children themselves, and then helping staff to translate evidence into practice and navigate complex support systems; ensuring the collection of data to monitor and evaluate progress. Participants also highlighted the role of the leadership team in ensuring all members of the school community feel supported.

Guidance using a documented and practical framework

Experts discussed the importance of documented and specific policy to scaffold strategy in supporting children with ADHN and that schools who do this well have “a diverse range of strategies that they’ve put in place”. The ability to respond to students needs in a timely manner as they emerged was described along with frequent scheduled monitoring at a student and whole school level.

Experts talked about the importance of a framework for supporting students with AHDN including clear policy around identification, assessment, intervention, and monitoring. One expert believed that “strong school processes around identification and assessment of learning, and how proactive and consistent those processes are, are a really considerable enabling factor for a good teacher”. They also discussed that such policy and procedure could assist with family participation in decision making, delegation and accountability, and routine scheduling of measurement of program effectiveness. In addition, they stated it is helpful with “students who have priority needs and vulnerable cohorts, to have clear and consistent policy and process for identification of those students”.

They spoke of such “multi-tired systems of support” being built into the schools operation and not dependent on a specific person to ensure implementation: “they can’t be people dependent, it’s got to be service dependent and expected because people move in and out of roles”. Discussion also included systems of continuation to ensure “handing over and transition processes around forwarding of information, so the child's learning trajectory is continuous and not stop start between classes, programs, teachers and years”.

Importance of relationships and an inclusive environment

All experts spoke of the fundamental role of relationships in meeting the needs of children with AHDN. This included relationships with students, families, teachers and health pro-

fessionals. This was often discussed alongside the influence the environment can have on all of those within it.

The importance of a connection with the family was frequently discussed, in which integration and engagement assists with partnership and commitment from all involved. Often they spoke of the need to build a foundation and ensure open lines of communication.

A school environment of inclusion and aspiration was frequently mentioned with an attitude of “every kid can strive and achieve” and “a whole workforce that just believes in every kid”. One strong theme that many experts touched on was that school who achieve the best outcomes for these children are careful not to label or isolate students with difficulties from others: “They don’t treat groups of kinds differently. They don’t differentiate that way”.

In addition, the importance of a safe and welcoming environment was mentioned often in which “you need to get the preconditions in your school right first” prior to the implementation of programs and monitoring.

Actively share knowledge and seek expertise when required

Collaboration within schools, between schools, with families and with multidisciplinary expertise was discussed as another element closely related to improved outcomes for children with AHDN.

Experts described the need to “make decisions collaboratively with the parents” and “go the extra mile when families aren’t coming to the party” as their understanding of the child is an essential perspective. They also described the importance of students being involved in discussions to improve engagement and effectiveness.

Health clinicians were also frequently discussed and that best exemplar practice means that “business as usual includes reaching out and getting communication occurring both

ways" between all professionals involved. It was reported that such schools often engage the voice of the relevant health and allied health professionals that are involved and frequently examples of novel ways to access such professionals were described.

Appropriate and evidenced-based resource use

Two topics that were frequently raised were problems with the current need for a child to have a diagnosis to receive funding (16 mentions, 5 of 9 interviews) and the reliance upon aides (35 mentions, 7 of 9 interviews). Often experts spoke of the overuse of interventions and the need to set limits to avoid implementing too many programs at one time or not trialling an elected intervention for long enough. Almost all experts (8 of 9 interviews) noted that it is essential that interventions are supported by evidence.

DISCUSSION

This study identified five key themes which education experts perceived as being key practices of schools that potentially gain strong outcomes for children with additional needs. This included the presence of: leadership and structured support, guidance using a documented and practical framework, importance of relationships and an inclusive environment, actively sharing knowledge and seeking expertise when required, and appropriate and evidenced-based resource use.

Many of the themes were interconnected. Inclusive practice frequently emerged across multiple discussions as a key component of schools that were perceived to support children with additional needs well. Previous research demonstrates both the importance and difficulties of implementing inclusive education in which a great variety of individual practice was found (Kozleski, Yu, Satter, Francis & Haines, 2015). The theme of collaboration was often raised in relation to inclusive education and is described in the literature as essential between all stakeholders to overcome barriers against inclusion (Burns & Schuller, 2007).

Leadership was another frequently mentioned theme and seen by experts as a role that is highly deterministic of a schools success with children with AHDN. Unsurprisingly, leadership was seen as providing a role of guidance and source of contact regarding students with AHDN. Therefore, individuals in these roles would need expertise in the identification and response to needs of students with AHDN. This aligns with previous research which has highlighted the importance of leadership practice in creating sustainable change towards inclusive learning environments (Ainscow & Sandill, 2010).

The documentation of a strategic process to identify, assess, intervene and monitor children with AHDN was put forward as a way of ensuring consistency and best practice. It was also highlighted as a method of mapping out pathways and identifying when to seek assistance from external services. One such approach would be a Multi-Tiered System of Support, whereby teachers and schools provide high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child progress data to important educational decisions (Batsche et al., 2005).

Relationships emerged as a vulnerable but potentially rich resource for collaboration with families and the community at large. Families often struggle to navigate the complex education and health systems, but have essential expertise about their child's health and development (O'Connor, Rosema, Quach, Kvalsvig, & Goldfeld 2016). Evidence demonstrates that an important component in supporting children at risk is the development of a coordinated approach which values the input and perspectives of all stakeholders involved (O'Connor, Rosema, Quach, Kvalsvig, & Goldfeld, 2016; Cohen & Syme, 2013). Tightly linked to this is knowledge sharing and the evidence-based use of resources. Reflecting a disconnect between research and practice, the experts within this study were critical of the use of resources to obtain funding (rather than benefit student outcomes) and implement unvalidated interventions.

Implications

These themes start to build a picture of the 'exemplar school' for children with additional needs as perceived by education experts. Broadly, the finding were aligned with those suggested by UNESCO and ARACY and provide further support for overarching approaches such as inclusion, evidenced-based practice, and collaboration across disciplines and stakeholders. Critically, results also show ways in which schools are implementing these broad ideas in practice within the current system. The themes identified also align with the national and state policy as well as identified barriers mentioned earlier in this article (Australia, 2018; Victoria State Government, 2019). For example, the theme of guidance using a document and practical framework addresses the need identified in these policies for unity in strategies across different settings. Similarly, the theme of appropriate and evidence-based resource use highlights the need for outcomes to be measured, which is noted in each policy.

Results from this and previous studies highlights that all involved stakeholders are likely to benefit from greater collaboration, including paediatricians. Such health professionals not only play an integral role in supporting diagnosis and access to resources, they are also well placed to advocate for this vulnerable population. On an individual level, support should be given to the establishment of relationships, knowledge sharing, and evidenced-based approaches. From a system perspective these are also important, but the findings also demonstrate the need for leadership, frameworks and an inclusive environment. While great difficulty exists in implementing such practices, the expected benefits could justify these efforts to the benefit of society as a whole. Better support of children with additional needs is likely to not only improve their academic outcomes and success beyond schooling, but also their health, development and well-being. Paediatricians hold a unique and important role in identifying and utilising opportunities to improve outcomes for all children. Better supporting children with AHDN is such an opportunity. This goal should motivate all involved to collaborate and strive for the best achievable outcomes for this vulner-

able and significant cohort of children.

Limitations and future directions

This study had a number of strengths. Qualitative insights have previously been gained from teachers, parents and students, and this study adds to this evidence by sampling experts with a different, system-based perspective. The solution-focused approach focuses on identifying the key factors and practices which have directly lead to positive outcomes, thereby complimenting existing research on barriers.

Nevertheless, limitations should be borne in mind. The education experts have experience and knowledge for a stance of oversight across many schools, but possibly not expertise around nuanced requirements or strategies within a particular classroom. With this in mind it is necessary to gain understanding from the perspectives other stakeholders, such as teachers and students, to further understand optimal approaches to supporting these children. In addition the participants provided a perspective relative to the state of Victoria. Care must be taken when generalising the finding, though as demonstrated they are consistent with other findings on this topic from previous national and overseas research.

Conclusion

It is clear from the current results that supporting children with AHDN to achieve strong outcomes is complex. All schools strive to achieve the best outcomes for their students within current system complexity and constraints. Nevertheless, education experts were able to identify a range of opportunities that they saw as practices of schools who were thriving in this area. Together with other stakeholder's views', this can help to improve our understanding of what is possible in better meeting the needs of these children. Opportunity exists in testing new models of care and support that ensure that these children receive the best education and health support required.

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Table 1. Semi-structured interview schedule

How much variability do you think there is across schools in how effectively they support children with additional needs?
Broadly, what do you think exemplar schools for children with additional needs do differently or better than many other schools that is so effective?
What features differentiate these schools in terms of: • identifying children's needs? • the strategies the schools use? • the way they engage with parents and families? • monitoring whether they are effective? • the way they work with health and allied health professionals, both internally and externally from the community? • how they support their own teaching staff? • how they use and prioritise their resources?
If tomorrow, you started a principal role at a school that was struggling in meeting the needs of these children, what based on your observations and experience would you try to implement there as a top priority?
What specific Victorian Government primary schools in the Melbourne region can you think of that, in your opinion, are highly effective in supporting children with additional needs?

Table 2. Resulting themes and illustrative quotes

Theme	Illustrative quotes	Number of interviewees (max 9)	Number of instances across interviews
Leadership and structured support	*There must be a cultural aspect to the school, which comes from leadership in terms of how to meet the needs of all the students* *If you talk to teachers in schools that do it well, they feel really well supported personally. I think they would feel confident and capable in their own scope and they'd feel supported when they do need to escalate something, then they'd feel they know where to go and they would be supported in that*	9	101
Guidance from a documented and practical framework	*It really comes down to school structures, because when there are structures in place and avenues for that to happen, there's an expectation that it happens, [for example, having a clear assessment process], so there's an avenue for saying "Ok, what's happening with these students in terms of learning needs?"* *Anything that is offered in a school should be evaluated in that school, and the only way to do that with groups of kids is to make sure that there is a monitoring component* *Good schools have really effective processes for identifying and managing the intake, I suppose, sources, and triaging, to use your medical term, that information to identify where might there be a need for an adjustment where a child actually may have a need that might need to be further identified. It may just be, "I'm just not quite sure what's going on. Well, what do we do to find out?"* *A school should have systems and processes to ensure that engagement occurs from a wellbeing perspective so everything starting from attendance, parental systems, behaviour management, wellbeing policies, health practices depending on the needs of the kids, all packaged around or scaffolding each individual student to maximise their engagement in education*	7	66
Importance of relationships and an inclusive environment	*A philosophy of inclusion that underpins all of the policies of the school* *Families have to be able to feel as if they are part of the school. It's not just about academic performance. The need for the social and emotional development, which is one of the absolute foundations for any academic success, is to have a school ethos which is inclusive and welcomes people.* *…a home school partnership. They have good communication, like really good lines of communication. They make sure the parents know what's happening and they have an expectation that the parent will let them know if something's going on outside of the school environment*	9	77

Table 2. Resulting themes and illustrative quotes

Theme	Illustrative quotes	Number of interviewees (max 9)	Number of instances across interviews
Actively sharing knowledge and seeking expertise when required	*The needs of families and kids are really complex…. It takes a whole team of people to unravel what's actually happening here and what's leading to the presenting factors.* *Visiting another school and seeing how they're working or visiting another classroom. I think that sharing of resources across teachers and promoting that ability to share learning and resources across teachers is what schools that support kids with additional needs do well* *I could get really good ideas for classroom based strategies by talking to the parents about how they manage things in their own environment, how they did things at home.* *They have good communication. They make sure parents know what is happening and they have an expectation that the parent will let them know if something is going on outside of the school environment.*	9	78
Appropriate and evidence-based resource use	*Fund programs, not students* *The DSM is a leviathan. It creates all kinds of distortions in terms of diagnoses and I think, in the area of autism, there are some major issues in the misuse of that. What it's doing is creating for schools the challenge that parents are looking for diagnosis for funding and pursing that rather than actually focusing on what is the developmental needs of the children* *We put aides with the most complex kids, and they're the least trained people in our schools* *The people I really respect are the ones that say that's a good idea but not for us now. This is a distraction, but what we are looking for is this. So, if you can facilitate growth and development in this space for professional learning, that's the direction we will take. But we don't need something that has come out of the commonwealth or the state as a broad, sweeping policy*	8	81