Collaboration with parents/carers in KidsMatter schools

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The science of prevention and early intervention has taken considerable steps forward in the last decade, including a growing research literature (e.g., see Kelly & Perkins, 2012) and practical advice for policy makers, teachers and educators (e.g., see CASEL, 2016; KidsMatter, n.d.). In this chapter we discuss one area of mental health promotion and early intervention, namely, collaboration between parents/carers and the leaders, teachers, educators and other staff at their child's school and/or early childhood education and care service. In addition, we report two studies about parents/carers' involvement with the KidsMatter mental health promotion initiative in Australian schools and early childhood education and care centres.

In a review of the field, Guralnick (2008) noted a number of factors underpinning the concept of early intervention, including, (i) culture - which is associated with values and attitudes; (ii) political systems -with different governments attaching different significance to the concept; (iii) resources - the investment a country makes in early

intervention; and (iv) societal commitment - the priority that a country places on the health and wellbeing of children. As Doyle et al. (2009, p.2) emphasised, "intervening in the zero-to-three period, when children are at their most receptive stage of development, has the potential to permanently alter their development trajectories and protect them against risk factors present in their early development."

To assist teachers and parents/carers to support the development of children's positive mental health and wellbeing, a mental health promotion, prevention and early intervention, named the KidsMatter Initiative, was developed specifically for Australian primary schools and for early childhood and care settings. KidsMatter was developed in collaboration with the Australian Government Department of Health and Ageing, *beyondblue: the national depression initiative*, the Australian Psychological Society and Principals Australia. It was also supported by the Australian Rotary Health Research Fund.

KidsMatter is based on a social-ecological approach that recognises the influences of parents, families and schools on the mental health and wellbeing of young people. It provides a framework that helps teachers, educators, administrative and support staff to take care of children's mental health needs by:

- creating positive school and early childhood and care communities;
- teaching children skills for positive social and emotional development;
- working together with families;
- recognising and getting help for children with mental health problems.

The significance of the KidsMatter initiative is that schools and early childhood and care centres are identified as settings that can enhance children's social and emotional well-being, with a view to fostering positive mental health, through renewal of policies, practices and curricula (Wigelsworth, Humphrey & Lendrum, 2012). Mental health is a matter of concern during the pre-school and school years. It is estimated that

about 10 per cent of children will display significant mental health difficulties at some time during their development (Slee, Murray-Harvey et al., 2012).

The KidsMatter Primary initiative was trialled in 101 schools across Australia during 2007-2008. Meanwhile, KidsMatter Early Childhood was trialled in 111 long day care services and preschools during 2010 and 2011. KidsMatter Early Childhood is based on the KidsMatter Primary risk and protective factor framework described above (Slee, Murray-Harvey et al., 2012). The KidsMatter Early Childhood framework enables preschool and long day care services to implement evidence-based mental health promotion, prevention and early intervention strategies that improve the mental health and wellbeing of children from birth to school age. KidsMatter Early Childhood involves the people who have a significant influence on young children's lives – parents, carers, families and early childhood educators, along with a range of community and health professionals – in making a positive difference to young children's mental health and wellbeing during this important developmental period.

Evaluations of the trials for both KidsMatter Primary and KidsMatter Early Childhood showed that the KidsMatter initiatives were associated with changes that served to strengthen protective factors within settings, families and children (Slee et al., 2009; Slee, Murray-Harvey et al., 2012). Particularly, KidsMatter demonstrated that it is important for staff to build partnerships with other children's services and also with other types of local community services (such as those in the health sector) so that staff can help families access appropriate services and help to counteract any potential long term problems (DHAC, 2000). Developing positive relationships with other professionals is not only beneficial for the families and children, but also for staff wellbeing and their perceived competency (Green et al., 2006).

In addition, KidsMatter, along with other student wellbeing initiatives (such as CASEL, 2016), and researchers (e.g., Clelland, Cushman, & Hawkins, 2013; Shute, 2016) have highlighted the need for schools and early childhood education and care centres to work hand-in-hand with parents/carers. As noted earlier, one of the four key

components of the KidsMatter initiatives explicitly concerns the relationships of schools and early childhood and care centres with families and parents/carers.

Collaboration

The World Health Organization (WHO, 2010) called for more active involvement of families and teachers in school based health promotion programs. Aligned with this is the first of the four components of KidsMatter, which is 'working together with families'. The question that arises is, "Why is this important?"

Collaboration occurs when children, staff, families and communities are engaged with and involved with children's service providers in meaningful ways, thus promoting a sense of belonging and connectedness. According to Stonehouse (2001a, 2001b), collaborative partnerships between home and early childhood services are based upon effective communication and positive relationships, and can be encouraged through involvement, partnerships and shared decision making in the service. This level of involvement and connection to children's services is deeper than everyday working relationships between staff and families. Taking a collaborative approach to decision making can be initiated by staff to help families feel involved in meaningful ways, increase their feeling of connectedness to the service, and help them feel empowered and valued for the information they provide about their child (e.g. Cohen, 2006).

At the school level the Australian Government has promoted the concept of family-school partnerships (DEEWR, 2008). In this policy document it has been noted that "Schools have an important responsibility in helping to nurture and teach future generations and families to trust schools to provide educational foundations for their children's future. At the same time, schools need to recognise the primary role of the family in education. This is why it is important for families and schools to work together in partnership" (p. 2). Weare (2010, p.5) also argued that good practice in mental health promotion in schools requires "teamwork between the appropriate agencies including parents and students". Successful school mental health promotion models, which are

based upon knowledge, empowerment and participation, necessarily require active collaboration from parents (Adi, Killoran, Janmohamend, & Stewart-Brown, 2007; Onnela, Vuokila-Oikkonen, Hurtig, & Ebeling, 2014).

What does collaboration look like?

Elliot (2005), in describing early childhood centres, proposed that families communicate about their child with staff based on a 'hierarchy of need'. In the first instance parents are intent upon communicating with staff about their child's physiological needs, such as safety and nutrition. When they feel these needs are being met parents may then move onto communicating with staff about their child's sense of belonging and self-esteem, and have discussions with staff around their own knowledge and understanding of child learning and development. Elliott argued that true partnerships, with better outcomes for all, occur when staff and parents engage in deeper discussions together that are open and respectful.

Similarly, in a large scale study of 500 families experiencing chronic and multiple disadvantage with young children aged between 0-7 years, Slee (2006) reported that such parents needed access to educational institutions to help provide the services they needed to offset the effects of such disadvantage. In that study, Slee highlighted the importance of service provision for families that involved positive and two-way communication where, from a social determinants model, schools and early childhood and care institutions respected and honored the strengths and resourcefulness of families struggling with socio-economic disadvantage. This required staff to move beyond a focus on the child in isolation to considering the child in the context of their family and community, and to see themselves as a valuable source of support and information for parents, rather than superior to parents. Similarly Cox (2005) stressed the need to treat parents as equals in a two-way flow of information.

Weare (2010) noted that although school staff may have intentions to communicate effectively with parents, there may be difficulties from the parents'

perspectives. Weare provided the example of the language that has grown up around mental health promotion in schools, such as ‘social and emotional learning’ and ‘emotional literacy’, which may not be meaningful, and even may be interpreted as precious and alienating by parents. Similarly, Shute (2016) reported evidence of difficulties experienced by teachers in communicating with parents, especially with disengaged parents. In a similar vein, a survey of 287 Maltese parents by Askell-Williams (2016) found that parents’ perceptions of schools’ mental health and wellbeing and promotion initiatives were significantly influenced by their perceptions of their own parenting capabilities. In that study, parents who rated themselves as low on parenting capabilities rated their schools significantly lower on all four school factors, namely, Positive School Community, Parenting Information and Support, Early Intervention for Students with Mental Health Difficulties and School Engagement with Mental Health Promotion. Thus, the very parents/carers who might need support from schools and early childhood and care services may not value that support, and therefore may not access it.

Clelland et al. (2013) also suggested that school-family partnerships are influenced by the way that schools promote such partnerships, arguing that schools need to be empathetic to the diverse needs and world-views of parents. One common mistake is that engagement often follows a similar pattern for all parents − irrespective of parental needs. As Lendrum and Humphrey (2015) demonstrated, typical parent communications include mainstream language newsletters, other types of written take-home materials, and parent-teacher meetings. Some parents might find these typical communication strategies inaccessible and/or overwhelming. For example, reports from the KidsMatter early childhood and care evaluation in Aboriginal and Torres Strait Islander communities suggested alternative modes of communication that are more culturally appropriate, such as informal yarning, and posters depicting more diverse cultural images (Slee, Skrzypiec, et al., 2012).

Similarly, a small Australian study (Elliott, 2003) asked parents about their engagement with their early childhood service, what contributions they could make to their services' programs, and what approaches they thought would facilitate partnerships between families and staff. Focus group data revealed four themes: (i) limitations in communication methods; (ii) omission of important information; (iii) limitations in methods employed for reporting information to parents; and (iv) difficulties with parent's contributions to the service. For example, parents wanted staff to share their expertise and knowledge about child development and to help them understand their child. Parents also wanted more in-depth information about what their children were being taught, and how the curriculum contributed to their overall development. They sought better connectedness between home and the service and wanted to have meaningful information about their children's day conveyed to them so that they could create a more seamless connection between home and the early childhood service. Overall, meaningful two-way communication between early childhood educators and parents/carers was seen to be the most important factor in improving collaborative engagement of parents/carers with the service.

Elliott's (2003) study provides valuable insight into parent experiences and specific guidance for staff to consider with respect to their collaboration with families. This is supported by Stonehouse (2001b) who reported that parents and carers are most interested in hearing about what their child enjoys, what their child has done during the day, and anything meaningful about their day, and that overall, parents seek communication from staff that is genuine, respectful, and meaningful that shows that the staff pay attention to their child, and appreciate and value them. As Slee and Murray-Harvey (2007) noted, this requires staff to view the family as the primary source of information about the child and as the constant in the child's life. Similarly, families can value the role and knowledge of child development that staff bring to the relationship (Zero to Three, 2008). For example, it has been established that the quality of interaction between mother and child is strongly related to preschool adjustment outcomes in

children. Within an open, respectful relationship, families can share with staff information from the child's home environment such as how they relate together (e.g., how they share emotions). When staff can incorporate this shared knowledge into their interactions with the child, positive outcomes are more likely (Pianta, Nimetz, & Bennett, 1997).

Elliot (2003) proposed that family involvement should extend to joint decision making which ensures that valuable information from both staff and families is represented to best serve children's interests. Further, Stonehouse (2001a, 2001b) acknowledged the importance of shared decision making in building effective partnerships between families and staff and stressed that this requires the service provider to have both commitment and processes to ensure it takes place. For example, parents can be involved in developing and reviewing their centre's policies. However, Stonehouse also highlighted the need for sensitivity with regards to parent confidence and background, and cautioned against potentially tokenistic parental involvement.

Why is collaboration important?

Collaboration between children's services and families shows children that the service is highly valued, a safe place to be, and promotes feelings of belonging and connectedness, which are protective factors for mental health and wellbeing. In addition, both the family and the staff possess valuable information about the child, and sharing this information in an effective way contributes to the quality of the service received by the child and family. The value and impact of parental involvement on early childhood services has been shown by Australian (Elliott, 2003) and international research studies (Arnold, Zeljo, Doctoroff, & Ortiz, 2008; Galinsky, 2006; Webster-Stratton, Reid, & Hammond, 2001). Further, ensuring that families understand the positive impact of ongoing quality care on children's development has been identified as being important for children's wellbeing (Thompson & Nelson, 2001). Meaningful, ongoing communication between parents/carers and teachers and early childhood educators is pivotal for building

collaborative partnerships. With respectful and caring relationships, staff and families are more able to work together to create positive learning experiences for each child (DEEWR, 2009). A good relationship between the family and staff is especially helpful if there are concerns about the child's development and where further consultation, assessment or early intervention may be required (Zero to Three, 2008). School and early childhood and care staff may be in a position to identify mental health risk factors that are related to the family context (e.g., problematic parenting styles such as harsh punishment and rejection, and high levels of family stress). Having a good relationship with families can enable staff to communicate their concerns in a more effective way and provide information and referral when required (Green, Everhart, Gordon, & Gettman, 2006).

However, a survey of newly graduated teachers by the Australian Institute of Teaching and School Leadership (AITSL, 2014) found that graduates of secondary programs indicated their pre-service education was least helpful in the area of involving parents in the educative processes. This finding suggests that the recent graduates felt somewhat unprepared for this aspect of their professional roles. And this finding is not restricted to recent graduates. A study by Askell-Williams and Cefai (2014) found that Maltese in-service teachers self-reported relatively low capabilities for providing support to parents for promoting children's mental health.

In the next section of this chapter we present data from the evaluation of the KidsMatter initiatives to highlight the significance of families and caregivers as an integral part of any early childhood or school-based initiative to address the mental health and wellbeing of young people. The studies reported in this chapter have the potential to provide information that can support pre-service and in-service teachers to be better prepared for their work with families and parents/carers.

Findings from the KidsMatter Primary and KidsMatter Early Childhood Evaluations

In this chapter we have argued for the importance of teachers and educators reaching out to, and understanding the needs of, parents/carers in relation to their child's development. In the following section we report two components of our evaluations of KidsMatter (Slee et al, 2009; 2012). In Study 1, focus groups were conducted with a range of parents/carers from a subset of 10 of the 101 KidsMatter primary schools. The 10 schools were selected to represent a range of geographic locations, socio-economic status and progress with implementing KidsMatter. Parents/carers were asked about their opinions and experiences with KidsMatter in their child's primary school. In Study 2, parents/carers and educators from the 111 early childhood and care centres involved in the KidsMatter early childhood initiative were asked to complete the Strengths and Difficulties Questionnaire (Goodman, 2001) about the children in their care.

Ethics

Ethics approvals, involving fully informed participation and voluntary consent, were received from the Flinders University Social and Behavioural Research Ethics Committee and relevant educational jurisdictions in each Australian state.

Study 1: The KidsMatter Primary Schools Parent/Carer Focus Groups

Method

The KidsMatter Initiative (pilot phase) schools arranged for parents/carers to attend 10 focus group discussions led by the researchers. The focus groups, which ranged in size from 4 to 10 participants, responded to prompts about the abovementioned four KidsMatter components, considering any changes they had noticed since KidsMatter was introduced into the school, particularly with regard to the school culture and their children's behaviour, confidence, mental health and general wellbeing. In the focus groups, a key aim was to seek information from parents/carers regarding the perceived

impact of KidsMatter in their school (Table 1). The thematic analysis used NVivo software to code and organise the participants' statements.

Results: Study 1

The thematic analysis of the focus group transcripts identified the need of parents/carers to feel welcomed and valued in the school and their need for mental health information where it was relevant to their situation. Excerpts, shown in Table 1, suggest that the broad impact of KidsMatter on parents/caregivers was related to their specific needs. As might be expected, it was apparent that only some parents/carers were involved with the school with regard to their parenting and their child's social and emotional development. If a need to engage with KidsMatter was perceived by a parent/carer, then the impact of KidsMatter was perceived as broadly positive. If parents/carers did not believe that they or their child warranted any contact with KidsMatter initiatives, then impact was less apparent in participants' statements. One understanding of the findings from the focus groups is that a school's outreach to parent/carers needs to be active in order to engage parents/carers with programs that the school is running, and to inform them about the resources available to them to assist with their parenting. The challenge is whether school leaders and teachers regard this as part of the 'core business'.

Another important question relating to the delivery of social and emotional wellbeing programs concerns whether parents provide reliable information regarding their child's mental health: this issue was taken up in the KidsMatter Early Childhood evaluation (Slee, Murray-Harvey et al, 2012).

Table 1: Parent/caregivers' perceptions of the impact of KidsMatter in a variety of areas

Theme	Exemplar Statements
Perceived relevance of KidsMatter	It's a bit daunting for parents because they think…"*Oh there's nothing wrong with my child*..I don't have an emotional problem. There's nothing mentally wrong with my child…*Parent* (School 6). "it's got massive potential. I couldn't say that I've seen a lot of change but if KidsMatter as a concept is injected into all parts of schooling, then it can have an enormous effect on kids." Parent (School 1)
Positive personal impact	…" I'm still learning where my breaking point is... I hope I never have to find out where it is…I've certainly come close a lot of times, *but I've found so many strategies from this room. Parent* (School 6) …*"My son was talked to by the Principal* that runs this….to see if he was OK…That's where that KidsMatter came into it...It was like…*your wellbeing is very important*…you can't…don't...sit back. You have to come and tell us and that's good in a way. *Parent* (School 1) …"Then we got told we had *our parent room*. I was like, alright this is perfect. I threw myself into everything – all the books. We've got lots and lots of books… We've got leaflets and books on everything – losing families; losing parents; losing mother, fathers, grandparents…. As parents if we're struggling with our children in certain areas, we can then come in here, get the information; we can talk to any of the teachers. *Parent* (School 6) "This KidsMatter thing's great. It's all about doing the right thing by other people, but I suppose that's got to be taught at home as well and backed up at school." *Parent* (School 1)
Staff commitment had an impact	… *you can't have KidsMatter in half a dozen teachers.* There's 40 teachers in this school and they all need to be on board. They all need to be speaking the same language *Parent* (School 6) "That's where that KidsMatter came into it. It was like, your wellbeing is very important, you can't – don't sit back. You have to come and tell us [teachers]… So they're very good like that where if something has happened – they're very inviting to let you in – children and parents …" *Parent* (School 4)

Study 2: The KidsMatter Early Childhood Initiative Educators and Parents/Carers completion of the Strengths and Difficulties Questionnaire

Parents as Informants Regarding their Child's Mental Health

In terms of assessing young children's mental health, a question that arises is whether parents are better able than educators to assess the status of their child's mental health. A commonly used mental health screening instrument for children is Goodman's (2001) Strengths and Difficulties Questionnaire (SDQ). This instrument has been used in the

Longitudinal Study of Australian Children (LSAC, Sanson et al., 2005) and it was also used in the KidsMatter Primary initiative. Three different versions of the SDQ have been developed for use with teachers/educators, parents/carers and youths (self-report measure). Both the parent/ carer and teacher/educator SDQ versions were used in the KidsMatter Early Childhood evaluations. The measures permitted not only an investigation of young children's mental health difficulties, but also an investigation of whether the most informative assessment of a young child's mental health is from parents/carers or educators, or whether there is no difference between the two informant sources.

Method

Parents/carers and educators completed the SDQ about the children in their care at the beginning of the pilot KidsMatter initiative in early childhood and care services located in different states and territories in Australia. De-identified SDQ data was obtained from 2,496 parents/carers. Of these 89.9% were matched with an SDQ completed for the same child by an educator whilst 253 (10.1%) could not be matched. Accordingly, two SDQ measures were completed for 2,243 children from 104 KidsMatter early childhood education and care centres.

The Parents/Carers

Most of the parents/carers (92.2%) were female; a small proportion (2.4%) were Aboriginal or Torres Strait Islanders; 13.5% spoke a language other than English at home. Each parent/carer completed an SDQ about one child they were caring for. Nearly all of the children (99.5%) were living with the parent/carer who completed the SDQ about them. The average age of the parents/carers who completed the SDQ was 35.5 years (S.D. = 5.7 years) and ranged from 18 to 69.

The Children

According to parents/carers, 50.1% of the children were male. The average age of the children was 3.8 years (S.D. = 1.1 years), although two out of three children (66.6%)

were aged from 4-6. On average, the children spent 19-21 hours a week in their respective early childhood and care centre.

According to the educators, a small proportion of children (6.9%) needed professional help with social, emotional or behavioural difficulties. Approximately two-thirds (66.9%) of these children, according to the educators, received assistance for these difficulties. The smallest group of children (2.8%) were from the Northern Territory. Approximately equal proportions of children were from the other Australian states/territory ranging from 12.0% - 16.9%.

Most of the educators (95.1%) reported that they were the person who usually cared for the child whilst he/she was attending the centre. Not all of the educators who completed the SDQ for children provided identification details. The number of educators who completed SDQs for children ranged from 20 in the Northern Territory (for 63 children) to 85 (for 379 children) in New South Wales (see Table 2). Educators provided SDQ information for an average of 5 children each. SDQ data for only 41 (1.8%) children was not complete and was excluded from the analysis.

Table 2: Number of educators and parent/carers from different Australian states and territories that completed an SDQ for the children

	Educators		Parents/Carers		Children	
	number	%	number	%	number	%
ACT	51	11.3	283	12.6	283	12.6
NSW	85	18.8	379	16.9	379	16.9
NT	20	4.4	63	2.8	63	2.8
Qld	59	13.0	323	14.4	323	14.4
SA	67	14.8	303	13.5	303	13.5
TAS	52	11.5	264	11.8	264	11.8
VIC	67	14.8	358	16.0	358	16.0
WA	52	11.5	270	12.0	270	12.0
	453	100.0	2243	100.0	2243	100.0

Results: Study 2

A quantitative analysis of the SDQ responses given by parents/carers and educators found a significant positive correlation ($r = 0.45$) between the parents/carers' and educators' assessments of 2,243 children.

Confirmatory Factor Analysis using MPlus showed that the parent/carer SDQ model showed adequate fit with the data when one item was dropped from the conduct problems sub-scale (see Figure 1). However, measures of peer problems, conduct problems and emotional symptoms provided by parent/carers showed poor reliability (H=0.58, H=0.68, and H=0.65, respectively). For educators, the SDQ confirmatory model showed an adequate fit with the data after three pairs of variables were correlated, and one item (the same as the one in the parent model) was dropped from the conduct problems sub-scale (see Figure 2).

However, the best model fit was obtained when the SDQ information provided by both educators and parent/carers was combined and analysed in one model. This model, shown in Figure 3, suggests that the SDQ assessments of young children's mental health difficulties are best undertaken by both the parent/carer and the child's educator providing information about the child.

While this example has been for an assessment of young children's mental health difficulties, it seems reasonable to suggest that all evaluations and decisions about a young child's psychological dispositions should be determined through collaborative discussions between parent/carers and the child's educator.

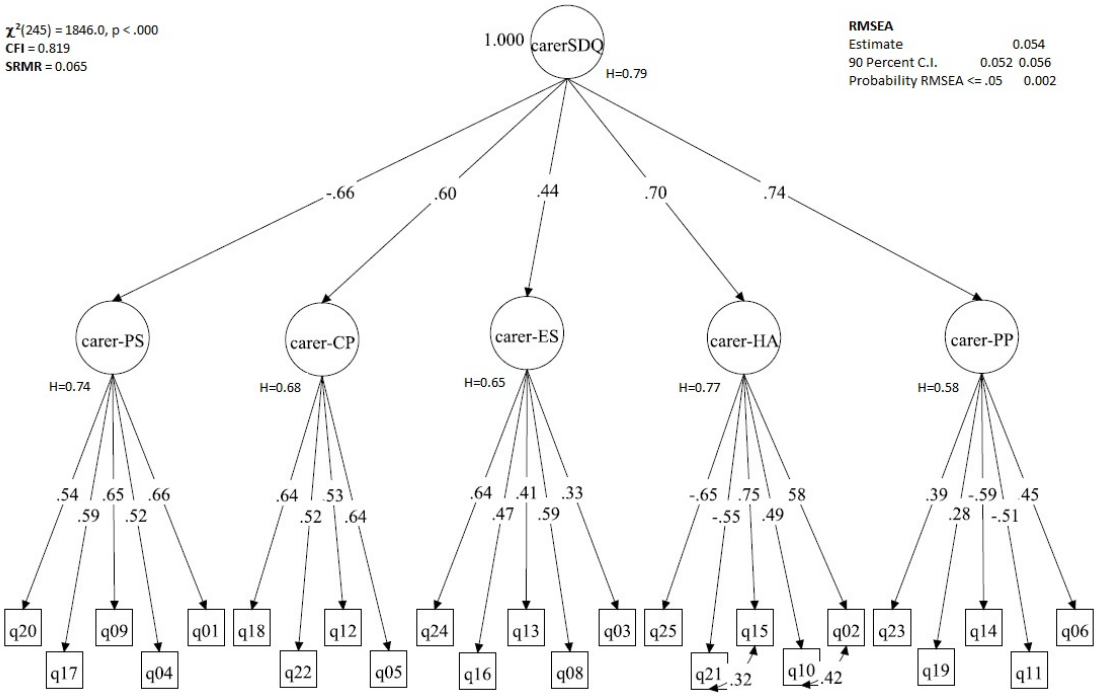

Figure 1: CFA of carer SDQ

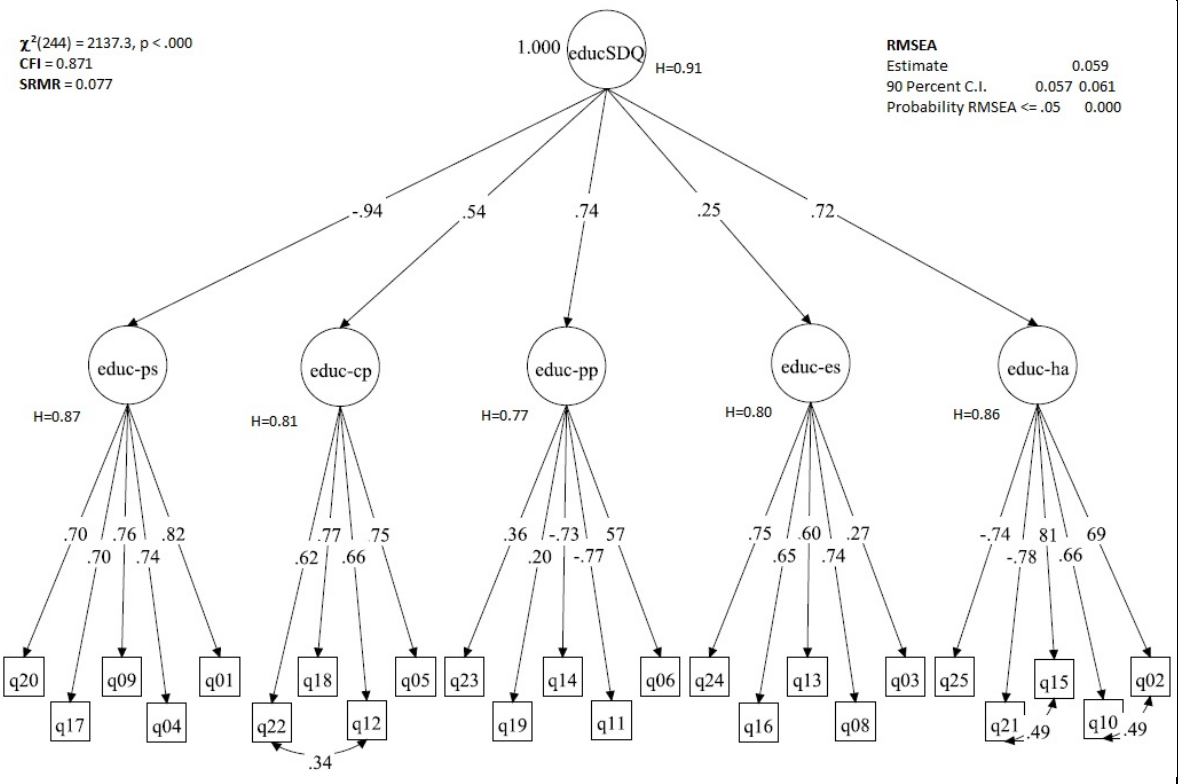

Figure 2: CFA of educator SDQ

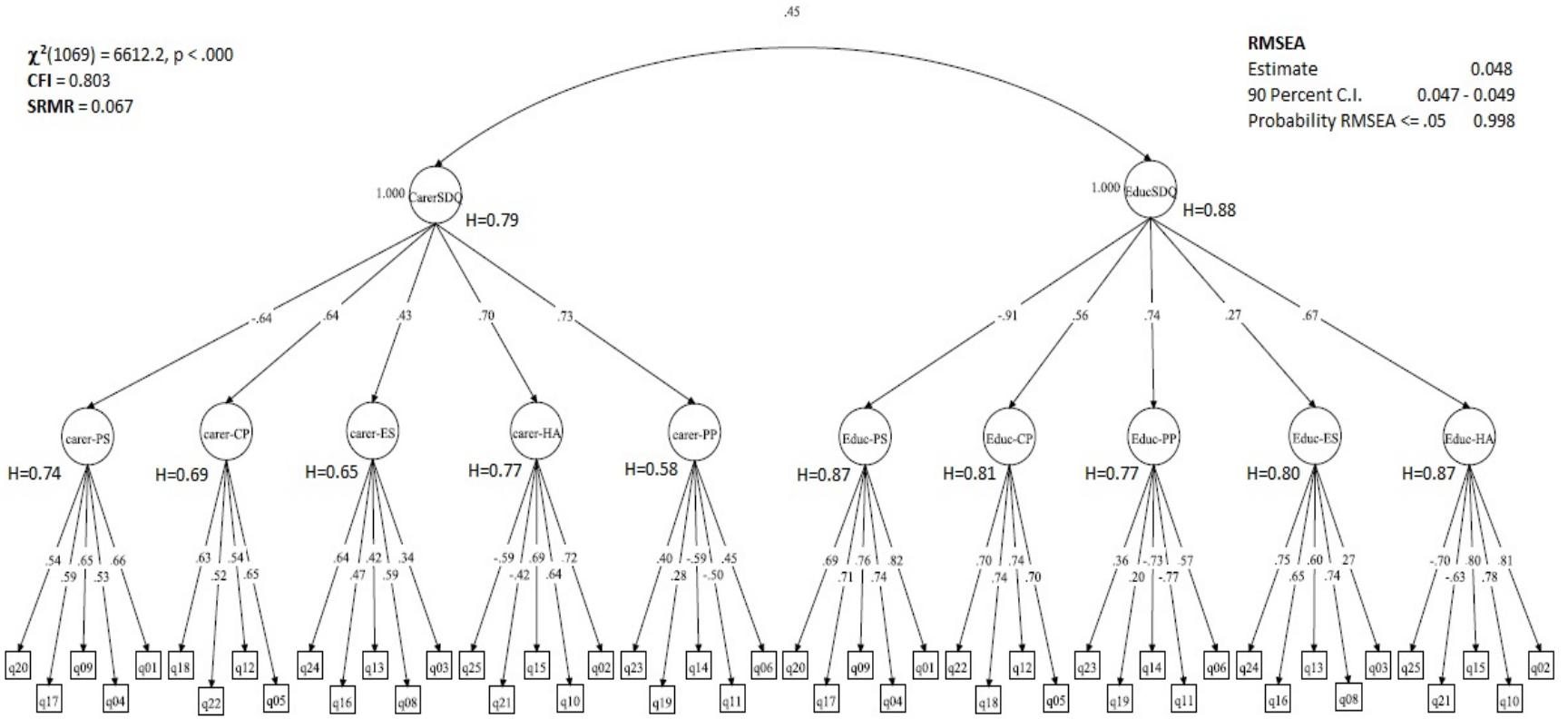

Figure 1: Confirmatory Factor Analysis of combined educator and parent/carer SDQ assessment

Conclusion

In the Australian context, Federal policy mandates that educational institutions should actively engage with families and parents/carers as part of the education of young people. Moreover, internationally, the evidence is that educational institutions can provide a significant and effective setting for mental health promotion, such as the delivery of social and emotional programs. In this chapter, our focus has been on the nature of parental/caregiver involvement with schools and early childhood education and care organisations during the delivery of initiatives to promote young people's wellbeing and mental health. Data obtained by the authors from national evaluations of the KidsMatter mental health promotion initiatives has been used to highlight parent/carer perspectives and the value of parent/carer and staff collaboration.

Study 1 reported in this chapter demonstrated that parents/carers who engaged with KidsMatter reported positive impacts from that engagement. Study 2 showed that the best assessment of children's mental health status occurs when assessments by parent/carers and educators are pooled. In terms of achieving good quality early diagnoses that can lead to early intervention and prevention, this finding speaks to the importance of parents and educators sharing knowledge and information, and of involving both parents/carers and educators in decisions that affect children.

Families and parents/carers are an integral part of the successful delivery of school-based and early childhood and care centre-based initiatives. As illustrated in this chapter, it is imperative that schools and early childhood and care centres find ways to actively reach out to collaborate, share decision making, and work with families in the delivery of programs.

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