ACKNOWLEDGEMENT

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Executive Summary

The Initial Contact Form is part of a School Focused Youth Service initiative, the Youth Positive Pathways project, funded by the Victorian Government through the Department of Education and Training (DET). Monash Health, auspiced by DET, is providing funding in order to make it easier for schools and community services to coordinate the care for vulnerable and at-risk young people. The Initial Contact Form (Youth Positive Pathways) partners include Department of Health and Human Services (DHHS), Department of Education and Training (DET), City of Greater Dandenong, City of Casey, Cardinia Shire, South East Local Learning and Employment Network (SELLEN), Monash Health, Connections and School Focused Youth Service.

This paper was commissioned to examine whether a single preliminary form capturing all the basic information about at-risk young people would streamline the referral process for schools when referring those young people to external services. The Initial Contact Form was tested and evaluated by schools and agencies in the South East region of Melbourne (South East) in two stages. The first stage evaluated the construction of the form itself together with the schools' current referral processes and the second stage evaluated use of the form by schools and agencies. Data from the first stage revealed that every school appreciated the value of having a single proforma to make referrals as well as for their record keeping processes. While referrals can be made from any point in the school, the responsibility lay mostly with the wellbeing team within schools. A majority of the survey participants regarded the form as a great resource for use at school welfare meetings and appreciated the digitised format of the form.

During Stage Two, all 51 respondents expressed the view that the form was simple, easy to complete and made the referral time-effective. An interesting revelation was that schools saw this form as improving their connection with agencies. The Initial Contact Form streamlined the referral process for 61% of the schools which ranged from the formal the informal referral and record-keeping processes within schools. A majority of the participants stated that they would adopt this form into their internal practice.

When the form was tested by agencies, they identified that a single form would be useful in saving time when processing referrals and would create a paper trail documenting the commencement of a referral. A substantial number of respondents believed that the form would be useful for care coordination meetings as well as for internal record keeping purposes. A high number of the survey respondents said that a digital form would be an improvement on their current practice because it would save time, it is environmentally and user friendly and it would make ease of information sharing between agencies. The topic of consent was brought up throughout the data and the current

form has a tick box indicating either permission to refer or lack of unawareness of the referral. Other items beyond the scope of the trial of this preliminary form were also raised that could perhaps be altered to conform to privacy considerations and specific user requirements.

Introduction

This report presents the findings of a project conducted to develop and pilot an initial contact tool for schools with at-risk students in need of internal and external social support services and to evaluate the tool's usefulness and effectiveness. This project was initiated in response to the identified need of schools and social service providers (agencies) to be able to streamline the referral process of at-risk young people in schools and therefore better coordinate their end-to-end case management. The data collected for this report were garnered from a range of school staff working in student welfare and/or wellbeing and a range of social service agency staff.

The first step involved the examination of a range of referral forms currently used by local agencies to which schools in the South East most commonly refer. Forty-two different intake/referral forms were collected and scrutinised as to the types of information being sought. The forms collectively requested 114 separate items of information (refer to Appendices 1 and 1(a). The top 25% were selected and consequently an Initial Contact Form was designed comprising those common factors. The new form (as attached in Appendix 2) requested 28 separate items of information pertaining to a student referral. Subsequently, this Initial Contact Form was provided to schools and agencies to evaluate and utilise during a trial period for the purposes of making referrals of at-risk young people to external agencies.

A range of primary and secondary schools were selected to provide feedback on the form as well as the opportunity to trial the form. A mixture of schools represented the State, Independent and Catholic sectors in the South East. The agencies were selected based on the activity in the region and the referrals from pilot schools.

Background of the Project

The 'Positive Pathways for Young People Project' (YPP) aimed to establish a model of integrated and coordinated service delivery for young people. The project partners included the City of Greater Dandenong (CGD), the City of Casey (CC) and Cardinia Shire Council (CS); with the project funded by the School Focused Youth Service (SFYS) which is a Victorian Government funded program by the Department of Education and Training (DET). SYFS has provided an opportunity for the service sector and schools to work collaboratively in their support of vulnerable young people aged 10 to 25 years from the three aforementioned Local Government Areas (LGAs). The LGAs contain two SFYS agencies – Monash Health (CGD) and Connections UnitingCare (COC and CS). These agencies provide services for vulnerable young people and their families. Aside from the schools that participated in this pilot project, not all schools were interested to engage in the project pilot, possibly due to the nature of the information being sought. Some schools were reluctant to go on record disclosing information about their referral processes because they can range from formal to informal. Those schools that have informal referral processes and protocols run the risk of not having a paper trail of external referrals.

The YPP is comprised of two phases. Phase One focused on the development of a web-based service directory identifying youth services across the three LGAs for the use of young people, families, schools and professionals; the Phase One online directory can be found at www.youthpostivepathways.com.au. Phase Two focused on the design and development of an introduction contact referral tool (Initial Contact project) which was to be trialed in schools during Term 3, 2015. The evaluation was to be conducted in Term 4, 2015. The South East Local Learning and Employment Network (SELLEN) has been involved in both phases of the project as a key stakeholder. Due to SELLEN's status as a formal partner of the Department of Health and Human Services (DHHS) Services Connect and the Southern Melbourne Child and Youth Area Partnership, its long-term strategic relationship with Department of Education and Training (DET), and its capacity as an independent regional intermediary, it was uniquely placed to lead the Phase Two pilot. Accordingly, at the conclusion of the evaluation process, SELLEN will submit a report with recommendations to the DET.

Survey Objectives

The Initial Contact project was initiated, implemented and concluded over a period of four months. From the outset, the main focus of the project was to develop a universal referral pro-forma that would allow school staff to easily utilise one main form to submit information about a student. It was anticipated that this form would be applicable across a range of different agencies. The Initial Contact project was conducted in two parts - Stage One: Construction of a tool and Stage Two: Testing and evaluation of that tool.

Stage One

Stage One of the Initial Contact project concentrated on gathering information from agencies and schools regarding the following:

- identifying which school staff would be the first point of contact for at-risk young people in need of referral to agencies, then further establishing which main staff members would make those referrals

- outlining the current state of the referral process in a range of schools

- investigating the kind of professional support and development provided to staff who make referrals

- articulating the key indicators of a good referral in the eyes of those making and those receiving referrals

- gathering a range of referral forms from across the region

- constructing a form based on the findings of the initial school surveys and assessing current

- proposing the merits of using a single form and its potential use as a source of internal record keeping, and

- projecting the implications of introducing a digitised form in terms of professional practice.

The remaining task for Stage One was the construction of a suitable referral form based on the findings of the initial schools survey.

Stage Two

Stage Two of the project focused on testing the form and analysing evaluative data and feedback from both schools and agencies regarding the form's effectiveness as a referral tool, the tool's practicality and its ease of navigation for novices.

An important point to make is that the internal and external services in which is referred to in this paper, does not include the Student Support Services infrastructure or other specialist services that operate on the school premises from time to time. The Student Support Services consist of a range of professionals that include psychologists, guidance officers, speech pathologists, social workers and visiting teachers.

Research Methods

Semi-structured interviews were conducted with various stakeholder groups including schools and agencies about participating in testing and evaluating the Initial Contact Form.

Online survey questionnaires were developed and distributed to fourteen schools who agreed to be a Stage of the pilot. The schools represented the Catholic, Independent and State sectors; they are a mix of both primary and secondary schools across the South East. The surveys required the schools to test and evaluate the useful of a single preliminary contact form.

An online survey questionnaire was also distributed to agencies that schools most commonly refer young people to. The agencies were required to evaluate the usefulness of the Initial Contact Form.

Contact was made with 134 schools in the South East and while 80% of those schools saw the value in having such a tool they were not able to commit to the pilot because of reasons such as divulging sensitive information that could be scathing about their school and its processes. Some schools saw the Initial Contact Form as potentially time-consuming but failed to see the benefit of having a blueprint for their own internal record-keeping practice.

Survey Results of Stage One: Construction

The following section contains the results of a survey completed by a range of school staff. The survey was designed to investigate the process of referral of at-risk students to social service agencies (either in-house or externally). Further to this, it sought to identify whether or not a single referral form which could be applied to a number of different agencies would be useful in the referral process. The total number of respondents in this survey was 14.

Question 1: Are referrals of at-risk students the responsibility of a particular person at your school? At what other points can a referral be made within your school? E.g. Only the AP, Wellbeing coordinators, teachers.	
N = 14	

This question allowed for survey respondents to give free text responses. Analysis of the data shows that nine main staff positions within the school were identified as being those who dealt with referrals. The table below shows a breakdown of responses. (Note that in this question, survey participants were able to identify more than one staff position.)

Wellbeing team	11
Assistant Principal	4
Teachers	4
Principal Class	3
Sub school leaders	3
Principal	2
Chaplain	2
Student Learning leaders	1
Student Support Services Officer (SSSO)	1

Data for the clear majority of respondents indicates that members of the school Wellbeing team are the primary initiators of referrals to external social service agencies. A number of respondents identified that more than one staff position could be responsible for referrals. Given the nature of the referrals being made, the results for this question were largely expected.

Further investigation could be made to see if there are commonalities between the referral type and the referrer's role within the school.

Question 2: Please outline how your school currently coordinates the referral process.
N = 14

This question also allowed for respondents to give free text answers. However, the data revealed the emergence of several common themes. The table below highlights these main themes:

Discussion between staff members	12
Discussion with family	8
Referral form	7
Principal	1

The main process driver for referrals in most of the schools surveyed is discussion between staff members. Most of the responses from survey participants indicated a clear step by step process of escalation within the school that involves discussions with the students themselves, their families (if necessary and applicable) and the gathering of evidence – before the referral process is initiated.

What is not clearly defined, is the extent to which a paper trail is established and maintained on file, within the school.

Question 3: Describe briefly what types of professional support are currently provided to your staff in regard to making student referrals? E.g. teacher PD, ES PD, in-house PD, external PD, regular meetings, other.

N = 14

This question was a free text response and respondents were able to identify more than one form of professional development. The responses showed a cluster of results with six mechanisms for professional development (PD) being identified. One school stated that there was no professional development or support in place for the staff conducting referrals in their school.

External PD	6
Staff meetings	6
Staff PD	5
External meetings	4
Informal meetings	1
Professional supervision	1
None	1

Staff meetings and planned internal and external PD sessions were identified as the main ways in which schools chose to develop and support their staff in regard to making referrals. One of the school respondents identified that their school practices ongoing professional supervision of their referral staff.

Question 4: What information is required to make a good referral?

N = 14

Somewhat unexpectedly, this question, more than any others posed in the survey, had the widest array or spread of results. All of the survey participants provided extensive responses about what

constitutes a good referral to an external agency. However, three main themes emerged in the responses provided:

- all respondents identified that as much detail as possible should be gathered and included in order to give as robust a profile as possible of the student being referred and the issues being presented

- as much historical information as possible about the student should be included in the referral profile, and

- that specific and accurate demographic data on the student being referred need to be included.

Question 5: Would a single form be useful? Why/Why not?
N = 14

Respondents were able to give free text responses to this question. A number of the schools were very positive about the idea of a universal referral tool and how it would be able to provide 'a snapshot' of the student being referred. There was a small proportion of respondents who thought that the single form would not be a useful tool, namely because it may collect information that was perceived as not useful to the school.

Single form/easy to use and easy to find	11
Feedback from agency about the referral	2
May require collection of irrelevant information	2
Phone referral	1
Oversimplified and agencies would require additional information	1

One school expressed the opinion that the universal referral model being proposed was an over-simplified way of building a referral or student profile for an external agency. Another school said

that they would prefer to make initial referrals over the telephone and if the issue with the student needed to be followed up, then a form could be used.

Question 6: Is there anything missing from the form?
N = 14

Four of the respondents to this question said that the information sought by the proposed initial referral tool covered everything needed in a referral form. The table below identifies the missing components as identified by respondents:

Checklist of concerns/previous history	4
Names of other people and family	1
Residency status of student/family	1
Best time to contact referrer	1
To make it internal/external form	1
Instructions on how to complete form	1
School information - year level, teacher	1

The table indicated four of the schools identified that a checklist as a means of documenting previous history and other concerns should be part of the form. Yet, a section on the initial form allowing for areas of concern and further information is included because it appeared on 38 of the 42 forms hence the allowance for that area on the form. The survey participants have identified the abovementioned factors as missing from the Initial Contact Form, however, the factors that are identified as missing did not have a strong presence in the 114 common elements found across the 42 forms. The other five "missing" items were seen in a small percentage of the common elements across 42 referral forms. In order to make the Initial Contact Form easy to use, only items that appeared in 50% or more of the common elements would be included in the form. In this case, the "five" items had only been seen in 2.7% to 33% of those common elements and therefore did not meet the "common" threshold that was needed for the form. Although the school information (year

level, teacher) was noted as lacking from the form, but it is not information that would be useful for agencies; thus this information could be recorded internally by the schools.

Question 7: Would this form be useful for internal record keeping? Why/ Why not?
N = 14

All survey respondents identified that a universal referral tool or form would be useful for internal record keeping. Most of the respondents (10) indicated it was important that all documentation produced by the school be recorded and/or that processes should be tracked. One school stipulated that, while it would be useful to retain this information for internal record keeping processes, de-identifying the school was crucial. Another respondent stated that it would be useful if such a form could be attached to their school intranet.

Question 8: Would the form be useful at school welfare meetings?
N = 14

Twelve of the 14 survey participants held school welfare meetings and 100% asserted that the form would be a useful resource at the welfare meetings due to reasons such as being a useful summary sheet, making it easier to track student referrals (place and frequency of referral), as well as making case discussion more efficient because it is accessible and easy to complete. Two of the schools surveyed said they would not find this tool useful at school welfare meetings because such meetings were not part of their operational structure.

Question 9: Please describe the ways in which a digital form would be an improvement on your current practice.
N = 14

The universal tool that was piloted was sent out in digital format or soft copy. An individual staff member could enter data into it directly online and then either email the form to agencies and/or print, scan, fax or save it in their records electronically. All 14 survey respondents articulated clearly that there is a need for the form to be digitised because it would be in line with their current school systems that are moving in the way of electronic operating systems. A respondent pointed out that

this digital form is an improvement on their current practice because it would create a paper trail to ensure a follow up on students would be carried out. One survey respondent stated that while there is a need for the form to be in a digital format as it would be easier to access information about people, however, their personal preference was for it to be in paper format because of the sensitive information contained on it

Question 10: Do you feel confident in identifying students at-risk?
N = 14

All survey respondents indicated that they are confident in identifying students at-risk. In consideration of survey respondents holding school roles which required management of the school's referral processes, this response was anticipated.

Survey Results of Stage Two: Testing in Schools

The following section contains the results of a survey of school staff to investigate and evaluate the use of the Initial Contact Form when the form was used to process a referral of an at-risk student to social service agencies (either in-house or externally). Further to this, the survey aimed to identify whether a single referral form would improve the school's connection with agencies, whether it streamlined their referral process and whether they would adopt such a form into the referral practice/process.

Question 1: Was this form easy to complete?
N = 51

This question allowed for survey respondents to give free text responses. All 51 respondents replied that the Initial Contact Form was easy to complete. Three respondents commented that the form made their referral process more efficient. Another three respondents reflected that irrelevant or unnecessary information was required, and one respondent commented that the form was too vague and would have preferred more specific questions, for example, reasons for referral. The positive responses to this question were largely anticipated due to the expected ease of completion of the purpose-designed features of the form: that it was to increase efficiency and efficacy of the referral process. It was vital that the administrative side of the referral process be relatively easy especially in the school setting where staff are often time-poor and referrals may be an urgent priority.

Question 2: This form improved your connection with agencies?
N = 51

This question allowed for survey respondents to give their response in the form of a continuum ranging from 'strongly disagree' through to 'non-applicable'. Fourteen respondents strongly agreed that the form improved their connection with agencies. It is significant that something as seemingly simple as a form can create the perception that its use can improve connections between agencies and schools. One of the desired outcomes of such a form is to improve those vital relationships and

create a seamless referral process between the school and external support systems. A positive indication was that 11 respondents agreed that the form improved their connection with agencies. Three respondents strongly disagreed, two moderately disagreed and five disagreed that the form improved their connection with agencies. 14 respondents neither agreed nor disagreed with the statement. Therefore, 52% of respondents agreed that the form improved their connection with agencies while 20% disagreed. Further investigations could be made to see if the form has had any negative implications on their relationships and connectedness with agencies.

Strongly agree	14
N/A	14
Agree	11
Disagree	5
Strongly disagree	3
Moderately disagree	2
Moderately agree	2

Q2 This form improved your connection with agencies.

Answered: 51   Skipped: 0
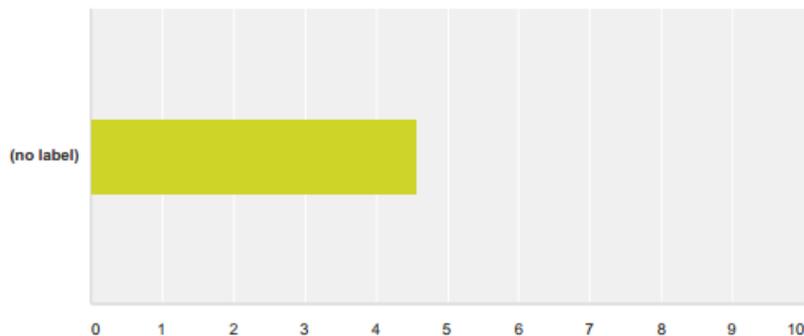
	Strongly disagree	Moderately disagree	Disagree	Moderately agree	Agree	Strongly agree	N/A	Total	Weighted Average
(no label)	5.88% 3	3.92% 2	9.80% 5	3.92% 2	21.57% 11	27.45% 14	27.45% 14	51	4.57

Question 3: Did you need to provide additional information that was not included in the form?

N = 51

Respondents were given the choice of answering 'yes' or 'no' and the option of commenting further on any additional requirements they thought were lacking on the form. A majority of the respondents believed that the form did not require any additional information. Three respondents answered 'yes' without any explanation, while the remaining 18 commented 'yes' and provided their input regarding additional information.

Q3 Did you need to provide additional information that was not included in the form?

Answered: 51   Skipped: 0
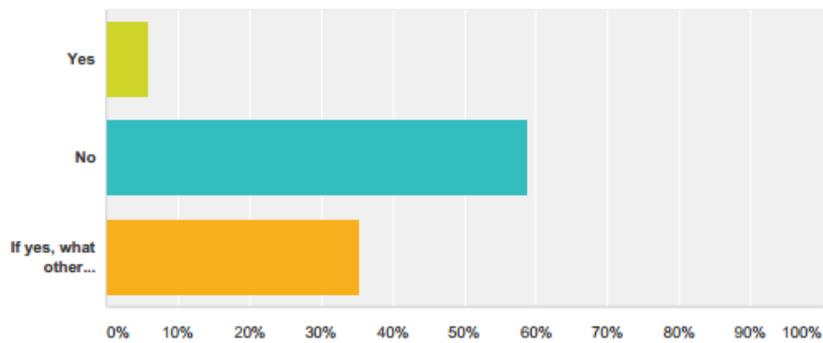
Answer Choices	Responses	
Yes	5.88%	3
No	58.82%	30
If yes, what other information was required?	35.29%	18
Total		51

School information e.g. year level, home group teacher	9
Background information e.g. upbringing, family history, previous history	7
Use tick boxes/drop down boxes	3
Who is aware of the situation/parents notified	3
Successful management/treatment of issues	2
Response from agency – indicate level of urgency	1

The additional information that the respondents needed to provide included specific school information such as year level and home group teacher, as well as background information. However, year level was only seen 11 times across the 114 common elements derived from the 42 forms; and home group teacher was not on a single form. This sends a message that specific school information is not relevant to agencies.

Seven respondents wanted to see a section about the young person's background which included their upbringing and family history. While the survey participants saw a value of sourcing this information, it was not high on the list of common elements. In fact, these items showed up only 4, 11 and 13 times across the 114 items. More importantly, this proposal requests more than what the form was designed to achieve. This form was not designed to disclose private information; such information sharing requires a high level of clearance due to privacy statutes governing protection of an individual's personal information.

Other additional information included the use of tick boxes and drop down boxes aimed at saving time in the referral process. One respondent mentioned that the use of the tick box method will provide an easier visual map for agencies and the well-being coordinator so they can easily identify core concerns for the young person. Two respondents indicated they would like a section that would include successful management plans or strategies that have worked for the young person. One respondent wanted agencies to indicate the level of urgency or risk at which the young person was identifying; such as real risk of serious injury/death or serious mental health trauma. Once more, sourcing this type of information will require a level of consent beyond the parameters of this form

Question 4: Has the form streamlined your referral process?
N = 49

The data revealed that 31 respondents confirmed this form had streamlined their referral process. This could be attributed to multiple reasons, including that the school may not have a formal referral process in place; or that a single form is easily identifiable, as opposed to finding the right form for the right agency. Another reason could be that a single universal form is easy for all staff to use so schools interpret the form as adding value to their current system. The other 18 respondents did not think that the form streamlined their referral process. Reasons could include that their current referral process works well for them and that this form would act as a supplement rather than as a new system.

Yes	31
No	18

Question 5: Would you adopt this form into your internal practice?
N = 51

A majority of survey participants (35) articulated that they would adopt this form into their internal practice which demonstrates that they see the value in having a form that would have multiple benefits including time-saving, easy to use and digital. While 16 respondents would not adopt the form into their current practice and included in this number are the respondents who believed that the Initial Contact Form would not streamline their referral processes.

Yes	35
No	16

Anecdotally, we received information that schools did not have a formal referral process as such. Often, it was a conversation or phone call without an essential record-keeping system in place. This form was created to provide such a system so that schools could use it to retain valuable information and to manage the potential risk of being able to demonstrate a history of referrals for an at-risk young person. The fact that a majority of respondents would adopt this form into their

current system is a positive sign that schools are open to ways of improving their current practice and increasing their efficiencies and effectiveness.

Survey Results of Stage Two: Testing by Agencies

The survey respondents are service providers to whom schools commonly refer at-risk young people. The respondents completed a survey evaluating the purpose of the Initial Contact Form and to test its ease of use in relation to the agencies' needs and processes.

Question 1: How do you currently receive referrals?	
N = 10	

This question allowed for survey respondents to select a number of tick boxes that related to the way they accepted referrals, including over the telephone, by facsimile, email or in person. They were also provided with the 'other' option where they could provide a free text response to give further details and explanations about their answer.

Other	5
Phone	4
Email	1
Fax	0
In person	0

Although 40% of the survey respondents identified that they currently receive referrals over the telephone, this correlates with the schools that did not want to test the Initial Contact Form. (Their reluctance was due to their experience of the ease of making referrals over the telephone: less work and more efficient. Referrals by email were accepted by 10% of the respondents. As the Initial Contact Form is digital, data can be entered directly into it and saved, then either emailed or printed off and sent to the relevant agency. The 'other' option was selected by 50% of respondents yet they stated that referrals from all of the previously given options were accepted. Interestingly, one respondent revealed that they need to physically drive to another agency to collect their referral forms. Thus, an Initial Contact Form which can be sent electronically would save this agency time, effort and the need to travel.

Question 2: What information do you consider is required to make a good referral?
N = 10

This question allowed free text responses about the elements believed to be information required to make a good referral.

Areas of support required (services involved, assessments relevant to area of support, background information)	9
Full name	7
Date of birth	7
Address	7
Household structure	4
Consent (who is giving consent - young person/parents)	2
Referrer's and young person's expectations of the service	1
Family income source	1
Language and need for interpreter	1
Referrer details	1

The Initial Contact Form components were drawn from the forms of local agencies (to which schools regularly refer their at-risk young people to); included in this process were the forms of all the respondents' agencies. Thus it was not unexpected that all the elements identified by the survey respondents are included in the Initial Contact Form. Essentially the contact details are important but equally crucial factors include the background information, area of support required, family history and previous assessments. While the issue of consent has been raised twice as an important factor, it is worthy of note that it has only been raised twice given all the other elements. Perhaps a presumption of consent is made when a referral is being processed by the school or agency.

Question 3: Would this single form be useful? Why/Why not?
N = 10

This question allowed free text responses about whether this single form would be useful in making or accepting referrals.

All survey respondents viewed the Initial Contact Form as useful. The usefulness of the form was rated due to the following common themes:

- it captures pertinent information for accepting a referral

- it saves time for agency staff

- it is useful to have written documentation rather than just verbal communication

- it makes it easier to share information by having a single form if required

- a single form means agencies can use the same form rather than having to create their own forms.

Other suggestions and comments made about the form's usefulness included the following:

- incorporate positive language in the form, e.g. rather than 'areas of concern' perhaps change it to 'suggested areas of support for young person/family' or 'young person's/family presenting needs for support'

- amend 'permission to refer' to 'consent for referral', and

- the form is very basic, individual services might require other/more specific information.

One survey respondent was indifferent about the usefulness of the form, stating that for their organisation, the Initial Contact Form was just as useful as their existing form. The emphasis on using the terminology 'consent' rather than 'permission to refer' has been echoed throughout this part of the project. Agencies prefer 'consent' due to the legality and strength of the word over what is perceived as a lesser level of approval conveyed by 'permission'.

Question 4: Is there any information missing from this form? If yes, please explain.
N = 10

This question allowed for free text responses about whether the Initial Contact Form was missing any information. Items that the respondents identified as missing from the form included the following:

- safety concerns

- consent for the referral

- goals for the support/referral – expectations of the service

− specific actions the referrer identifies as necessary

− whether the young person is employed

- tick box for permission to contact parent

- other agencies involved and their contact details

- other family details.

The topic of consent has appeared as a response to this question as well. The respondents indicated they wanted a section that identifies the person giving consent for the making of the referral. Equally important was a tick box for permission for the agency to contact the parent. Another item regarded as necessary was 'goals for the support/referral – expectations of the service'. It is possible that this suggestion might require knowledge that is outside of the referrer's capacity. While they might be able to recognise the need for referral of an at-risk young person, this does not necessarily correlate with an ability to identify goals for the support or knowledge of what to expect from the service.

A difficult suggestion was the item 'specific actions the referrer identifies as necessary'. This swaps the teacher's/staff member's role from that of referrer to a diagnostic role which could be outside the realm of their role.

Another piece of information deemed as missing from the form was the employment status of the young person. This was not included because it did not appear in the majority of the 42 forms analysed to develop the Initial Contact Form. Although 'Other family details, i.e. siblings, parents (two-parent family or carers)' appeared in the 'missing information' list, the Initial Contact Form

includes a category titled 'further information about young person and/or family members (who young person lives with, clinical assessments, other agencies involved etc.)'. Family details could be added in this section.

Question 5: Would this single form be useful for your internal record keeping? Why/Why not?
N = 10

This question allowed for free text responses, with 60% of the survey respondents agreeing that the form would be useful for this purpose. This response was anticipated due to the thorough analysis of forms used by survey respondents prior to the development of the Initial Contact Form. Reasons given for the Initial Contact Form being perceived as useful for their internal record keeping included:

- it is useful for entry point information

- it captures key information to start referral process

- the template is helpful in identifying the referral source/connections/client information

- it is clear and easy to navigate and understand

- it covers most of the information we require when we fill in a first contact form.

One respondent commented that they have a form with their mandated requirements on it. Another respondent commented that services might require additional information for statistics, so the generic nature of this form will not meet their needs. This form was developed as an Initial Contact Form containing sufficient information to start the referral process. Agencies have to contact schools multiple times to source basic information about a student. Therefore, this form is a great way of ensuring that the referrer has key information that an agency would require. While this pilot was conducted to gauge the viability of an Initial Contact Form, there remains great potential for it to be added to, in order to suit individual agency needs.

> **Question 6: Would the form be useful at care team/care coordination meetings? Why/Why not?**
>
> N = 10

This question allowed for free text responses about the form's usefulness at care team or care coordination meetings and responses were generally uncertain. The reasons for this ambiguity include the following:

- the Initial Contact Form would need to be more in-depth in order for it to be meaningful in the care team or care coordination meetings

- unless consent had been obtained for the sharing of information, the form cannot be used in the care team or care coordination meetings

- uncertainty regarding the form's usefulness at care team or care coordination meetings because it contains the basic information that all team members should already know, and

- the information is too basic so while it may be good for intake processes, it is not as helpful for care team or care coordination meetings.

Those survey respondents who indicated that the Initial Contact Form would be useful at care team or care coordination meetings did so for the following reasons:

- any detailed information regarding a client recorded by different parties/professionals helps with the assessment/care coordination process, particularly when the aim of the agency is to provide holistic care, and

- it would provide an insight into existing and historical agency involvement with the young person.

The ambiguous comments regarding the usefulness of this Initial Contact Form were not unexpected as care team or care coordination meetings are run according to the organisation's preference. The information disclosed or discussed at those meetings will vary. While some organisations will be willing and able to share more information or concerns, others will make use of the meetings for more specific purposes. For example, one survey respondent stated that the care team or care coordination meetings are focused on the current situation regarding the young person's/family's narrative and remain fluid and future focused.

> **Question 7: Please describe the ways in which a generic digital form would be an improvement on your current practice. If you feel it would not be an improvement, please explain why.**
>
> N = 8

Survey respondents were allowed to give free text responses to this question. Seven of the eight survey respondents believed that the digital format would improve their current practice for the following reasons:

- it would streamline and simplify referral/intake processes because it would provide consistency and improve service user accessibility
- receiving referrals electronically would save time
- a digital form would suit the current filing system and would be an improvement
- it is environmentally friendly and can be used multiple times even if the client is in and out all the time
- the digital form is a great idea but would need more details in order for it to be useable for more services, and
- it is readily available and easy to email and access.

These are predictable responses given the convenience, ease of use and ability for storage, distribution and printing of a digital format. The form is created with software that allows direct data entry and enables all details to be saved and could be utilised by school database systems in order to have some fields prepopulated using existing information. For schools and agencies that are time-poor this is an easy-use option but the adherence to confidentiality requirements by all parties/users presents challenges.

Conclusion

Construction

The purpose of this project was to develop an introductory contact form that would allow school staff to make referrals of at-risk young people to internal or external service providers. The first stage of the process looked at how referrals are managed within a school setting. The results showed that while referrals can be made from different points and by various roles within a school, it is mainly the wellbeing team who has the responsibility to make referrals of students to internal and external service providers.

The data revealed that the main way in which schools coordinate the referral process is via discussion between staff members, while other conversations between staff, students and families also take place before the referral process is commenced. Conversations also revealed that many referrals occur over the telephone without the establishment and maintenance of a paper trail.

This project revealed that the professional support for staff for making referrals at the said schools is provided by way of staff meetings and internal/external PD sessions.

The schools believed that complete information about the young person is needed to make a good referral. This included the young person's history and specific demographic data.

While a majority of schools were positive about having a single form for referrals, a small proportion thought the information collected on the form would not be useful to the school. One school preferred making the initial referral over the telephone.

All the schools saw the value of having an Initial Contact Form for their internal record keeping.

The opinion that the form would be a useful resource at school welfare meetings was expressed by 86% of the survey participants, with the rest indicating it would not be useful as they do not have school welfare meetings.

The digitised format is ideal according to 93% of survey respondents, with one revealing that customising it to schools' needs would substantially increase its worth. Another school indicated that a paper form was preferred.

It is reassuring to note that all survey respondents were confident in identifying students at-risk, given that their roles focus on managing referrals of at-risk young people.

Testing in Schools

All 51 respondents stated that the Initial Contact Form was easy to complete and made their referral process efficient – one of the expected outcomes of the Initial Contact Form.

An unexpected outcome was the perception by 52% of the survey participants that improved connections with agencies were due to use of the single-page Initial Contact Form. A further 20%, however, disagreed that the form improved their connection with agencies while the remaining participants stated that the Initial Contact Form neither improved nor affected those relationships. However, the question was structured in such a way that there was no measure for negative impact on the connection of schools to agencies.

That no further information was required to be added and the form was sufficient enough to make a referral was a view held by 59% of survey participants. Another 35% expressed the need for a section where additional school details could be entered (e.g. year level, home group teacher and background information). Responses about other factors lacking on the form included the provision of information about upbringing, family history and previous management plans. However, the form provides a section that requests clinical assessments. A lack of consent to share family history with relevant people can result in the breach of privacy considerations, so this issue needs careful consideration and attention.

The Initial Contact Form streamlined 61% of the respondents' referral processes and this could be attributed to the lack of a formal referral process or record keeping system within those schools. Yet 35% of respondents believed that the Initial Contact Form did not simplify the referral process within their school, so it may well be that their current system is well established and working adequately for their needs.

When asked if they would adopt this Initial Contact Form into their internal practice, 69% of survey participants said they would while the remaining 31% stated they would not.

Testing in Agencies

When the survey participants were asked how they received their referrals, 40% of respondents identified that they receive theirs over the telephone (this supported anecdotal feedback from schools) and 10% identified that they accept referrals by email. The 50% of survey respondents who selected the 'other' option commented that they accept referrals from all of the options given.

Survey participants were asked about what they consider necessary to make a good referral. Responses included: provision of contact details, background information, area of support required, family history and previous assessments. The issue of consent was also raised as a key requirement.

All 51 survey participants confirmed that a single Initial Contact Form is useful due to its efficiency, provision of crucial contact information and ease of information sharing, with the added advantage that it is written documentation rather than simply a verbal exchange.

The respondents commented on information missing from the form. The points they raised included: safety concerns, consent for the referral, expectation of the service, action required by the referrer, employment details, other family details, permission to contact parent, other agencies involved and their details. These suggestions lie outside of the Initial Contact Form's parameters but could be altered to conform to privacy considerations and specific user requirements.

When asked if a single form would be useful for internal record keeping, 60% of respondents agreed that it would be. One participant commented that they have their own form containing mandated requirements.

A majority of the survey participants were unsure about the usefulness of such a form for their care team/care coordination meetings as each agency operates such meetings differently – some more in-depth than others. While the information on the Initial Contact Form includes information that all staff ought to know, the discussions at these meetings will differ according to the facilitating agency.

The survey respondents were asked whether a digital form would be an improvement on their current practice. Despite 12% of participants' preference for a paper form, 88% indicated that they preferred a digital form as it would streamline their referral process. They favoured the digital form because it is user friendly, time-saving, environmentally friendly, easy to incorporate into current filing systems, readily available and easy to email and access. The Initial Contact Form was developed for all of these reasons.

Benefits of the Initial Contact Form

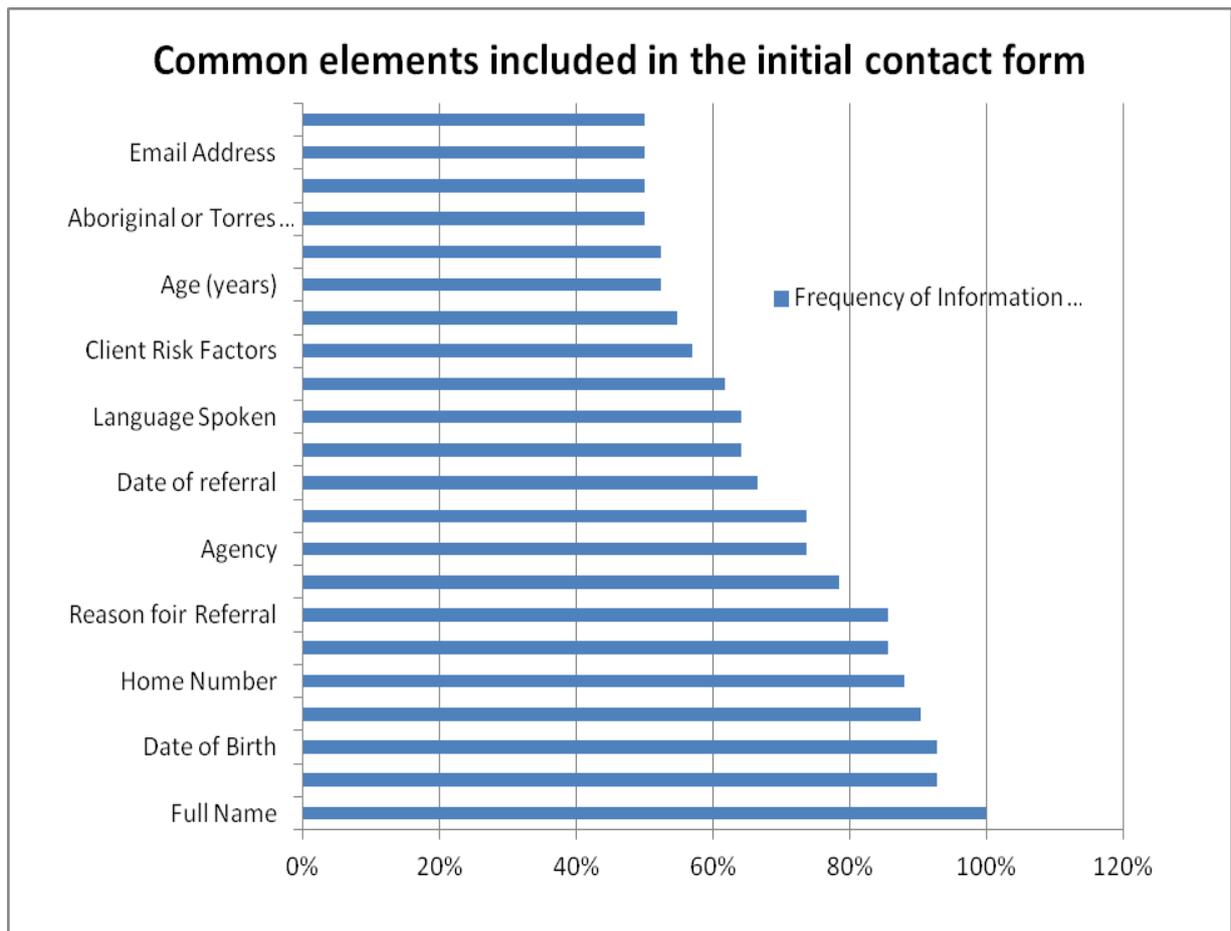The benefits of the Initial Contact Form are outlined below:

- can be used for internal record-keeping and can provide evidence that a referral has been processed by the relevant staff member

- student information can be entered directly onto the form and stored for as long as the school or agency desires, therefore reducing double-handling and re-entering of information

- the electronic format allows the form to be stored, emailed, printed or faxed to the relevant party efficiently

- an electronic format of the form means it can not only track the number of times a student has been referred, but it can also track which agency the young person has been referred to the most. This information could be used to negotiate that a particular service be delivered on site.

- reduces work for agencies because they would not have to make multiple phone calls to the schools to retrieve basic contact information about the young person

- schools could pre-populate student information instantly by having the form uploaded onto their school operating system

- the form would improve staff handover processes, e.g. if the initial referrer is on leave/absent, the next person can see the progress of the referral

- student anxiety would be eased because they would not need to repeat their information multiple times to school staff and multiple agencies
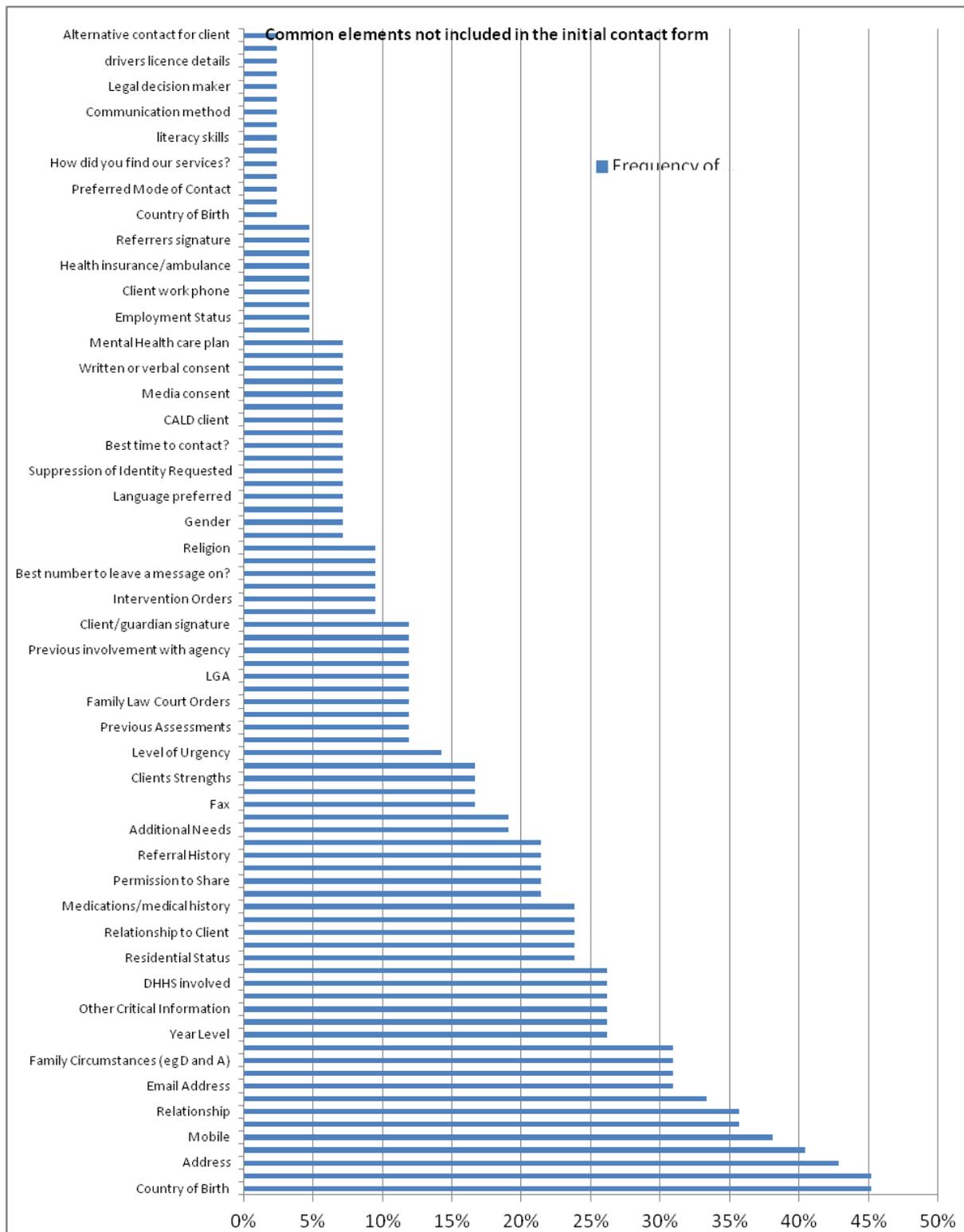
Recommendations

As a result of the findings of this paper, the following recommendations are made:

- a form such as the Initial Contact Form could be uploaded into schools' operating systems so that staff members can access it easily from any points in the school

- a form of this type could be situated within a program like CASES21 whereby information could be pre-populated efficiently

- further investigation could be conducted to test the efficiencies and effectiveness of a single Initial Contact Form

- schools and agencies could adopt a single form as their preliminary form containing basic client contact information, then adding their mandatory and program specific information on subsequent pages

- further investigation could be made into whether the use of a single form improves relationships between schools and agencies

- the results of this report could be used for funding opportunities or tender applications

- if such a form were to be used, that a tick box section be provided for consent in information sharing between the young person and all related parties

- identification of the appropriate body or organisation that could continue the work of establishing a uniform process such as this at the commencement of the initial referral process within schools.

Common elements included in the initial contact form

- Email Address
- Aboriginal or Torres...
- Age (years)
- Client Risk Factors
- Language Spoken
- Date of referral
- Agency
- Reason foir Referral
- Home Number
- Date of Birth
- Full Name

Frequency of Information ...

Common elements not included in the initial contact form

Appendix 2

Initial Contact Form

Referring to: (Agency Name)	

School (Informant) Details

Date of Referral		Phone Number	

School Name	

Referer Name	

Position	

Email	

School Requires confirmation of referral acceptance   ○ Yes   ○ No

Young Person Details

Full Name	

Date of Birth	

Address	

Indigenous   ○ Yes   ○ No

Gender   ○ Male   ○ Female   ○ Other

Ethnicity	

Language Spoken	

Interpreter Required   ○ Yes   ○ No   Language _____

Permission to refer?   ○ Yes   ○ Unaware of Referral

Parent/Guardian Details

Full Name	
Address	
Relationship to young person	
Phone Number	

Interpreter Required   ○ Yes   ○ No   Language [   ]

Permission to refer?   ○ Yes   ○ Unaware of Referral

Details

Reasons for referral

[   ]

Areas of concern for young person and/or family members (drugs and/or alcohol, mental health family violence, Child Protection involvement etc)

[   ]

Further information about young person and/or family members (who young person lives with, clinical assessments, other agencies involved etc)

[   ]

SFYS School Focused Youth Service   SELLEN   Monash**Health**   Connections child, youth and family services