

## Research Snapshot

# Teacher and parent views on children's additional health and developmental needs: Implications for use of school and community services



## Background

Research suggests that 1 in 5 children entering school have additional health and developmental needs (AHDN). AHDN can have a profound impact on children's school experiences. Children with AHDN tend to start school with lower levels of early academic and social-emotional skills, and have poorer academic results by the end of primary school.

An important way to promote the best school pathways for children with AHDN is by involving all the stakeholders involved with their care in a **coordinated** effort to address the child's individual needs. This includes their parents, teachers, and their medical or allied health professionals. To build and implement a coordinated plan, these stakeholders need to have a shared understanding of a child's difficulties and associated needs.

Previous research has shown that the perspectives of these stakeholders do not always coincide (see [hyperlink to previous research snapshot: Teacher and parent views on their children's additional health and developmental needs]). Parent and teacher perspectives are particularly likely to differ when children come from

disadvantaged backgrounds, or where parent-school partnerships are weaker. This is concerning because a lack of shared understanding may be a barrier for children being able to access or pursue appropriate services and support.

## Aims

This study aimed to investigate how parent and teacher perceptions of children's AHDN relates to the use of services. Specifically, this study explored whether consistency in parent and teacher perspectives predicted children accessing additional services at school or in the community.

## Study details

The Longitudinal Study of Australian Children (LSAC) is a nationally representative sample of two cohorts of Australian children which commenced in May 2004. The LSAC Birth (LSAC B) cohort is linked to results from the Australian Early Development Census

(AEDC; [www.aedc.gov.au](http://www.aedc.gov.au)), a teacher-reported checklist of children's health and development in the first year of school. AEDC data was linked for those LSAC children who were in their first year of (compulsory) full-time schooling in 2009, coinciding with the three-yearly AEDC data collection.

Parents in LSAC report on the use of services. Services at school examined in this study included speech therapy, psychological services, learning support, behavioural management and other school services. Services in the community included maternal and child health nurse visit, speech therapy, hospital emergency ward, hospital outpatient clinic, guidance counsellor and other psychiatric or behavioural services.

Teachers report on children's AHDN in the AEDC. Children formally designated as having special needs within the school system (about 4% of children) require parent and teacher agreement to receive this status. Those children were not the focus of this investigation and were not included in the analyses.

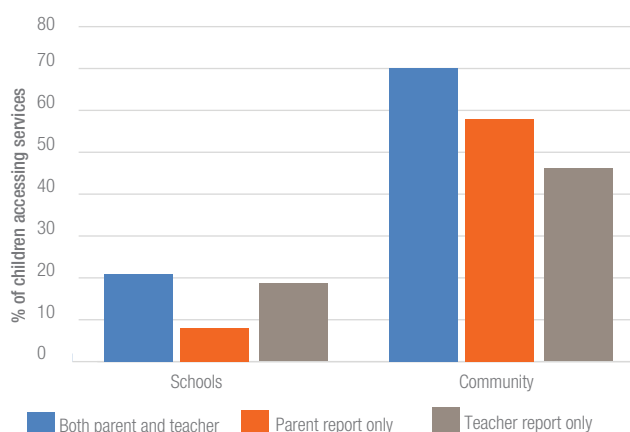
## Key findings

Many children were identified as having some AHDN by either their parent or teacher. Of those with some AHDN identified, 35.3% had parent-only report of AHDN, 48.9% had teacher-only report, and 15.8% had consistent parent and teacher reports.

Only a small proportion of children with AHDN identified by their parent and/or teacher had accessed any additional services in the school setting (15.2%), but use of additional services in the community was higher (53.7%). A larger proportion of children with consistent parent and teacher report of AHDN accessed services in both settings, compared to children with inconsistent reports (Figure 1).

Statistical analysis accounting for other factors that might impact on both identification of AHDN and service use (e.g., disadvantage) confirmed that children with parent-only reports had significantly lower odds of accessing school services than if they had consistent parent-teacher reports. In the community setting, children with parent only and teacher only reports of AHDN had significantly lower odds of accessing services than those with consistent reports.

**Figure 1. Percentage of children accessing services at school or in the community, according to consistency in parent and teacher reports of AHDN.**



## Implications

Having coordinated supports built on a shared understanding of children's needs is considered critical for supporting children with ADHD to establish positive educational pathways at school. These results show that parents and teachers often bring different perspectives to understanding children's needs for additional support. Results from this study suggest that a shared understanding of a child's AHDN between parents and teachers is relevant to service use in both the school and community setting.

In countries such as Australia where funding to support children with AHDN is primarily diagnosis-driven and focuses on severe impairment, moving to a broader framework centred on children's functioning could be a positive step [hyperlink to snapshot: Pathways through school for children with additional needs]. Strengthening home-school partnerships is also a potential point for intervention, as strong relationships between parents and teachers can help to foster communication about children's individual needs.

Health practitioners also have an important role to play in supporting the development of a shared understanding between stakeholders, and can act as a bridge between families and schools. A medical home model, where care is coordinated and personalised, could provide early identification of AHDN and facilitate appropriate sharing of information across parents and teachers, as well as providing appropriate services and resources. Within the school setting, a school nurse or psychologist could be an appropriate person to be the driver of the coordinated care model.

## For further details

### Details of the research paper

For full technical details of this research see:

O'Connor, M., Rosema, S., Quach, J., Kvalsvig, A., & Goldfeld, S. (in press). Special health care needs across the school and family contexts: Implications for service utilization. *Academic Pediatrics*.

A full list of references used in the development of this snapshot is available online [link](#).

### About research snapshots

Research Snapshots provide a brief and accessible overview of research being undertaken in relation to the AEDC. This project was funded by the Australian Government under the AEDC program. For further information and resources consult the AEDC website: [www.aedc.gov.au](http://www.aedc.gov.au).

### About the organisation

The Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood and behaviour for over two decades. The CCCH conducts research into many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early. By working collaboratively with leaders in policy, research, education and service delivery, the Centre aims to influence early childhood policy and improve the capacity of communities to meet the needs of children and their families. CCCH is a department of The Royal Children's Hospital and a research group of the Murdoch Childrens Research Institute: [www.rch.org.au/ccch](http://www.rch.org.au/ccch).

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Since 2002, the Australian Government has worked in partnership with eminent child health research institutes, Centre for Community Child Health, Royal Children's Hospital, Melbourne, and the Telethon Kids Institute, Perth to deliver the Australian Early Development Index programme to communities nationwide. On 1 July 2014, the Australian Early Development Index (AEDI) programme became known as the Australian Early Development Census (AEDC), and was launched through a new website [www.aedc.gov.au](http://www.aedc.gov.au). The Australian Government continues to work with its partners, and with state and territory governments to implement the AEDC.