EVERY CHILD EVERY CHANCE

PRIORITY AREA: GREAT START TO SCHOOL FOR ALL KIDS

–

VISION AND OUTCOMES WORKSHOP

15 SEPTEMBER 2021, 1-4PM

OCTOBER 2021

ACKNOWLEDGEMENTS

Acknowledgement of Country

Allen + Clarke acknowledges the Traditional Custodians of the land we work on and the communities that we work with. We acknowledge their history, culture and Elders past, present and emerging.

The original artwork in our Acknowledgement of Country was produced by **Emma Walke**. Emma is a Bundjalung Aboriginal woman from northern NSW.

CONTENTS

TABLES

FIGURES

ALLEN+CLARKE
CONSULTING

1. BACKGROUND

'Great start to school for all kids' is one of the five 'Go Goldfields' Every Child, Every Chance' change priority areas:

1. Healthy and supported pregnancies
2. Confident and connected new parents
3. Safe and secure children
4. Valued early years education and care
5. **Great start to school for all kids**.

These five areas are intrinsically linked, and together contribute to the overall vision of ensuring **every child** in Central Goldfields Shire, has **every chance** to grow up healthy, safe and confident.

The underpinning principles of work in 'Every Child Every Chance' priority area are:

- engagement with the community
- the use of robust evidence and data to inform our work
- involvement of people with lived experience in co-designing solutions
- the use of partnerships to increase impact
- to ensure activities are respectful and culturally safe
- to embed empathy for the life experiences of others.

The 'Great start to school for all kids' priority area is primarily focused on supporting children and their families in the early years of their education journey.

This workshop brought together key and influential stakeholders/partners willing to collaborate to develop a shared vision for this specific area, identify gaps, and collaboratively develop projects.

1.1. Workshop goal

To develop a shared vision for change and use evidence to determine collaborative outcomes for the 'Great start to school for all kids' change area.

1.2. Workshop outline

The half-day workshop comprised four sessions:

1. **Presentation and sensemaking of data**

   This included a presentation of Australian evidence and local data to assist participants to understand the current context, services operating, and gaps in both services and data. A brief sensemaking discussion was held to ensure the data was accurate, up to date, and to obtain additional insight from service representatives.

2. **Defining the problem**

This session was designed to draw upon the evidence presented, and participants' collective expertise and knowledge; to begin to understand how to improve things by first defining the problem. This session involved using a hypothetical case study that reflected some of the common complex experiences of children and their families; to explore service and system gaps and the issues families face. Participants worked in two small discussion groups, and then presented their findings to the entire group. From these discussions, the focus was to develop a problem statement(s).

3. **Developing a collaborative vision**

   Building on the data and problem defining sessions, a brainstorming session was undertaken to develop ideas for a vision. The group worked as a collective to merge these ideas and define a vision statement for the working group.

   Using outcomes to achieve the vision

4. Outcomes are a tangible way to move from the problem statement to progressing towards a vision. This session was designed to develop a set of outcomes that that could provide the basis for an action plan using a program logic model.

1.3. Participants

A list of potential participants from local and regional services relevant to the 'Great start to school for all kids' priority area were invited to attend the workshop.

A list of workshops participants, including the participant's name, role, and organisation, are outlined below.

Table 1: Workshop participants

Name	Role	Organisation
Carolyn Tynan	Teacher	Carisbrook Primary School
Chrissy Drummond	Principal	Carisbrook Primary School
Veronica Hutcheson	Community Services Manager	Central Goldfields Shire Council
Fiona Davis	Look Out Early Years Adviser	Department of Education and Training (DET)
Gary Perrott	Educational Improvement Leader	DET
Lorraine Sanderson	Advisor Early Years Education Branch	DET
Lucy Medley	Manager Early Childhood Improvement Branch	DET
Natalie Potter	Look Out Early Years Advisor	DET
Carla Scholes	Teacher	Dunolly Primary
Carolyn Bartholomeusz	Manager	Go Goldfields

ALLEN+CLARKE
CONSULTING

Name	Role	Organisation
Rebecca Buchanan	Coordinator	Goldfields Family Centre
Alisha Orchard	Speech Pathologist - School readiness	Maryborough District Health Service (MDHS)
Emily Robertson	Speech Pathologist - School readiness	MDHS
David Sutton	Principal	Maryborough Education Centre (MEC)
Kelsey Chandler	Assistant Principal	MEC
Cobi Sharp	Assistant Director	Roseberry House Early Learning Centre
Andrew Tatchell	Principal	Timor Primary School
Kaitlin Neil	Early Years Area Director	Young Men's Christian Association (YMCA)
Vicki Dobson	Director Children's Services	YMCA
William Morgan	Workshop Support	Allen + Clarke Consulting

2.   WORKSHOP SESSIONS

2.1.   Session One: Presentation and sensemaking of data (summary)

2.1.1.   Process

Allen + Clarke presented a summary of the data from both the evidence and local data sets. A full list of the data sources and findings is available in [Appendix 1](#).

The subsequent group discussion focussed on the data findings, which was structured around key themes.

2.1.2.   Summary of discussion

The group discussed several key findings with implications for the 'Great start to school for all kids' working group and services. A summary of the main discussion points is outlined below:

- **Limited access to health services to support families being 'school ready'**

    A lack of specialist health services was discussed as an issue in Maryborough especially in relation to paediatricians and mental health services available locally. Discussions also focussed upon services such as occupational therapy and speech therapy that were limited or unavailable locally and had long wait lists in neighbouring cities. It was reported that families were hesitant to go onto the National Disability Insurance Scheme (NDIS) as there was additional wait times attached to accessing services through the scheme.

- **Local services have limited resources and capacity**

    Discussion focussed upon the limited capacity of services available locally such as speech pathology with staff and resources currently overextended. This has been exacerbated by these services struggling to attract and retain staff to Maryborough to build local professional capacity.

- **Parent challenges to engage with, and access services**

    A number of issues were discussed in relation to family's ability or capacity to access services. The group discussed the lack of awareness within the community of what services offer and how to access the services. A lack of access to transport was discussed as a barrier to getting to services not offered locally. The group also reported a perceived sense of family's unwillingness or motivation to access services, especially if there are long wait lists. School staff reported supporting families to access services such as writing letters to GP's but had limited capacity to do this, and it was hard to maintain momentum with long wait lists and families who were hesitant to engage.

ALLEN+CLARKE
CONSULTING

2.2. Session Two: Defining the problem

2.2.1. Process

Workshop participants, with a mix of service provider experience, examined a complex hypothetical case study using a person-centred journey approach. This approach provides a visual mechanism for exploring the timeline of the persons experience with consideration to health and broader service touchpoints.

By examining different (touch)points along the timeline, specific gaps and problems can be easily identified at different stages, and cumulatively build a broader picture of needs and service provision.

Participants were asked to define where problems or services gaps occur across three stages of a child's early education journey: three-year-old kindergarten, four-year-old kindergarten and the first year of school.

2.2.2. Summary of discussion

A summary of the main discussion points is outlined below:

- **Parents issues with access to service**
  - It was identified that parents have may capacity issues which impact their ability access services and associated supports. This may include practical issues such as a lack of transport, or logistical issues (multiple drops offs) which can impact children attending kindergarten at the correct dose or at all. Parents may also have had negative experiences with services and be reluctant to seek help or support.

- **Interservice communication and collaboration**
  - Differences exist between how services work effectively together to support a child's transition, including between kindergartens and schools, and between maternal child health services and kindergartens. It is important that information be shared between services in ways that is effective and systematised.

  - The group discussed that existing transition statements varied in terms of the detail included and quality, and subsequently the usefulness for schools. Transition statements are prescribed by the Department of Education and use a strength-based approach. Whilst this is appropriate, schools need to understand the child and family context to assist the child transition to school. To improve transition statements the group believed that transition statements should be reflective of what teachers need to know. The group believed ongoing communication was required between kindergarten teachers and foundation teachers at primary school building upon the transition statements, to enable a comprehensive understanding of children coming into school and build upon what kindergartens have already developed to work with each child.

- **Navigation of complicated and varied systems**
  - The different systems and the complexity of the systems within the education sector was discussed as an issue. Each system has different eligibility and funding requirements which makes it challenging to navigate. In addition, systems do not 'talk' to each other, putting pressure onto parents to navigate

multiple, variable systems within the education sector (day care, kindergarten, schools, and after school care). This becomes especially complicated when children have additional needs and have health and social services involved, again, with different eligibility and application processes. This can result in additional delays in accessing support for children and financial assistance for families, but also importantly in delays of identification and support of children with additional needs and developmental delays.

- With the introduction of speech pathology to kindergartens there is an opportunity to capture delays prior to school and ensure children's needs are adequately communicated from kindergartens to schools. Speech pathologists are working with kindergartens on effective transition statements and with foundation teachers for an effective handover of case work and assistance with transition.

2.2.3. Developing a problem statement

Following participants' exploration of the issues through the data session and case study discussions, the group agreed that there were three main constructs:

- Children and families are vulnerable with limited ability or capacity and require support to navigate the education sector and where required navigate health and other support services in parallel.

- There is limited access to [health] services to support families in Maryborough, due to the high local need and the limited availability of local qualified professionals. This can mean undiagnosed developmental delays, or insufficient support for families for the child to start school 'ready'.

- Both the education system and the health system are complex, hard to navigate and do not effectively work together within or between sectors to support families as the child grows and progresses through education.

The following draft problem statements were developed by *Allen + Clarke* based off the above-mentioned discussion.

Suggested problem statements:

"Vulnerable children and families need support to navigate complicated systems as children progress through education."

"The service system is locally insufficient to meet need, and currently does not work effectively to meet family's needs to support a child's start to school."

Further work is required by the working group to refine the problem statements.

ALLEN+CLARKE
CONSULTING

2.3. Session Three: Developing the vision

2.3.1. Process

Using the case study and person-centred journey mapping approach applied in the previous session, participants were asked to brainstorm ideas and solutions that addressed identified gaps and problems across the early stages of the education journey: three-year-old kindergarten, four-year-old kindergarten and the first year of school.

The group discussion focussed on how supporting children and families early and how systems could work better together to enable a consistent approach to starting school and supporting families in achieving in this. Key ideas and discussion points included:

- Recognition that connection of the whole system is required-moving through each stage of the education journey is important.

- It is important to support the earliest intervention possible- identification of child's needs and highlighting importance of maternal child health; and ensure that parents are supported.

- There is a need to assist in material supports -connecting families to material support. This includes linking families in early to financial assistance and assisting families to apply for funding to support additional needs children.

- It is important to have good quality services that address the community needs.

- To support Aboriginal children and ensure cultural needs are met, cultural audit tools are available that can be used across services within the education sector but could also be used early in a child life course within health services (for example: MCH nurses).

- It is critical to have consistent and effective collaboration between early childhood services in Central Goldfields, and an understanding what good practice looks like.

- For educators to do their best work, they need to be able to identify where a child is at, what they need, and support them on their education journey.

- A structured, consistent, and comprehensive approach for transition between kindergarten and school is required, building on existing transition statements.

- It is important that students feel 'ready' for school, where everyone is doing what they can, where possible, to make the transition in safe and supported environments.

After discussing potential solutions, the group were asked to reflect on an appropriate vision statement.

2.3.2. Developing a vision statement

Suggestions for the vision statements included two key constructs:

- Every child and every family feel supported, prepared and ready for their educational journey (starts in childcare onwards-the entire system rather than school as the beginning-acknowledge that it starts earlier).

- Organisations, service providers and institutions are working together in a collaborative way to support families and build their capacities, so children engaged in school are feeling safe, supported and connected.

Additional work is required to finalise the vision statement, however a suggestion for a vision statement has been developed below:

> **Suggested vision statement:**
>
> *"Services work collaboratively and effectively together to support families to enable every child to feel prepared and 'ready' for their education journey"*

2.4. Session Four: Developing outcomes

The outcomes session was designed to assist the group to move from the problem statement(s) to a series of outcomes that contribute towards achieving the vision.

2.4.1. What makes a good outcome?

Allen + Clarke presented on outcomes, why they are used, and how to develop good outcomes. This presentation was designed to assist participants to understand how outcomes are important to develop progress towards the long-term vision.

2.4.2. Developing Outcomes for 'Great start to school for all kids' children priority area

Building on previous sessions and learnings, the group was asked to determine how the vision could be achieved through the development of outcomes.

A short group brainstorming activity was undertaken, with preliminary ideas for outcomes proposed and discussed.

Allen + Clarke have refined the outcomes statements as outlined in a draft program logic (see Table 2 overleaf). This logic model is designed to provide a map to operationalise activity under this priority area and ultimately progress on the vison. It has been informed by the outcomes, any current activities and any inputs discussed by workshop participants.

Table 2: Draft program logic for 'Great Start to School for all Kids'

[Draft] Vision: *Services work collaboratively and effectively together to support families to enable every child to feel prepared and 'ready' for their education journey*

Inputs "What resources are there?"	Activities 'What do you plan to do?'	Outputs: "What happened? What did you achieve?"	Short-term outcomes "What will be different if activities are competed?"	Medium-term outcomes "What changes will happen as part of the program?"	Long-term outcomes
			• Families are included as part of the transition process • Services provide assistance to build parents capacity and confidence to support their child • Services assist families to access support required (material needs, transport, referrals)	• Families are engaged and participating in their children's education • Parents feel confident and empowered to support their child • Families have what they need to support their child to start school	Children and families feel ready for school
	• Transition statement activity: Central Goldfields education services work together to modify current transition statements to include critical information for schools • Development of a communication strategy/collaboration approach between MCH/ECEC/schools for sharing of information • Development and pilot of comprehensive systemised transition approach		• A comprehensive transition approach is developed (building on existing transitions statements) • Services across sectors improve connections and communication to improve early intervention	• Early childhood and foundation educators are connected and communicating effectively • Health and education services are connected and communicating effectively • Families experience transitions that meet their needs	Services across sectors work in a collaborative and effective way to enable the 'best' start to school

3. NEXT STEPS

Following the workshop, the next step is to form a 'Great start to school for all kids' priority area working group. The working group will then further refine the vision and begin to build outcomes.

Following this, the working group could begin to populate the draft logic model with current and planned activities, other inputs and potential outputs, as collective thinking in the working group's progresses.

ALLEN+CLARKE
CONSULTING

APPENDIX 1: DATA AND DATA SOURCES USED IN THE WORKSHOP

GREAT START TO SCHOOL FOR ALL KIDS

Research and Data Mapping

1.   GENERAL THEMES

- **High rates of vulnerability exist in Central Goldfields (SEQH 2020)**
    - Low socioeconomic status SES
    - High rates of single parent families
    - High rates of family stressors (including family violence, drug and alcohol use and mental illness)
    - Significant rates of disability, developmental delay or learning disability
        - High rates of development and behavioural problems.

- **Children are not attending recommended hours of kindergarten (RSTO 2019, SEQH 2020)**
    - Only 29% of eligible cohort of children are attending recommended 15+ hours of early childhood education and care (ECEC) in the year before school
    - Nearly 50% of eligible children are attending between 10-14 hours of ECEC in the year before school
    - Approximately 21% of eligible children are attending less than 10 hours of ECEC in the year before school.

- **Significant proportion of the population starting school at risk or vulnerable (AEDC 2021)[1]**
    - Approximately 20% of Central Goldfields children are at risk or vulnerable on AEDC domains
    - The trend of vulnerability has remained consistent over the last decade (data not shown).

- **Quality, available and accessible early intervention services are critical (SEQH 2020)**
    - Significant service demand in the population for paediatric services
        - Is there sufficient service provision to meet demand?
    - There is insufficient supply of audiology and speech services in the community
    - No data is available on early intervention service provision for development and behavioural issues, although anecdotally, it has been reported there is an 18-month waitlist on service provision for development and behavioural issues

---

[1] Based on one school.

- There is a high unmet need for social services for the family unit (for example: AOD, family violence services).

ALLEN+CLARKE
CONSULTING

2. DATA AND DATA SOURCES

2.1. School Entrant Health Questionnaire (SEQH) (2020)[2]

The School Entrant Health Questionnaire (SEHQ) is a parent report instrument that records parent's concerns and observations about their child's health and wellbeing as they begin primary school in Victoria. Key data relevant to this priority area are outline below.

2.1.1. Demographics-general and risk factors

There are high rates of social disadvantage compared to the rest of the state:

- Socio-economic status (SES) disadvantage
- Single parent families
- High rates of disability
- High rates of all family stressors
  - Family violence
  - Drug and alcohol use
  - Mental illness.

Table 3: Demographics and risk factors: Outcomes for Victorian Children at School Entry-Central Goldfields

Child and Family Demographics	LGA	LGA	NON METRO	VIC
	Number	Percentage	Percentage	Percentage
Aboriginal and/or Torres Strait Islander children	NDP	**0.9**	4.1	2.0
Children living in an area with the most socio-economic disadvantage	104	**99.8**	29.7	21.1
Children living in an area with the least socio-economic disadvantage	NDA	**NDA**	7.1	18.5
Children who were not born in Australia	5	**4.7**	3.7	9.8
Children who speak a language other than English at home	NDP	**1.9**	2.5	11.0
Children who live with one parent (mother only or father only)	19	**18.6**	14.2	11.2
Children reported to have an intellectual disability, developmental delay or learning disability	14	**13.1**	8.5	8.2

---

[2] Victorian State Government -Department of Education and Training (2020). Outcomes for Victorian Children at School Entry-Central Goldfields

Family Stress	LGA	LGA	NON METRO	VIC
	Number	Percentage	Percentage	Percentage
Families experiencing high or very high stress during the month prior to the survey	15	**14.0**	11.8	10.0
Alcohol or drug related problem in family	10	**9.3**	6.0	3.6
History of abuse to parent	20	**19.6**	8.0	5.4
History of abuse to child(ren)	7	**6.5**	3.0	1.9
Parent witness to violence	NDA	**NDA**	NDA	NDA
Child witness to violence	15	**14.0**	5.2	3.5
Gambling problem in family	NDP	**1.9**	0.8	0.6
History of mental illness of parent	17	**16.6**	12.6	8.8

NDA – No data available

NDP – No data published, where the number of children is less than 5.

2.1.2. Health

- Rates of overall health, allergy and asthma are similar compared to the state or non-metro areas, however there is a higher need for oral health (19%) and speech services (29%-nearly double state average).

- There are high rates of development and behavioural problems to the state or non-metro areas.

Table 4: Children at risk of development and behavioural problems: Outcomes for Victorian Children at School Entry-Central Goldfields

Children at risk of developmental and behavioural problems	LGA	LGA	NON METRO	VIC
	Number	Percentage	Percentage	Percentage
Children at high risk of developmental or behavioural problems	29	**28.0**	22.9	23.8
Children at moderate risk of developmental or behavioural problems	23	**22.0**	27.3	28.2
Strengths and Difficulties Questionnaire				
Emotional symptoms	11	**10.3**	9.3	7.2
Conduct problems	19	**18.7**	13.8	11.4
Hyperactivity	17	**15.9**	12.4	9.7

ALLEN+CLARKE
CONSULTING

Children at risk of developmental and behavioural problems	LGA	LGA	NON METRO	VIC
	Number	Percentage	Percentage	Percentage
Peer problems	15	**14.1**	9.7	9.4
Pro social (positive social behaviour)	NDP	**2.8**	2.7	2.9
Total difficulties (score in the 'high risk' range)	14	**13.1**	9.8	7.4

NDA – No data available

NDP – No data published, where the number of children is less than 5.

2.1.3. Service use

- Service use is similar or higher as the rest of the state, with the exception of seeing an audiologist.

- Children participating in a kindergarten program is lower than the state comparable population.

Table 5: Service use: Outcomes for Victorian Children at School Entry-Central Goldfields

Service Use	LGA	LGA	NON METRO	VIC
	Number	Percentage	Percentage	Percentage
Children reported to have attended a Maternal and Child Health Centre for their 3 ½ year old check	82	**78.6**	73.3	70.5
Children reported to have been seen by an optometrist in the past year	25	**24.2**	18.4	16.2
Children reported to have been seen by a paediatrician in the past year	16	**14.9**	13.4	12.3
Children reported to have been seen by a dentist in the past year	70	**67.4**	54.3	49.9
Children reported to have been seen by an audiologist/hearing specialist in the past year	5	**4.7**	8.7	7.6
Children reported to have participated in a kindergarten program led by a qualified early education teacher	83	**79.7**	85.5	86.7

2.2. Restacking the Odds (RSTO) – Murdoch Children's Research Institute (2019)[3]

Restacking the Odds (RSTO) aims to *"reduce intergenerational disadvantage by creating a set of metrics and tools that can help push a reconfiguration of the existing service system through an equity and evidence lens; driving changes that result in the best quality services reaching the most disadvantaged areas of Australia."*[3]

Data from the Central Goldfields RSTO report relevant to this priority area is outlined below.

2.2.1. Early childhood education and care (ECEC)

<u>Quantity of ECEC services</u>

- There are sufficient ECEC services to meet demand.

<u>Quality (adjusted National Quality Standards)</u>

- ECEC services in Central Goldfields are at a higher quality standard compared to state and the Australian average, and significantly higher than other low Socio-Economic Indexes for Areas (SEIFA) areas.

<u>Participation</u>

- Low levels of children are attending the recommended number of hours in the year before school (2019), across the whole cohort and for groups of interest including Aboriginal and Torres Strait Islander (ATSI) children, children with a disability, and children of families on a health care card (HCC).
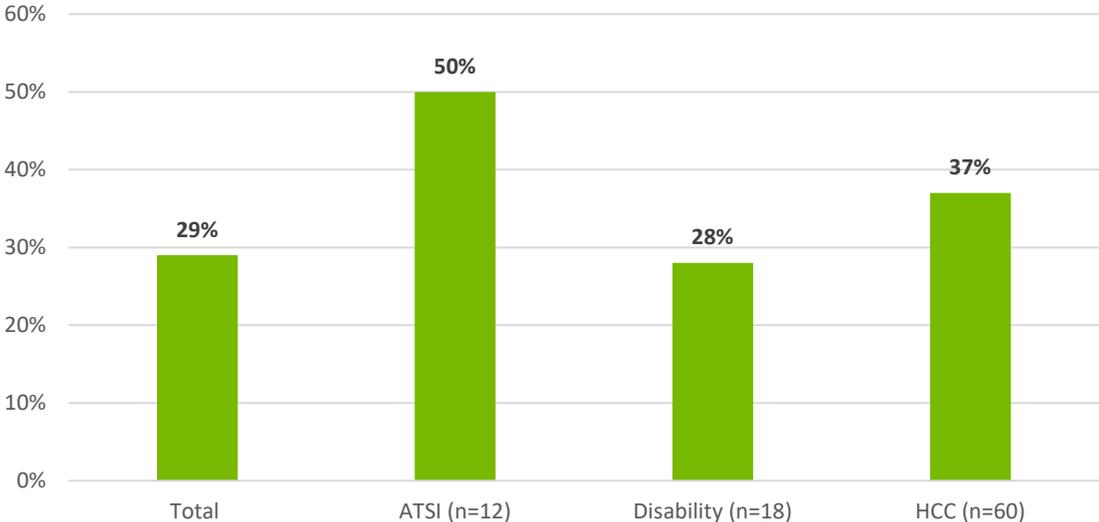

Figure 1: Percentage of children attending 15+ hours in the year before school

---

[3] Murdoch Children's Research Institute (2109). Restacking the Odds-Central Goldfields Analysis.

Details on attendance hours for the cohort included:

- Thirty-four per cent (34%) of children were attending 14 hours of ECEC.

- Fourteen per cent (14%) of children were attending 10-13 hours a week.

- The average number of hours children attending ECEC was 13.5 hours a week (kindergarten).

2.2.2. Early years of school

- Enrolled students were absent for 15 days (on average) of 200 school days in 2018.

- In the prep year this equates to over 90% attendance-in all six schools in cohort.

- Aboriginal attendance was just under 90% in prep year (i.e. low levels of sick days in prep year, which rose significantly in Years 1-3).

2.3. Australian Early Development Census (AEDC) data (2021)[4]

The Australia Early Development Census is a nationwide data collection of early childhood development at the time children commence the first years of school. The "*AEDC highlights what is working well and what needs to be improved or developed to support children and their families by providing evidence to support health, education and community policy and planning.*" [4]

Data is provided at the Local Government Area (LGA) level. Data relevant for this priority area are outlined below.

Figure 2: Proportion of children on AEDC domains
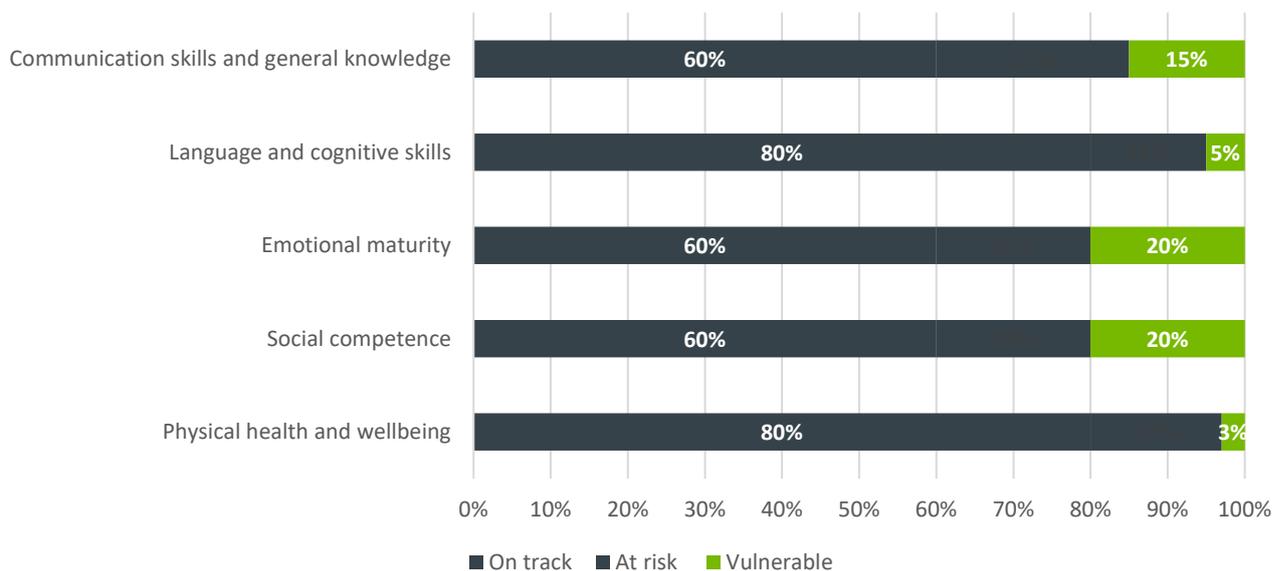
- Central Goldfields have improved on all domains since 2018-however data provided for the workshop was for only 1 school.

- Overall, less than 20% of the population is at risk or vulnerable on every domain

---

[4] Australian Early Development Census (2021). AEDC 2021 Preliminary School Snapshot

- Thirty-five per cent (35%) of the population are vulnerable on one more domain and 25% are vulnerable on two or more domains

- The trend is con consistent since 2008 for the proportion of the population identified as most vulnerable (15-30% of cohort) at risk or vulnerable

ALLEN+CLARKE
CONSULTING

2.4.   Central Goldfields Community Engagement Study (2020)[5]

As part of the ECEC initiative, a community engagement program was undertaken with parents and carers across the Shire in May 2020 to better understand challenges and facilitators or for raising Children in Central Goldfields. Overall, 145 parents and carers participated in a comprehensive survey, 64 participated in roving interviews and 12 in an in-depth telephone interview. The following information is drawn from this engagement study.

2.4.1.   School preparedness

Survey participants with children already at school were asked about their transition to school.

Majority of parents/carers responded child's transition to school was good, however some parents reported challenges, indicating that not all families experience school transition the same way. Some of the challenges reported included:

- Some parents reported an 'adjustment time' was required

- Challenges in transitioning due to the COVID-19 pandemic

- Challenges of the costs of starting school

- Challenges associated with having a child with additional needs.

- For others, particularly for single parent families and families with children with additional needs, the experience was less positive.

2.4.2.   Importance of attendance

Survey data indicated there was strong support from parents and carers in relation to the importance of attending school every day. Ninety per cent (90%) said it was either extremely important or very important.

Interviews with parents and carers confirmed these findings however parents reported that supporting and maintaining school attendance rates, reading skills, affordable public transport, and low cost/no cost after school activities were challenging.

2.4.3.   School readiness

Over half the parent and carer survey indicated that both themselves and their child were unprepared for school, suggesting that 'school-readiness' is about both the parent/carer and the child.

More fathers than mothers reported being unsure about their child's preparedness for school which could be seen as being consistent with gendered roles within families.

Compared with the general cohort, sole parents and parents and carers of children who had experienced trauma were more than twice as likely to report they were not prepared for school.

---

[5] Central Goldfields Shire (2020). Community Engagement Survey

2.4.3.1. Ideas to improve school readiness

When asked what would help transition to school, respondents reported several practical solutions.

- Educational and emotional support for themselves or their child (58%)

- More information on school and what is required from a parent (52%)

- Financial support for books, uniforms, etc. (50%)

- Forming relationships with teachers and educational aides (48%)

- Support to balance new demands of school with work and family life (46%)

- Knowing other parents and feeling included (46%)

- Assistance developing and maintaining routines (30%)

- Transport options/support (20%).

ALLEN+CLARKE
CONSULTING