ACIL ALLEN

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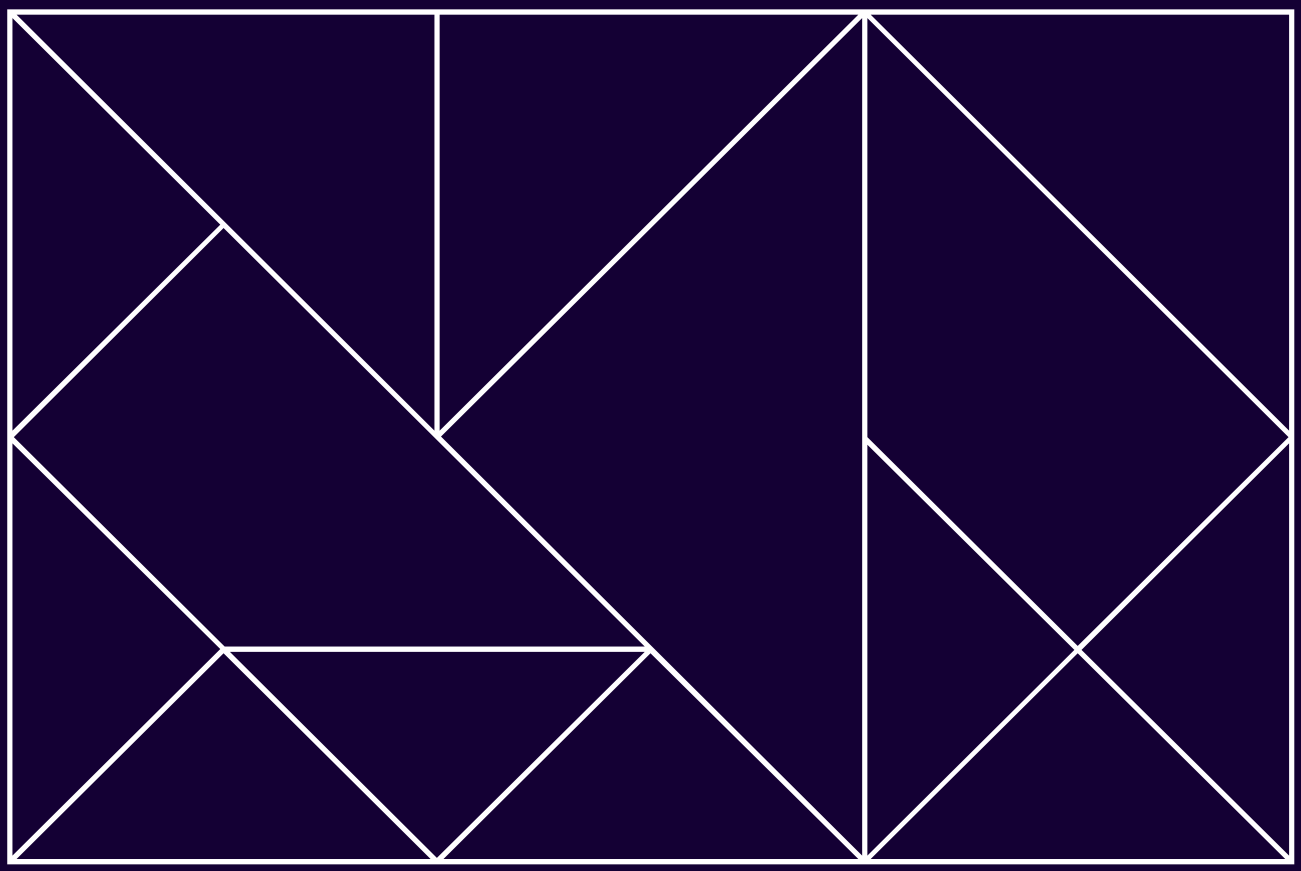
Report to: Deakin University & Department of Education

Process Evaluation of Comprehensive Monitoring System Implementation in Buloke and Loddon

Final report



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Our purpose is to help clients make informed decisions about complex economic and public policy issues.

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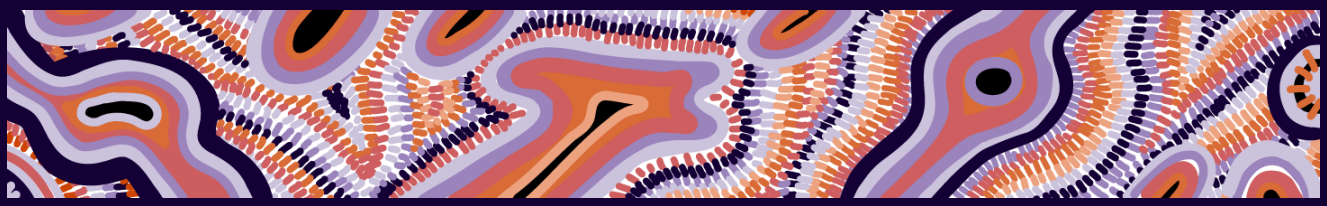
ACIL Allen acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land and its waters. We pay our respects to Elders, past and present, and to the youth, for the future. We extend this to all Aboriginal and Torres Strait Islander peoples reading this report.



Goomup, by Jarni McGuire

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1 Introduction

1.1 Background

ACIL Allen Consulting was engaged by the Strategic Centre for Social and Early Emotional Development at Deakin University and the Department of Education and Training to undertake a process evaluation of Comprehensive Monitoring System implementation in Buloke and Loddon in Victoria. This is the final report of the evaluation.

1.2 Introduction

Australian Early Development Census

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development at the time children commence their first year of full-time 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.

In early 2020, a report was prepared into the utilisation of AEDC among communities, policy makers and research bodies. This work highlighted community interest in working together with policy makers and research groups to use AEDC results to mobilise action to improve outcomes for children and young people. A key emphasis was to engage communities and schools in complementary data to better understand the outcomes for children as they develop across the life course.

Comprehensive Monitoring System design and study protocol

The fifth AEDC data collection occurred in 2021 and a new Australian Comprehensive Monitoring System (CMS) of Social and Early Emotional Development was developed to complement and build on the AEDC data. Comprehensive monitoring seeks to systematically capture and connect knowledge about children and young people's development at key points in their lives.

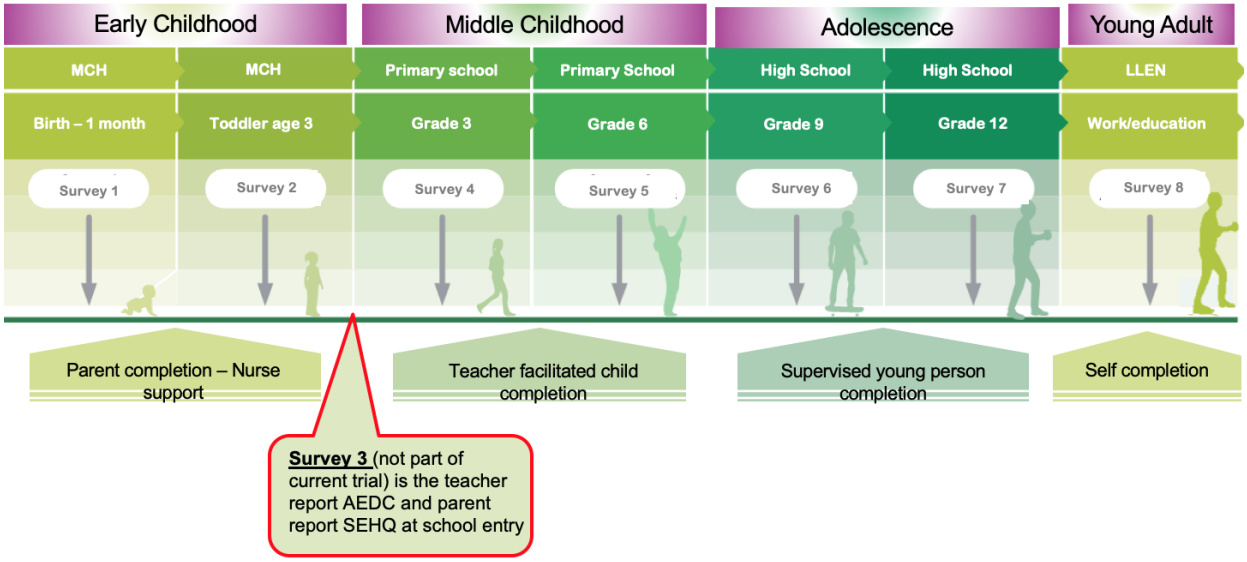
The CMS builds on the AEDC by trialling eight census surveys from infancy to young adulthood separated by three-yearly intervals (Figure 1.1). The surveys are designed to profile children and young people's social contexts as well as provide indicators of their healthy social and emotional development across the early life course. The system is a world-first in its ambition to capture data across the first 21 years of individuals' early life course development.[1]

[1] Cleary, J., Nolan, C., Guhn, M., Thomson, K. C., Barker, S., Deane, C., ... & Olsson, C. A. (2022). A study protocol for community implementation of a new mental health monitoring system spanning early childhood to young adulthood. *Longitudinal and Life Course Studies*, 1-20.

The CMS study protocol[2] describes the development and trial of the CMS including the approach to survey design and procedures for data collection. It outlines systematic procedures to ensure that high-quality data is collected and captured.

The surveys are designed to be sufficiently brief for ease of implementation, yet relevant for informing policy, research, and practice to help improve children and young people's social and emotional development.

Figure 1.1 CMS data collection process



Note: MCH = Maternal and Child Health, LLEN = Local Learning and Employment Network, AEDC = Australian Early Development Census, SEHQ = School Entrant Health Questionnaire.

Source: Department of Education and Training, 2021

Evaluation purpose

The purpose of this process evaluation was to assess the feasibility of, and processes for, implementing the suite of CMS surveys simultaneously for an entire population cohort of young people from infancy to young adulthood.

Ultimately, the evaluation seeks to contribute to improvements and potential scale up of a CMS across Victoria to address key gaps in the current monitoring of child, adolescent, and young people's development.

The key elements of the CMS study protocol that were being evaluated are described in detail in Appendix A. These included the communication of the CMS objectives with communities, preparation activities for survey facilitators, recruitment methods for inviting survey participants, and data collection methods.

Aligned to the evaluation purpose, six evaluation questions were developed to assess the CMS study protocol was implemented effectively and efficiently, and what changes may be required for scaling-up the protocol across communities. The evaluation questions were:

1. Readiness: How ready were communities to implement the surveys?
2. Response rates: What were the conditions that led to high/low response rates?
3. Roll-out: How did the roll-out go?

[2] Cleary et al. (2022). A study protocol for community implementation of a new mental health monitoring system spanning early childhood to young adulthood. *Longitudinal and Life Course Studies*, 1-20.

4. Sustainability: Were data collected efficiently? What processes could be improved in future implementations?
5. What were the strengths and weaknesses in survey preparation and implementation?
6. How can the CMS implementation protocol be improved, including to maximise response rates?

Indicators were developed to indicate success in addressing the evaluation questions. The evaluation questions and indicators are provided in Appendix B.

1.3 Evaluation method

Data for this evaluation were collected between August and October 2022 using a mixed methods approach. Data were sourced from:

- information and data collected by the CMS implementation team (e.g. response rate data, survey completion timing)
- an online feedback survey of CMS survey facilitators (N=12)
- focus group consultations with community authorisers and implementation team leaders (N=8).

Purposive, stratified sampling was used to obtain a sample for the survey and focus groups that had balanced representation from the two communities and across the three workforces involved in the CMS, being Maternal and Child Health, schools, and the Local Learning and Employment Network (LLEN).

Survey facilitators (e.g. teachers, nurses) and authorisers (school principals, service directors) in the two communities were invited to participate in the survey or focus groups based on their facilitation or authorisation role, respectively. All contacts were invited to participate, and participation was voluntary.

A copy of the survey and consultation discussion questions can be found in Appendix C.

1.4 Chapters of this report

The remaining sections of this report are:

- Chapter 2 - Implementation readiness and response rates
- Chapter 3 – Implementation roll-out
- Chapter 4 - Challenges and enablers
- Chapter 5 - Opportunities and recommendations
- Appendix A - Comprehensive Monitoring System implementation protocol
- Appendix B - Evaluation questions and indicators
- Appendix C - Consultation tools.

2 Implementation readiness and response rates

2.1 Implementation readiness

Implementation readiness examines the extent to which key stakeholders understood the purpose of the CMS, and survey facilitators felt ready to administer the surveys.

Indicator: Schools and communities understood the purpose of the CMS

The intended purpose of the CMS is that data gathered through the surveys can enable participating communities to understand social and emotional development and its influences across developmental stages. The importance for communities is to understand whether children and young people are making progress and whether efforts and supports are in place to optimise outcomes across the developmental years.

School and community-based authorisers of the Comprehensive Monitoring System understood the purpose of the system along four main themes which were consistent with the overarching purpose. Across all themes, there was an understanding that the CMS provides data that are population-level (rather than individual assessments), and local (data about their children in their specific community). The four themes are discussed below.

The first theme authorisers reported was the purpose of collecting data for **informing local planning and decision-making**. Respondents compared the CMS to a weather station, providing data that could be used to make the case for investments, whereas previously only anecdotal evidence was available.

> *"I remember the selling point was about having an understanding of what was happening in our region, so that this could be a planning platform for extra services not only for families, but also for the community... Without the data, we actually aren't able to make the case." - authoriser*

> *"The CMS gives us the ability at an LGA [Local Government Area] population level to gather evidence of what is actually taking place in the lives of children and young people and their families... We can use this information to advocate appropriate investment for these cohorts and ensure the use of our limited resources are targeted in the right way" - authoriser*

The second theme that emerged was using the data to bring together diverse stakeholders to **improve intersectoral collaboration and response**. Respondents spoke of the CMS as providing a shared language that would make collaborative planning and decision-making more effective.

> *"It's all about data bringing us together and having that shared language that we can all speak to. And then we can make decisions, you know, in a really effective way." - authoriser*

The third theme, that emerged from school-based authorisers, was the purpose of the CMS as a tool to **fill measurement gaps**. Schools noted that they were particularly interested in the CMS as a way to monitor the progress of students after they leave school.

> *"There's no progression of data to track over time... the idea that we can sort of monitor those kids as right until they leave school and into the workplace." – authoriser and facilitator*

Finally, respondents discussed a purpose of the CMS as providing a timeline of data to be able to **evaluate the effectiveness of interventions and policies**.

> *"I saw the purpose was to actually have a timeline of data that they could track in terms of how children and young people were traveling - to actually track that data and to see if there's any changes over time... So, some of the reforms that we've put in place in early childhood, whether that's actually has any effect on the data, as it's tracked over time." - authoriser*

Indicator: Survey facilitators felt prepared to administer the surveys

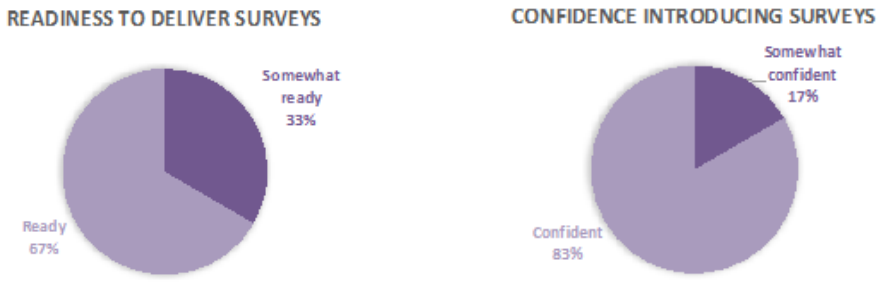
Preparation activities for CMS implementation included a combination of guidance materials (e.g., School Guide for Survey Facilitators), consultations and trainings with the central implementation team, and online FAQs and videos.

The standard procedure is that at least six weeks prior to data collection, the central implementation team distributes informational materials to the community coordinators who then share these materials with survey facilitators including Maternal Child Health Nurses, teachers, and LLEN staff. These materials explain the rationale behind the Comprehensive Monitoring surveys and intended value, processes for survey facilitation and administration, available IT support channels, contact personnel, and participation in evaluation activities.

The central implementation team also offers training workshops for survey facilitators that provides an opportunity for staff to raise queries around both their own and parents' participation, implementation and practical concerns. Participating schools additionally receive a survey administration package that contains instructional resources. Survey implementation training is also offered by the research team to schools in the form of webinars and staff meeting presentations.

Overall, survey facilitators felt that the current survey preparation process met their needs (Figure 2.1). One hundred percent of respondents in the online feedback survey reported they felt ready (67%) or somewhat ready (33%) to implement the survey. One hundred percent of respondents felt confident (83%) or somewhat confident (17%) introducing the survey to families or their students.

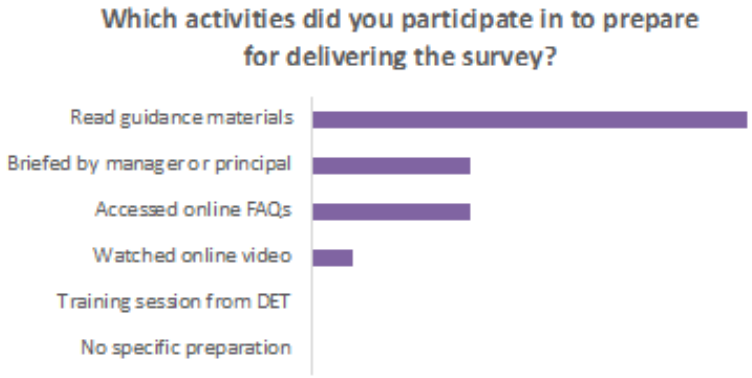
Figure 2.1 Survey facilitators' reported readiness to implement the CMS surveys



Source: Evaluation survey, 2022

The most frequently reported preparation activities were reading guidance materials, being briefed by a manager or principal, and reading online FAQs. No respondents reported participating in a training session (Figure 2.2).

Figure 2.2 Frequency of survey preparation activities reported by facilitators



Source: Evaluation survey, 2022

2.1.2 Implementation readiness conclusions

Overall, survey authorisers and facilitators felt ready to administer the surveys. There was high acceptance of the guidance materials and preparation activities. Some survey facilitators commented that the guides and survey platform provided all the information they needed and recommended no changes. Other facilitators commented that they would have benefitted from more consultation prior to implementation, including greater explanation of the survey purpose, implementation procedures, and examples of use. A recommendation was to provide an individual session for relevant school staff one week prior to survey implementation.

2.2 Response rates

Response rates were evaluated according to survey participation estimates, survey refusals, and levels of engagement among respondents. In the CMS protocol, individuals can opt-out of any of the CMS surveys and do not need to provide a reason. For the school surveys, students' parents, school principals, and classroom teachers can additionally opt-out of participation. Everyone within a specific survey age range is eligible to participate and ideally is invited to take the survey. These invitations are dependent on having available and up to date contact lists (early years, young adult surveys) and the participation of one's school or classroom (students).

Indicator: The surveys reached at least 90% of the target populations in each of the participating communities

To meet the requirements of data capture to generate accurate population estimates for local government decision making, communities must be able to facilitate a high response rate from parents (Infant Family and Toddler surveys), students (Year 3, 6, 9, 12 surveys), and young adults (Young Adult survey). For the purposes of this evaluation, a goal response rate of 90% was tested to identify disparities in completion rates across communities and across the survey age groups.

Table 2.1 presents the response rates. To calculate the response rate, numerators were the number of surveys started. Denominators were estimated using service enrolment data obtained from communities.

The service enrolment data (as used as the dominator in Table 2.1) estimates the number of people accessing services in each area, which in some cases differed from the estimated resident population. Notably, the Australia Bureau of Statistics Estimated Resident Population[3] does not account for regional migration and births that occur across regional boundaries. It also does not account for young adults who move away from their family residence to pursue work or education opportunities for part or all of the year. These variations between sources account for some identified response rates exceeding 100%, and others having a wide range (e.g., the young adult survey). Insights provided by both denominators (service use, place of residence) should continue to be explored in future data collections.

Table 2.1 CMS response rates across the surveys (service enrolment data denominator)

	Early years		Primary School			High School		Young Adult
	Infant & Family	*Toddler*	*Prep*	*Year 3*	*Year 6*	*Year 9*	*Year 12*	*18-21 yrs*
Buloke & Loddon	>100%	87%	AEDC collection	78%	89%	85%	37%	85%*

*Source: * The Young Adult survey response rate was 43% when calculated using the denominator from the Australian Bureau of Statistics Estimated Resident Population for the 18 to 21 year-old age group.*

Source: CMS implementation data, 2022

Indicator: Survey refusals were minimal across the eight census surveys

Across all CMS surveys, respondents can decline to participate without providing a reason. Early Years survey facilitators reported some refusals from eligible families with no reason provided. School survey facilitators reported few refusals from parents of students, with privacy concerns cited as one reason (i.e., worries that collected information could be used against them). Young Adult survey facilitators had no information on whether or not young adults had declined to participate. This group typically did not have further interactions with eligible young adult participants after distributing the survey link.

Examination of participant demographics indicated that there was lower participation in the Young Adult survey among males compared to females, and lower participation in the Year 12 survey among participants identifying as Aboriginal or Torres Strait Islander. Participation was also low overall among participants who spoke a first language other than English. Survey representativeness could be further investigated by comparing demographic distributions of survey respondents within each age group with population estimates from the Australia Bureau of Statistics.

Indicator: Schools and students were engaged in participating

Facilitators of the school surveys most frequently reported that students were "somewhat engaged" in the surveys, and that students were generally self-motivated to complete the survey once the facilitator had explained its importance.

Regarding school-level engagement, school authorisers and survey facilitators commented that finding the time for that one extra activity in the school week or term is a barrier. Schools are asked to conduct multiple surveys and may not understand the difference or importance of each one. Undertaking the surveys when most students were present was also noted as a barrier, and may be reflected in lower response rates across the older student surveys. Finally, the lockdowns and school closures presented an unanticipated barrier to school and student participation in the 2021 data collection year.

[3] Australian Bureau of Statistics Estimated Resident Population, https://www.abs.gov.au/methodologies/regional-population-methodology/2021

2.2.2 Response rate conclusions

Response rates varied substantially across the different survey age groups. The highest response rates were observed for the Early Years surveys, and the lowest response rates were observed for the Year 12 survey, and Young Adult survey when calculated using the Estimated Resident Population denominator.

Notably, Year 12 response rates were lower than Year 9 response rates, even though both collections occurred within the same participating secondary schools. This suggests that losses are not occurring at the school level, but rather that Year 12's may be missed because they are not attending school at the same hours due to differing class schedules, or because they are not attending school at all.

For the Young Adults, there were few interactions with the LLEN to stay in contact about the survey and response rates varied widely due to the discrepancy in denominators between the service use data and estimated resident population. Finally, although the Infant and Family surveys achieved high response rates, the accuracy of response rates might be further improved once accounting for differences in denominators, and considering families with multiple children under the age of four who may not want to complete multiple surveys.

3 Implementation roll-out

3.1 Roll-out experiences

The roll-out process was evaluated according to four criteria: To what extent the surveys could be completed within a reasonable time frame; if the online delivery of the surveys was perceived as suitable for participants; if the survey content was perceived as suitable; and to what extent the protocol was completed routinely across services/schools and regions. A comparison of results across these criteria is provided in Table 3.1.

Table 3.1 Comparison of survey roll-out characteristics across the early years, school, and young adult surveys

Indicators	Infant/family and toddler surveys	School surveys (Years 3, 6, 9, 12)	Young adult survey (Age 18-21)
The surveys could be completed within a reasonable time frame.	– Average time to complete surveys was 9-11 minutes. – Time spent with families was 0 to 2-3 minutes.	– Average time to complete surveys was 20-30 minutes for Years 3 and 6. – 10-15 minutes for Years 9 and 12 – Approximately one class period, depending on year level.	– Average time to complete surveys was < 10 minutes.
The online delivery of the surveys was suitable.	– Online delivery was suitable, although internet is a challenge in rural communities; paper and telephone-based options were suggested by facilitators and authorisers.	– Content and delivery depended on year level (further detail on Year 3 survey provided in call-out box 1).	– Feedback from authorisers and leaders indicated the approach was suitable. Further investigation is needed to assess suitability of survey delivery with young adults in future rollouts.
The survey content was suitable for participants.	– Survey content was rated by facilitators as mostly or completely clear.	– Content mostly clear (needed to explain a few questions).	– Feedback from authorisers and leaders that content was suitable. Further investigation is needed to assess suitability of survey content with young adults in future rollouts
The protocol was completed routinely across services/schools and regions.	– Protocol delivery varied. – Some facilitators emailed or texted an online link to the questionnaire, with a reminder during consultations. – Some facilitators asked families to complete the questionnaire in the waiting room.	– Protocol delivery was consistent. – Students completed the online survey at school during class time.	– Further investigation is needed to assess protocol delivery. – Facilitators reported texting or calling participants individually as an engagement strategy.

Source: CMS implementation data, 2022

3.1.1 Experiences across the surveys

Early Years Surveys

Overall, there was generally high acceptance of the Early Years survey length, delivery and content. Families were able to complete the survey in approximately 10 minutes. Survey facilitators did not report that the survey posed a particular burden on their time. However, there was also significant variation in how the Early Years surveys were rolled-out. Some facilitators and authorisers reported emailing or texting an online link to the questionnaire and reminding families about the survey during consultations. Some facilitators asked families to complete the questionnaire in the waiting room. Facilitators who completed the evaluation feedback survey reported spending no time to less than a few minutes introducing the survey to families. None of the respondents reported completing the survey with families during consultations.

> *"Having those iPads and actually having those available at existing appointments for families - that was a great workaround solution that that LLEN and I came up with. And you also used your system, your existing database, to send out reminders to people to keep people updated, which is really effective." - authoriser*

An issue that emerged during implementation was that families and survey facilitators were unclear what to do if families had more than one child under the age of three. Other issues that were raised included low internet zones that made it difficult for some families to complete the survey online. Language barriers and cultural appropriateness was also raised as a consideration both within rural communities, and for future implementations more broadly.

> *"One of the barriers mentioned was that if there were two surveys in a family… sometimes they didn't want to fill it in for both [children], because they felt like they'd already provided their information" - authoriser*

> *"Agricultural migration is often at the heart of the reason why women and children who've come from a different culture or non-English speaking background will be in our communities." - authoriser and facilitator*

> *"I think around language and cultural awareness and appropriateness, I think that's really critical as well… one of the things we wanted this to achieve is to be able to be scaled to other places." - authoriser*

Suggestions for improving the Early Years survey roll-out included:

- **Leveraging existing communication platforms** - including sending information automatically through the CDIS program, and sending the link and reminders to complete the survey via SMS with a personal message from MCH services.
- **Offering multiple modes for families to complete the survey** - including having iPads available at existing appointments, and offering the ability to complete the survey by phone or paper.
- **Addressing language and cultural barriers** to survey completion.

School Years Surveys

There was generally high acceptance of the school surveys content and delivery, varying according to survey year level. School survey facilitators identified that the Year 3 survey could be made more "child-friendly," whereas they reported the older student surveys to be straightforward.

As intended, most surveys could be completed within approximately one class period, although this depended on year level. On average, the surveys were completed in 20-30 minutes for students in Years 3 and 6 compared to 10-15 minutes for students in Years 9 and 12.

Of the three survey platforms (Maternal and Child health, schools, and the LLEN), school surveys were implemented most uniformly across settings following the protocol.

Suggestions for improving the school surveys included:

— **Streamlining information for parents and staff -** including keeping the parent information letter to one page (suggested by several facilitators) and providing a link to more information if parents want to follow up; providing school newsletter announcements of no more than 200 words explaining the survey to parents and staff; placing a hardcopy of the parent information letter in student diaries for the younger students and providing the letter to older students to take home.

— **Providing more time for the survey** - including time for the Year 3 survey to be completed one-on-one with a survey facilitator, and for questions to be explained to students who speak and read English as a second language.

— **Emphasising the benefits to schools** - including explaining the purpose of the surveys to school survey facilitators, and providing the results of the surveys to schools earlier.

Box 3.1 Year 3 Survey – Areas for improvement

In October 2022, a separate focus group was facilitated with principals who had administered the Year 3 survey about the challenges and suggested improvements.

Year 3 survey delivery

— Increase the allocated time: The Year 3 survey took at least one class period, facilitators had to stop and explain many questions to students.

— Increase the number of facilitators: More facilitators would be needed to meet diverse student ability levels, and offer one-on-one support as needed.

— Provide FAQ to explain the purpose of the questions for facilitators in the facilitator's guide, so that facilitators can more accurately address clarification questions from students.

Year 3 survey content

— Review the response scales: For example, shorten the Likert scales or use yes/no response options, replace text with visuals as much as possible.

— Simplify the demographic questions: Demographics questions we identified to be particularly difficult for students (e.g., questions on parents, family structure).

— Simplify the questions about relationships: Relationship questions were also found to be too complicated for Year 3's (e.g., relationships with teachers and other adults, questions about bullies).

Young Adult Survey

Limited information was gathered on the roll-out of the Young Adult survey. Survey facilitators reported little contact with the young adults apart from texting or emailing them the link to the survey. From the program data, the average time to complete the survey was less than 10 minutes.

Facilitators reported feeling confident with the online delivery format. No routine channels were in place to collect feedback from the young adults themselves regarding whether the questions or delivery method was acceptable to them.

3.1.2 Survey roll-out conclusions

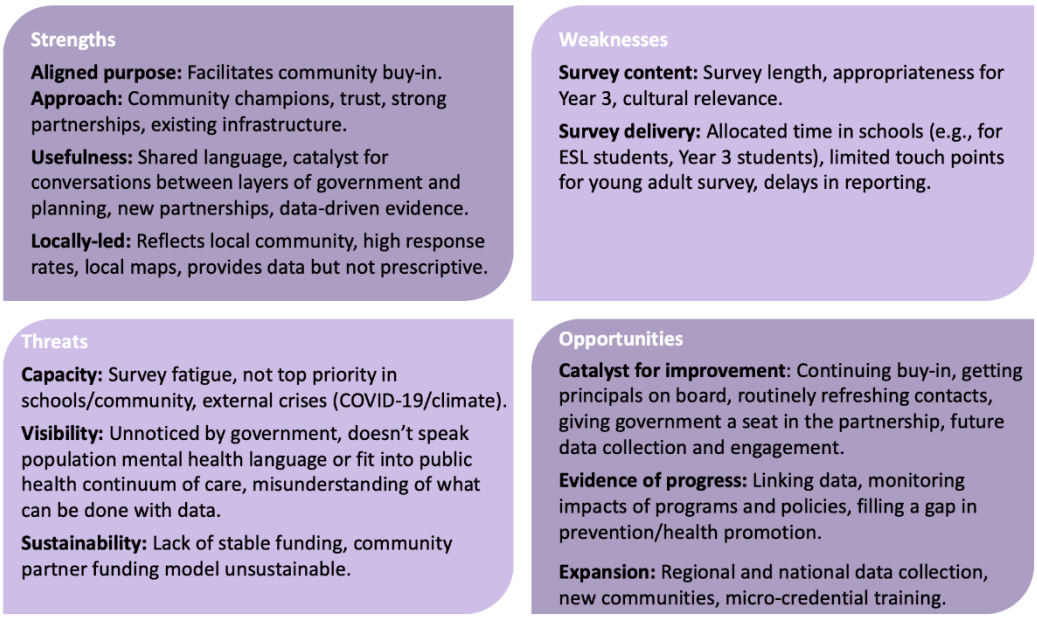
Overall, roll-out of the surveys went fairly smoothly. Survey facilitators either followed the CMS protocol or made adaptations that best suited their needs. Protocol adaptations were more common among the Maternal and Child Health workforce compared to schools. The Year 3 school survey needed the most improvements, according to school staff. The least information was known about the Young Adult survey. This limitation warrants further attention as the Young Adult survey was the age group of greatest interest among some authorising groups.

Challenges and enablers 4

4.1 Challenges and enablers

As a final step in this evaluation, community authorisers and implementation team leadership were engaged to identify challenges, enablers, and opportunities to improve the CMS for future implementation and scale-up. CMS strengths, weaknesses, opportunities, and threats identified by this group are summarised in Figure 4.1.

Figure 4.1 Summary of CMS strengths, weaknesses, opportunities, and threats



Source: ACIL Allen, 2023

Challenges

Challenges to implementing the surveys could be grouped into three themes.

A first theme that emerged from CMS authorisers was limited **capacity** at the community and school level to implement the system. Both community and school authorisers described competing priorities both within schools, and within their regions. Particularly in 2021, external crises including the COVID-19 pandemic severely disrupted regular operations within schools and workforces and made it difficult to implement the CMS data collection. The volume of existing surveys and data collection requests from outside institutions also poses a barrier to participation, particularly if the

purpose and benefits of the CMS above and beyond existing data collections are not clearly articulated to authorising groups.

> *"I suppose a barrier is when there's so many competing priorities… Usually the principal is that person who determines what stays or what's focused on, and what goes… They almost do the shielding for their staff but also are the enabler." - authoriser*

> *"There were disruptions to timelines which was tricky. But we did try, and we definitely were guided by where our community was at as to what those timelines were, just with COVID. And, as I said, they had the option of not going ahead, but the network of people that were involved, all the Maternal Child Health and the schools all wanted to go ahead." - authoriser*

> *"Schools need to be able to clearly see the value to themselves and their students. This was something that we could demonstrate more transparently with the MDI [Middle Years Development Instrument] than with the CMS … the school level and LGA level reports provided by the MDI were very clear and suited the local schools need to understand why they would participate (apart from their general good will towards the LLEN) and what they could do with school level data." - authoriser*

A second theme that emerged from the authorisers and implementation team leaders was a lack of **visibility** and uptake of the CMS within community and government planning. Lack of visibility was attributed to a mismatch between the focus of the CMS that aims to inform preventative action at a population level and the focus of health systems on responding to health problems that have already occurred. The leadership team noted that the CMS speaks a different language than is typically used in funding and planning models; Whilst the current funding paradigm is to target investment towards high risk individuals, the CMS promotes healthy contexts and mental health both at the population and individual level. However, several comments from authorisers suggested it is exactly this distinction from other initiatives that makes the CMS valuable. In their work, the CMS moves conversations to an upstream and systems level discussion.

> *"I think the other point of readiness is how people think about mental health. What we have at the moment is a population health framework… if you can just move the mean of the population a little bit in a positive direction it rips out all the vulnerabilities at the extreme of the distribution" – leadership*

> *"In addition to supporting and caring for those who've been harmed by family violence, it's actually the prevention work that can come into this. So, it's actually a systems approach that can come out of the complexity of the work." – authoriser*

> *"We get a better insight into the complexity of systems that operate around certainly vulnerable, or children and families experiencing vulnerability…. We go from relying on the anecdotal and the insight that we get in certain places because there are people there to tell the story to actually lifting it up to say, how do we address the inequities that we're seeing or where is there a better investment to follow the initial investment for an even better outcome? …The complex systems we're working with actually require structural change" - authoriser and facilitator*

The third theme that emerged from both authorisers and leadership was the **sustainability** of the current funding model. The current model requires that communities provide substantial funding to implement the CMS, including supporting staff time to engage in preparation activities and implement the surveys. This poses a barrier to participation and sustainability where such resources cannot be prioritised.

> *"I think in the future any community-based partners would need resources to undertake this work. While the NCLLEN led the LGA, community and school engagement work, it was linked and aligned with the objectives of School Focused Youth Service; In effect it was*

> *piggy backing very slim resources including FTE [staff] that will not necessarily be available in the future. Ideally in relation to school-based participation, it would be great to have DET endorsement and schools requested to participate by DET, Catholic Ed and Independent schools peak bodies – this provides an authorising environment for local engagement and makes it core business rather than an additional request. Schools, I believe would then - with support - actively engage in the survey" – authoriser*

It was also raised that resources were scarce in everyone's roles and that implementation was achieved in this trial with a shared approach to investment and ownership of the CMS. In the immediate term, a co-investment approach may continue to be needed.

> *"Recognising the budget that we've done this work on, because one of the barriers to developing really amazing surveys is just money, being able to get someone to bring to do that" – leadership*

> *"I think some of these communities, not all of them, but many of them will say to you, you have to support us collect the data, and I don't know about that… I don't think it's sustainable. And the thing is if you're trying to achieve a common goal you're not going to be able to divvy up the funding. People have to find their own funding together, and agitate their own space to get to from their funders, and then they bring that together, and that's part of their commitment to work with you and move forward." – leadership*

Enablers

Four themes emerged from authoriser and leadership conversation regarding enablers of the CMS. The first theme was an **aligned purpose:** a shared understanding of the purpose of the CMS contributed to community buy-in and commitment.

> *"I remember the selling point was about having an understanding of what was happening in our region, so that this could be a planning platform for extra services not only for families, but also for the community" - authoriser*

> *"The CMS does present an amazing opportunity to target investment through the creation of systems level (local, regional and state) partnerships that can ensure that future investment into child and youth well-being is grounded in evidence of the need for the investment rather than based solely on subjective perspectives… I think in this context [the pandemic] that it has been quite amazing what has been achieved and gives us an indication that if we get the settings and systems correct we could have something that makes a real impact in communities and regions." - authoriser*

A second theme was related to the **approach** that communities undertook that enabled success in data collection. These enablers included having community champions, particularly at multiple levels within the community, that authorised and promoted the work. Another enabler was the existing infrastructure and trust between organisations that enabled them to work together to meet a common goal. Community buy-in was further facilitated when the CMS could be aligned with an existing goal or commitment that was already engaging community partners.

> *"I think the trusted partnerships that we have across our community, and they're at all levels of organisations and community actually, were the key to making this work. We need our champions. We need the people on the side, giving support, linking in and connecting that up is a really critical part I think. We also need the people who have got that commitment and can-do attitude who really believe that this is important enough to actually try and problem-solve through how this we're going to make this work." – authoriser*

"I think one of the things that a lot of people said to us is having well to sort of refine the system to actually have make sure we've got a key set of champions in each place that we that can actually facilitate by communication both ways." - authoriser

"The existing partnerships of the NCLLEN to schools, LGAs and the BLG Health Services Network and its alignment to work already underway through the School Focused Youth Service initiatives with these groups' partners." - authoriser

"It's actually central to the partnerships, actually linking up with the intent and with the project. I think the North Central LLEN also brought the authentic and trusted relationship of to the product for us in the region, in the communities, so you were able to actually trust this process to start with - it was credible, it wasn't going to harm our communities." – authoriser

Usefulness of the data was a third enabler that emerged from authoriser conversations. A common motivation for participating in the CMS was that the data would fill gaps in existing data collections and offer a different perspective about the context of children and young people's social environments. Authorisers also spoke of the immediate benefits of initiating conversations across sectors and strengthening existing collaborations.

"I think one of the things that we hoped would come out of, and definitely has for our smaller communities and Maternal and Child Health services is a great example, where they've actually been out to start conversations because of these surveys and really delve into sort of individual challenges as well" - authoriser

"This is all about data or for us. It's all about data bringing together and having that shared sort of language that we can all speak to. And then we can make decisions in a really effective way" - authoriser and facilitator

"We actually know that there are other layers, and that where none of us are working in isolation, so that's structural, you know, you get structural change when you actually start to join the dots." - authoriser

Lastly, a fourth theme that enabled participation was that communities identified the CMS as being **locally-led**. The local partnership between the CMS implementation team and the participating communities not only facilitated trust, but also enabled conversations and buy-in among community authorisers and community leadership. Several authorisers described the CMS model as being different to previous experiences where external institutions have collected data without the data necessarily being relevant or useful to participating communities.

"This is actually about our community...We will get that information back and we'll be able to use it… Part of what the LLEN's commitment was we will make sure this comes back for our community" – authoriser

"The leadership was enabled because this data became its circle back. It became information that was useful to people who are actually working directly with the children and families. So, it was the fact that it was data not being taken away from us, but was actually data that was actually brain brought back to us." – authoriser

"People wanted to participate. They want to be heard. They want to be part of something." – authoriser

4.1.2 Challenges and Enablers conclusions

One of the biggest challenges authorisers identified to implementing the CMS was finding the capacity (time, staff) within school and community workforces and the funding to collect the data. Consistently, authorising teams understood the purpose and value of the CMS, but in some cases faced barriers garnering other support due to the volume of other surveys, limited budgets, and external factors such as emergency responses to the pandemic that took workforce priority.

However, authorisers highlighted that communicating the purpose of the CMS was an enabler that brought other community leadership on board. Often this purpose was aligned with existing community commitments and partnerships that were possible to leverage. Communicating the unique features of the CMS was also identified as an enabler for participation, including the shared ownership of the project, collection of local data for community action, filling a gap in ages and stages where there currently are no data, and focusing on social context including community structures and systems that can support healthy development.

Opportunities and recommendations 5

5.1 Opportunities

The CMS data collection of eight three-yearly surveys, collected for the whole of population, is a substantial endeavour that has potential significance for the monitoring of social and emotional development in Australia and internationally.

The trial implementation of the CMS has demonstrated for the first time that such an approach can be effectively implemented at a population-level in communities. It represents a milestone in progress towards the ultimate goal of building a monitoring system of early life course contexts and social and early emotional development that can inform planning and policies to support children and young peoples' health, well-being, and social participation.

Results from this evaluation identified that survey facilitators and authorisers felt ready to implement the surveys, in general found the survey content and delivery methods to be acceptable, could feasibly roll-out the data collection, and could engage participants to achieve high response rates. Areas for improvement included adapting the Year 3 survey to be more child-friendly, investigating increased contact opportunities for the Young Adult survey, reviewing the surveys for language and cultural relevance, and streamlining processes to return data back to communities faster, which would also encourage future participation.

Opportunities for the future of the CMS could be grouped into three themes. Community authorisers and implementation leadership identified CMS data as a **catalyst for improvement**. Key to this were demonstrating the usefulness of the data for continuing community and government buy-in and continuously initiating and strengthening partnerships between researchers, communities, and government.

> *"I think, if you can, people can see what's in it for them upfront, they're more likely to actually distribute the surveys and follow up and do the work because sometimes it's a lot of work for people on the ground in terms of that implementation and if they can't see a purpose they're reluctant to put resources or time and effort into it. And I think that's the role of the local government - so the collective impacts that are set up to actually drive that messaging." - authoriser*

> *"Well you have turn over, so those people that were really committed to it at the start will want to see it through but all of a sudden you have a change, say, in principal, or people that I focused on it… They don't have buy-in, because they have other priorities that they're trying to work through… Refreshing that buy-in throughout the journey, because it's a longer-term project and you need to not assume that everyone's got the same knowledge that was there at the start of the project." – authoriser*

> *"It needs to have representatives from different areas in it to make it work, because we know that there's lots of indicators systems that have been developed to track progress… They've*

being developed over the years but they've not necessarily influenced government. So the only way I think that this would work is where government has a seat in the partnership around the table, and it's not just a community exercise - it's a community-government research partnership model, where everybody's invested in getting the best outcomes based on the data." - leadership

The second theme was demonstrating **evidence of progress** towards generating new knowledge about children and young people, creating data visualisations to promote understanding and local use of the data, shifting narratives from intervention to upstream health promotion and population health, and linking data to monitor the impacts of the evidence on policies and decision-making.

"I think the SEED [Social and Early Emotional Development] from Deakin, which is the portal – all that's supporting how we respond to this will be really critical as well. And that's great that's going to be available to support communities in their responses…So I think that's the part we need to stay focused on to keep you everyone engaged because it's critical that we have everyone on this whole journey across the community." – authoriser

"I suppose if another community is going to do it, they want to know it's successful, and want to know what the end game is… like positive case studies, not just how it's been tracked over time, but also how it has actually been a catalyst in terms of improvement." – authoriser

The third theme identified by authorisers and leadership was opportunities for **expansion** across other regions, and potentially all of Australia. Both authorisers and leadership expressed an interest in expanding the CMS to other communities, and that a key facilitator of this will be identifying the conditions within communities that make implementation possible. The leadership team additionally suggested developing an implementation protocol such as micro-credential training that builds community capacity and changes the role of the central implementation team to one of lighter support and mentorship.

"You know it follows suit that you'd want this information, and then you can actually compare to similar regions." – authoriser

"[It's about] what are the really core things that make this work in our communities, and actually documenting that. So that then that's you know it's not a risky for other places... We probably potentially took for granted some of the community infrastructure, as in the human infrastructure that we've had in and that real commitment that we've had on the ground…I think that's really critical to future success in other areas, because I would hope that this could be rolled out all over Australia." – authoriser

"Can we micro-credential training of community leaders or community coalitions in a way that enhances their autonomy because a champion model, which is where you have a person coming in really putting huge amount of effort from the outside helping them collect the data, is not ultimately a sustainable model. It's a model that you can use while you're learning things. Sustainability would require the ability for people to know what to do… to be trained in what to do… to be self-sustaining, to be autonomous with light support, mentoring almost from [the implementation team] rather than an actual heavy lifting, doing role" – leadership

"Having someone there they could check things out with all the time is really important. Someone who really understood…The longer-term goal is that people understand there are things that they need to achieve, and can achieve this. That's the most important thing and it's about social capital." - leadership

5.2 Recommendations

This evaluation concludes with four recommendations for improvements to the CMS implementation.

1. **Sustain the current model and trial the protocol in a new location**. Learning from the "core things that make it work," in rural communities, it will be important to continue to replicate these successes as well as expand the trialling to implementation in different cultural settings and in larger urban areas. Expansion will also provide an opportunity to test different models of the implementation protocol that rely less on the central implementation team, for example a micro-credential training model that facilitates local championing and implementation, whilst monitoring to ensure workforces are not overburdened within the community.

2. **Further examine modifications to the Year 3 and Young Adult survey.** Suggestions for the Year 3 survey included adapting the survey questions and interface to be more child-friendly. Additional investigation is needed to understand how young adults perceive the Young Adult survey content and delivery, and how the delivery system can be improved to allow more interaction and feedback from potential participants.

3. **Further examine priority groups and cultural appropriateness**. Particularly as the CMS is trialled in different settings, it will be important to test the surveys with diverse cultural groups for appropriateness and relevance. It will also be important to identify ways to remove language barriers, whether that is offering the surveys in multiple languages, or authorising extra support to facilitate the survey one-on-one with English language learners.

4. **Consider the denominator used to calculate response rates.** Response rates varied depending on the choice of denominator from community service data versus Australian Bureau of Statistics Estimated Resident Population data. This difference was most notable for the Young Adults survey. Consultations should be undertaken with communities to interpret the meaning of response rates calculated from each denominator. Response rates should be presented consistently going forward to facilitate monitoring and interpretation of the data over time.

5. **Accelerate data reporting and visualisation**. Understanding the CMS purpose and seeing the usefulness of the results were identified as key drivers of authoriser buy-in and community participation. Community authorisers frequently spoke of the risks for communities of signing up with external data collection initiatives if they do not receive their data back. Trust of the community leadership and CMS implementation teams and receiving the data reports shortly following data collection were identified as facilitators for maintaining community buy-in and garnering support for future scale-up.

CMS implementation protocol A

A.1 CMS protocol

The CMS protocol was approved by the Royal Children's Hospital Research Governance and Ethics under the title, Trial of a Comprehensive Monitoring System of Social and Early Emotional Development. A copy of the protocol can be obtained by request from the CMS implementation team or from the Royal Children's Hospital Research Governance and Ethics department.

A.2 CMS implementation overview and timeline

Objectives

The overarching aim of the CMS is to inform policy, research, and practice to help improve children and young people's social and emotional development. A core objective of implementation is to facilitate data capture across the whole of population to be able to identify trends and inequities between population groups that can be quantified and mapped to support local action. Participating communities were advised of these objectives and informed that they would need to facilitate at least a 75% response rate within each survey age group to obtain accurate data for their community.

Community engagement

Implementation of the suite of CMS surveys is an ambitious effort, involving substantial community engagement across Maternal and Child Health Services, the primary and secondary school systems, and Local Learning and Employment Networks (LLEN). In this trial of the system in Buloke and Loddon, the CMS was supported by community authorisers (municipal council members, Senior Education Improvement Leaders, community program managers) who approved the time commitment and funding for implementing the surveys, and survey facilitators (Maternal Child Health nurses, teachers, LLEN staff) who supported implementation of the surveys with families, students, and young adults. The overall implementation was coordinated by a central implementation team with project members from the Department of Education and Training and the Centre for Social and Early Emotional Development at Deakin University.

Loddon and Buloke shires were selected for the trial based on their previous participation in the trials of two early life surveys (Toddler Development Instrument, Middle Years Development Instrument) in 2018-2019. Two leaders within these communities managed the early childhood and local learning and employment networks, respectively, and had been key partners in the development of the CMS protocol. These two community leaders facilitated local survey implementation with support from the central implementation team.

Data collection was community-led and built into existing, government funded, universal services (Maternal Child Health, Schools and Local Learning and Employment Networks) to maximise response rates and promote sustainability.

CMS implementation process

Participation in all surveys is voluntary. The CMS protocol describes that Maternal and Child Health centres are the primary means of recruiting parents/caregivers of eligible children (infant and toddler surveys). All parents/caregivers attending Key Ages and Stages visits with an infant (within two weeks of birth) or toddler (ages 2-3 years) are invited to take part in the surveys. Parents/caregivers are provided an information sheet about the survey and what is involved in participation. Parents/caregivers are then invited by the Maternal and Child Health nurse to complete the survey either when they attend a Key Ages and Stages visit or at home. The data can be collected electronically via mobile phone, tablet, laptop, or other portable devices.

School surveys in Years 3, 6, 9, and 12 are completed by students online, during school hours, during one classroom session (45 minutes). Completion of the survey is guided by a teacher or a designated survey facilitator (e.g., school principal, counsellor, or school district staff) in a supported classroom setting.

All young adults (approx. age 21) who previously signed onto the Local Learning and Employment Network are invited to take part in the Young Adult survey. Efforts are made by participating communities to locate children and young people falling outside health centres, schools and Local Learning and Employment Networks to ensure the source sample is as close to community representative as possible.

CMS implementation timeline

The original CMS protocol was to implement the seven extension surveys in the same year as the 2021 Australian Early Development Census. In practice, implementation was delayed by repeated lockdowns and disruptions to health and education systems resulting from the COVID-19 pandemic. The Infant Family Survey and Toddler Survey were implemented as planned through the Maternal and Child Health platform in from July to September 2021.

School data collections were substantially disrupted due to the lockdowns and continued school closures. Despite these disruptions and increased demands on school staff, schools chose to participate in a data collection top-up in 2022 to be able to achieve the participation rates that would facilitate receiving population level reports on the wellbeing of their children. Top-up data were collected in schools June 20 to 24, 2022.

The Young Adult survey was implemented from July to September 2021.

Evaluation questions and indicators

B

Table B.1 Evaluation questions and indicators

Evaluation Question	Indicator	Data collections		
		Program data	*Facilitator survey*	*Authoriser consultations*
Readiness: How ready were communities to implement the surveys?	– Schools and communities understood the purpose of the CMS.	-	✓	✓
	– Survey administrators felt prepared to administer the surveys.	-	✓	-
Roll-out: How did the roll-out go?	– The surveys could be completed within a reasonable time frame.	✓	✓	-
	– The online delivery of the surveys was suitable.	-	✓	-
	– The survey content was suitable for participants.	-	✓	-
	– The protocol was completed routinely across services/schools and regions.	-		✓
Response rates: What were the conditions that led to high/low response rates?	– The surveys reached at least 90% of the target populations in each of the participating communities.	✓		-
	– Survey refusals were minimal across the eight census surveys.	✓	✓	-
	– Schools and communities were engaged in participating.	-	✓	✓
Sustainability: Were data collected efficiently? What processes could be improved in future implementations?	– The CMS protocol is implemented efficiently (including optimised cost effectiveness).	-	✓	✓
What were the strengths and weaknesses in survey preparation and implementation?	n/a	✓	✓	-
How can the CMS implementation protocol be improved, including to maximise response rates?	n/a	✓	✓	-

Source: ACIL Allen, 2023

Consultation tools C

C.1 Discussion guide

PROCESS EVALUATION OF THE COMPREHENSIVE MONITORING SYSTEM: CONSULTATION GUIDE

You are invited to participate in a discussion about your experiences with the implementation of the Comprehensive Monitoring System of Social and Early Emotional Development.

This discussion is part of the process evaluation of the implementation trial. ACIL Allen Consulting has been engaged by the Department of Education and Training and Deakin University to carry out this evaluation.

Your assistance is greatly appreciated.

C.1.2 Background

Comprehensive Monitoring System

The Comprehensive Monitoring System (CMS) of Social and Early Emotional Development trials eight census questionnaires from infancy to young adulthood that shed light on child and adolescent social and emotional development, as well as their social contexts. The Comprehensive Monitoring System trial has occurred in three communities in Victoria.

The evaluation

The evaluation seeks to understand whether implementation is efficient and effective, and to identify any challenges and barriers that need to be addressed, so that future implementation can be improved. The evaluation follows completion of data collection from throughout 2021 and 2022.

Why am I being asked to participate in this consultation?

As a leader at your community site, you have significant involvement in promoting and strengthening the wellbeing of young people.

You are invited to participate in a small group interview to understand your engagement in the trial, experiences with implementation, and how the approach can be improved in the future.

Areas for discussion are included below to assist in guiding the consultation.

What will the consultation involve?

The consultations will be undertaken as part of a small group. We expect consultations to last approximately 50-60 minutes Consultations will be conducted by videoconference or phone.

The consultations will take place in October 2022. Participation in consultations is voluntary and you can stop at any time.

Who do I contact if I have further questions?

Should you have any queries about the consultation or the wider project, please contact: Tom Peachey, project manager, at t.peachey@acilallen.com.au.

C.1.3 Discussion questions

Purpose

6. What do you see as the purpose of the Comprehensive Monitoring System for families and the community? Why did you / your organisation get involved?

Planning and preparation

7. How were you involved in the planning and preparation for the data collection?
8. Was your role sufficiently clear? What could be improved?

Implementation

9. What were the enablers for implementation of the questionnaire/s (e.g. leadership, service resources, implementation support)?
10. What were the barriers for implementation of the questionnaire/s, considering:
    a) Timing of the collection during the year
    b) Online delivery method
    c) Value for facilitators and participants
    d) Appropriateness for participants
    e) Ease/difficulty of reaching participants?
11. Overall, did implementation occur as anticipated? If there were changes, were these appropriate?

Benefits and opportunities

12. What are you anticipating will be the benefits from participation? To what extent have these been achieved?
13. Considering future collections in communities:
    a) What aspects of implementation should be improved?
    b) Are there specific risks in future questionnaire implementation?

Final

14. Are there any other matters you would like to raise regarding the questionnaire implementation?

C.2 Survey

Consent Page

Thank you for taking part in this brief survey. Your feedback is extremely valuable.

This survey is part of an evaluation of the implementation of the Comprehensive Monitoring System that trials eight census questionnaires from infancy to young adulthood to shed light on child and adolescent social and emotional development, as well as their social contexts. ACIL Allen was commissioned by the Department of Education and Training to undertake the evaluation.

Why am I doing this survey?

As a facilitator of one or more of the eight questionnaires, we are seeking your insights into the preparation for questionnaire delivery, experiences in questionnaire implementation, and how this process can be improved. Data will be stored on secure servers based at ACIL Allen and will be disposed after 7 years. Retained data will have contact details removed, and will be stored at ACIL Allen, Deakin University and the MCRI.

Your answers will remain anonymous and will be grouped together with feedback from other survey facilitators. ACIL Allen will be responsible for analysing the information that you provide.

This online feedback survey is voluntary and you can stop at any time.

How long will the survey take?

This survey will take you 10 to 15 minutes to complete. Please complete the survey all in one go.

The survey will close on Monday, September 5.

How to start the survey

To start the survey click the button below. Starting the survey indicates your consent to participate.

If you have any questions on this survey, please contact:

Tom Peachey, project manager at t.peachey@acilallen.com.au

Process Evaluation of the Comprehensive Monitoring System: Online Feedback Survey

Background

1. In which local government area (LGA) did you implement the Comprehensive Monitoring System questionnaire(s)? If you work across more than one LGA, please select multiple answers.

— Buloke
— Loddon
— Gannawarra
— Other___

2. What is your professional role? (Select one -> use for skip logic)

— Nurse or playgroup facilitator
— School teacher or education staff
— School principal
— Local Learning and Employment Network staff
— Other_____ (Skips all school/centre based questions, asks ques 3-7, 10, 13-15)

3. Which questionnaire age group(s) did you facilitate? Select all that apply)

— Infant/family (approx. 1-2 months old)
— Toddler (approx. 3 years old)
— School Year 3
— School Year 6
— School Year 9
— School Year 12
— Young adult (approx. 21 years old)
— Supported questionnaires indirectly

Readiness

4. Which activities did you participate in to prepare for delivering the questionnaire(s)? Please select all that apply.

— Training session from DET
— Briefed by manager or principal
— Watched online video
— Read guidance materials
— Accessed online FAQs
— No specific preparation
— Other _____

5. On commencement, to what extent did you feel ready for delivery of the questionnaire(s)?

— Not at all ready

— Somewhat ready
— Ready
— Not applicable

6. To what extent did you feel confident in introducing and explaining the questionnaire(s) to respondents?

— Not at all confident
— Somewhat confident
— Confident
— Not applicable

7. How could preparation for the questionnaire(s) be improved in the future?

— (Open-ended response)

Roll-out

Begin Branching (Questions personalised depending on professional role)

If Nurse/Playgroup facilitator:

8_1. How did you deliver the survey to your families? (Choose all that apply)

— Emailed or texted an online link to the questionnaire
— Asked families to complete the questionnaire in the waiting room
— Integrated the questionnaires into my session with families
— Other

8_2. Approximately how much time did you spend explaining and/or discussing the questionnaire with your families?

— None
— Up to 10 minutes
— 10 to 20 minutes
— Other

If Teacher or Principal:

8_3. Approximately how much time did it take to deliver the questionnaire to your class? (If you facilitated multiple questionnaires, please comment in the Other box).

— Less than one classroom session
— One full classroom session
— Between one and two full classroom sessions
— More than two full classroom sessions
— Other

If Nurse/Playgroup facilitator:

9a_1. How clear were the questions in the questionnaire for your families/young adults?

— Completely clear (did not need to explain any questions)
— Mostly clear (needed to explain a few questions)
— Somewhat unclear (needed to explain several questions)
— Very unclear (spent a lot of time explaining the questions)

9b_1. [If somewhat or very unclear] Please explain any difficulties or issues

If Teacher or Principal:

9a_2. How clear were the questions in the questionnaire for your students?

— Completely clear (did not need to explain any questions)
— Mostly clear (needed to explain a few questions)
— Somewhat unclear (needed to explain several questions)
— Very unclear (spent a lot of time explaining the questions)

9b_2. [If somewhat or very unclear] Please explain any difficulties or issues

If LLEN:

9a_3. How clear were the questions in the questionnaire for your young adults?

— Completely clear (did not need to explain any questions)
— Mostly clear (needed to explain a few questions)
— Somewhat unclear (needed to explain several questions)
— Very unclear (spent a lot of time explaining the questions)
— Don't know

9b_3. [If somewhat or very unclear] Please explain any difficulties or issues

End branching: everyone

10a. How confident were you delivering the questionnaire(s) using an online format?

— Completely confident
— Mostly confident
— Somewhat unconfident
— Not confident at all

10b. [If somewhat unconfident or not confident at all] Please explain any difficulties or issues

— (Open-ended response)

Response rates

Begin Branching (Questions personalised depending on professional role)

If Nurse/Playgroup facilitator:

11a_1. Did any families decline to participate or withdraw from the survey? If so, please list all the reasons that have been provided.

— Yes
— No
— I don't know

11b_1. [If yes] Please describe the reasons why families declined or withdrew

— (Open-ended response)

12_1. What were the strategies that were most effective to engage families to complete the questionnaire?

— (Open-ended response)

If Teacher or Principal:

11a_2. Did any students or parents of students decline to participate or withdraw from the questionnaire(s)?

— Yes
— No
— I don't know

11b_2. [If yes] Please describe the reasons why families declined or withdrew

— (Open-ended response)

12_2. What was the general level of engagement from your students when completing the questionnaire(s):

— Completely disinterested/disengaged
— Somewhat disinterested/disengaged
— About average
— Somewhat interested/engaged
— Very interested/engaged

If LLEN:

11a_3. Did any young adults in your network decline to participate or withdraw from the survey?

— Yes
— No
— I don't know

11b_3. [If yes] Please describe the reasons why young adults declined or withdrew

— (Open-ended response)

12_3. What were the strategies that were most effective to engage young adults to complete the questionnaire?

— (Open-ended response)

End Branching (everyone completes same questions)

Renewal

13. Were there any challenges or barriers you experienced during implementation that should be addressed in future implementations (if not already described)?

— (Open-ended response)

14. What are two main improvements that would make it easier for facilitators of the questionnaire/s in the future?

— (Open-ended response)

15. Are there any other comments or suggestions about the surveys that you would like to share?

— (Open-ended response)

Thank you for participating. Your responses have been received.

End of survey

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