

Kids Matter

AUSTRALIAN PRIMARY SCHOOLS
MENTAL HEALTH INITIATIVE

Overview of the initiative:
Framework, components
and implementation details

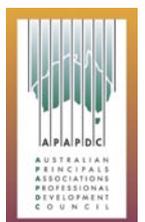


Australian Government

Department of Health and Ageing



beyondblue
the national depression initiative
www.beyondblue.org.au



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This overview has been prepared to provide information on KidsMatter to schools, educators, policy makers, mental health personnel, parents and others who are interested to know more about this national mental health initiative for Australian primary schools.

Please refer to the contacts listed on page 17 for any further information.

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What is KidsMatter?

KidsMatter is the first national mental health promotion, prevention and early intervention initiative specifically developed for primary schools. It involves the people who have a significant influence on children's lives – parents, families, care-givers, teachers and community groups – in making a positive difference for children's mental health during this important developmental period.

The KidsMatter initiative aims to:

- a) improve the mental health and well-being of primary school students,
- b) reduce mental health problems amongst students, and
- c) achieve greater support for students experiencing mental health problems.

To achieve these aims, KidsMatter promotes collaborative involvement across the health and education sectors. It provides a **framework** for mental health promotion, prevention and early intervention (PPEI) that is specifically oriented to primary schools, rather than presenting schools with a single defined program. Through the KidsMatter framework, schools are provided with the resources to implement a comprehensive approach to addressing students' mental health tailored to the needs of each individual school's particular students and community. In this way KidsMatter builds on the work schools are already doing to address the mental health of their students through National, State, Territory and sector-based mental health initiatives and policies.

KidsMatter acknowledges the critical role that schools can play to enhance factors that promote children's resilience, such as a sense of belonging and connection. It emphasises a sense of shared community responsibility for children's wellbeing and promotes partnerships with parents and a range of community services/agencies to improve children's mental health and family relationships. It recognises that teachers can and do make a significant difference in the lives of children and seeks to enhance the capacity of schools to recognise mental health risks in children and respond effectively.

KidsMatter uses a risk and protective framework to focus on four areas where schools can strengthen the protective factors for students' mental health and minimise the risk factors. These four areas make up the core content of KidsMatter. They comprise the following four KidsMatter components:

1. A positive school community
2. Social and emotional learning for students
3. Parenting support and education
4. Early intervention for students experiencing mental health difficulties

Implementing KidsMatter requires a planned and coordinated whole school approach. This involves the active commitment of school principals and the engagement of all staff in the implementation process. School leadership groups are assisted by state and territory-based Project Officers in applying a systematic 7-step problem-solving model to plan and coordinate KidsMatter implementation. The 7-step model supports teachers' central role in delivering the initiative and enables schools to systematically assess their strengths and needs in the four component areas. With the assistance of KidsMatter tools and resources, primary schools are supported to develop their capacity for promoting children's mental health and wellbeing and to respond effectively to mental health concerns affecting their students.

Why KidsMatter has been developed

The need for a children's mental health initiative

Concern for action to address children's mental health issues has been growing in Australia (and internationally) in response to population trends that indicate troubling rates of susceptibility to mental health problems. Findings from the National Survey of Mental Health and Well-Being suggest that 14% of Australian primary school children experience mental health difficulties (Sawyer *et al.*, 2000).

Given these figures and a low level of access to mental health treatments and interventions, there is a need for population based models for addressing mental health. Australia's National Mental Health Plan (2003 – 2008) promotes a population health framework that seeks to address a range of psychosocial and environmental determinants of mental health (Australian Health Ministers, 2003). It emphasises the need for cross-sectoral linkages that can build local capacity for mental health promotion, prevention and early intervention to address particular local needs and circumstances.

Mental health and schools

School is the most significant developmental context, after family, for primary-aged children. Since almost all children attend school, schools are ideally placed to promote children's mental health. Schools are also well positioned to provide parenting resources to families who may be seeking support for mental health or general child development issues. Research indicates that, after GPs, teachers are the professionals most likely to be asked for advice on children's emotional or behavioural problems (Sanders *et al.*, 1999).

Schools themselves have also become increasingly concerned about a range of behavioural problems relating to mental health issues, including aggressive behaviour and bullying, for which specialist interventions and additional

professional support may be required. While teachers cannot and should not be expected to take on the role of mental health professionals, providing schools with clear, relevant and comprehensive resources for promotion, prevention and early intervention for children's mental health will help teachers more effectively meet the needs of the children in their care and minimise behaviour problems. Addressing children's mental health needs helps teachers get on with teaching and children get on with learning.

A range of mental health and mental health-related initiatives have already been implemented in Australian schools. These include programs for promoting wellbeing and resilience through social and emotional learning as well as a number of issue-specific programs, for example, suicide prevention, early intervention for depression, anti-bullying, promotion of cultural diversity, safe schools etc. While positive effects have been shown for a number of such programs there is a need for a comprehensive initiative that considers the range of risk factors and mental health issues for children and provides a framework that will enable schools to assess the particular needs of their students and select the most appropriate programs to address them.

Crucial for any initiative to promote children's mental health at primary level is the need to involve families. This entails informing and involving parents and carers in school-based mental health initiatives, and, most importantly, enabling families to access relevant information and support services for enhancing parenting/carer skills.

Mental health and learning

Good mental health is integral to academic learning (CASEL, 2003; WHO, 2006). Mentally healthy students arrive at school 'ready' to learn and are more likely to achieve academic success. They are more motivated learners, have fewer behavioural problems and show greater commitment to their schoolwork. They are also more likely to experience success after primary school, with a greater likelihood of graduating and better prospects for constructive employment (CASEL, 2003; Flaspohler *et al.*, 2005).

Conversely, poor mental health reduces students' ability to learn. Children with emotional disturbance have the highest rates of school failure (Flaspohler *et al.*, 2005). Academic failure has lasting consequences, as the failure to learn in school limits a person's chances to succeed in the future.

Schools are more likely to achieve goals related to learning and academic success when students' mental health is prioritised and addressed with the same enthusiasm as numeracy or literacy (CASEL, 2003). Schools that promote mental health are also more likely to reach more underserved students, make fewer special education referrals and achieve higher levels of staff satisfaction (Paternite & Johnston, 2005).

The KidsMatter Framework

Comprehensive model involving the whole school community

The WHO's (1994) health promoting schools framework is premised on the assumption that schools working together with families and communities are crucial not only to reaching students, but to establishing the protective bases needed for prevention and early intervention in mental health, and to developing networks of social capital needed to help communities respond effectively to the needs of children and youth. Health promoting schools actively promote positive and nurturing school relationships, provide explicit curricula for students to develop social and personal skills, and engage in partnership with parents, families and communities to more effectively cater to children's wellbeing needs.

The WHO health promoting schools framework indicates that a whole school model for promotion, prevention and early intervention relating to children's mental health and wellbeing needs to target different levels of support and intervention for the whole school community and to particular groups. While parents and families are implicitly included in the WHO model as part of the whole school community, the primary school emphasis of KidsMatter also specifically recognises the key influence of parents and families on children's mental health at this important developmental stage. KidsMatter's whole school approach includes the involvement of parents/carers at each of the four levels of intervention outlined in the WHO framework, as indicated in the following model.

KidsMatter whole school model for mental health promotion, prevention and early intervention in primary schools

Who is involved?	Type of intervention	Level of intervention
<ul style="list-style-type: none"> Entire School community Teachers and parents/carers 	<ul style="list-style-type: none"> Create environment to promote positive wellbeing Cultivate collaborative parent/carer-teacher relationships Social support 	<ul style="list-style-type: none"> Whole school community General processes/communications
<ul style="list-style-type: none"> All students and teachers and parents/carers 	<ul style="list-style-type: none"> Education on social and emotional skills Parenting information/resources General parenting programs 	<ul style="list-style-type: none"> Part of general curriculum Part of general parenting education
<ul style="list-style-type: none"> Students with some signs of mental health difficulties (20–30% of students) and their parents/carers 	<ul style="list-style-type: none"> Relevant interventions including parenting programs 	<ul style="list-style-type: none"> Students needing additional help in school Parents/carers needing additional help
<ul style="list-style-type: none"> Students with mental health difficulties (3–12% of students) and their parents/carers 	<ul style="list-style-type: none"> Professional treatment Targeted parenting programs 	<ul style="list-style-type: none"> Students needing professional mental health intervention that includes their parents/carers

(table adapted from World Health Organisation, 1994)

Addressing risk factors and increasing protective factors

Research into prevention of mental health difficulties has identified a range of risk factors that are likely to increase the chances of children experiencing poor mental health. A number of protective factors, characteristics or conditions that can improve children's resistance to risk factors, have also been identified. Protective factors act to strengthen children's mental health and well-being, making it less likely they will develop mental health problems. KidsMatter focuses on some key areas that research has shown can increase protective factors and really make a difference to children's mental health.

Risk and protective factors may be identified in relation to individual skills, needs and temperament, familial circumstances and relationships, school context, specific life events and social environment, as indicated in the following table. It should be noted that the presence of risk factors does not mean a given child will experience mental health difficulties. However, when multiple risk factors are present this likelihood is significantly increased.

In addition to impacting directly on children's overall wellbeing, risk and protective factors influence academic performance. Teaching children skills for social and emotional competence not only improves their wellbeing; it has also been found to improve motivation and school performance (Bernard, 2004). These positive impacts apply to both general school populations and to specific target groups (McGrath, 2005).

Risk and protective factors for children's mental health

	Protective factors	Risk factors
Individual Children's abilities and needs	<ul style="list-style-type: none"> • Good social and emotional skills • Positive coping style • Optimism • Easy temperament • School achievement 	<ul style="list-style-type: none"> • Poor social and emotional skills • Impulsivity • Pessimistic thinking style • Difficult temperament • Low IQ • Low self esteem • Disability
Family Circumstances and relationships	<ul style="list-style-type: none"> • Family harmony and stability • Supportive and caring parents/carers • Strong family norms and values • Responsibility (of child) within the family 	<ul style="list-style-type: none"> • Family disharmony, instability or breakup • Harsh or inconsistent discipline style • Low parental involvement • Family substance abuse • Family mental illness • Disability of parent or sibling
School Practices and environment	<ul style="list-style-type: none"> • Positive school climate that enhances belonging and connectedness • School norms against bullying and violence • Opportunities for success and recognition of achievement 	<ul style="list-style-type: none"> • Negative school climate that does not effectively address issues of safety, bullying or harassment • Peer rejection • School failure • Poor attachment to school • Inadequate or harsh discipline policies and practices
Life events/situations Opportunities and stressors	<ul style="list-style-type: none"> • Opportunities available at critical points • Involvement with significant other/s 	<ul style="list-style-type: none"> • Physical, sexual or emotional abuse • Difficult school transition • Death of family member • Emotional trauma
Social Access, inclusion and social cohesion	<ul style="list-style-type: none"> • Participation in community networks • Access to support services • Economic security • Strong cultural identity and pride • Cultural norms against violence 	<ul style="list-style-type: none"> • Discrimination • Isolation • Lack of access to support services • Socioeconomic disadvantage • Neighbourhood violence and crime

(table adapted from Commonwealth Dept of Health and Aged Care, 2000 & Spence, 1996)

KidsMatter uses a risk and protective framework and focuses on four areas where schools can strengthen the protective factors for students' mental health and minimise the risk factors. Schools, through their ongoing contact with children and families, are well placed to address several of the risk and protective factors outlined above.

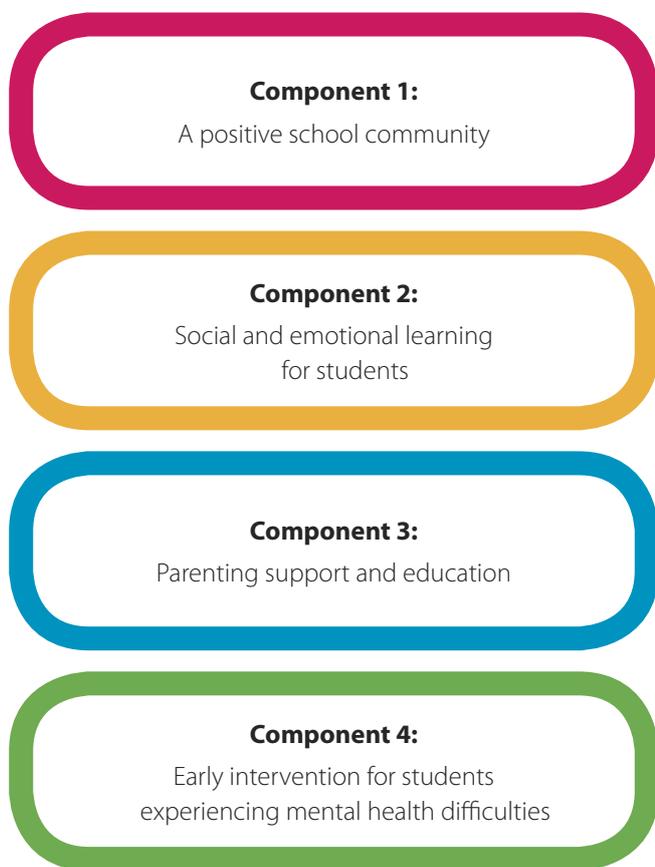
Firstly, schools can provide a positive school climate where the sense of belonging and connection can help to protect students from developing mental health difficulties. Schools can also teach students social and emotional skills to strengthen their mental health. Schools also provide an access point for families, and are in a position to provide parents and carers with information and resources on parenting to positively affect their children's mental health.

Lastly, due to their close contact with students, teachers are ideally placed to identify any of their students showing early signs of mental health difficulties, and to assist them and their families to get the help they need.

The four components of KidsMatter

These four areas where schools can help to strengthen their students' mental health make up the core content of KidsMatter. Dividing KidsMatter into the four components is a way of making the task of improving students' mental health in schools more manageable. It also ensures that the efforts that schools put into this initiative are being focused most effectively across all the contributing/necessary contexts in children's lives and involving all the significant people impacting on children's mental health.

The four components of KidsMatter are:



Component 1: A positive school community

Why a positive school community is important

A positive school community promotes feelings of belonging and connection for children, which are protective factors for mental health. A positive school community is also essential for school staff to ensure that the environment supports and promotes their wellbeing. When staff feel supported and connected they are more able to effectively provide for their students' academic, social and emotional needs. A positive school community that is welcoming and respects diversity will encourage parents, families and the community to participate and contribute to school life.

KidsMatter target areas

Three target areas have been identified for this component, with objectives for each target area that will encourage schools to provide a positive school community.

Target areas	KidsMatter objectives
1. Sense of belonging and inclusion within the school community	a. Caring and supportive relationships are encouraged within the school community: <ul style="list-style-type: none"> • Between staff • Between staff and students • Between staff and parents/families b. School communications and activities are inclusive and accessible to all students and families c. School addresses inclusion and belonging at a whole school level through specific policies and practices
2. Welcoming and friendly school environment	a. School staff are welcoming to families b. School environment (displays, artwork, facilities etc) reflects the varied cultures, family-types and needs of families at the school
3. Collaborative involvement of students, staff, families and the community in the school	a. Students, staff, families and the community are provided with opportunities to become involved in a range of school activities b. Students, staff, families and the community are encouraged to share their views and contribute to school decisions

Research indicates that children's sense of belonging at school is a key protective factor that promotes wellbeing as well as academic achievement. Students who have a sense of belonging and connectedness to the school have been found to feel happier, safer, and to cope better with the ups and downs of life than students whose school connectedness is low (Commonwealth Department of Health and Aged Care, 2000; Stewart, Sun, Patterson, Lemerle, & Hardie, 2004; World Health Organisation, 2006). Students who do not feel connected to school are more likely to experience low self concept, poor mental health, be in conflict with parents and teachers, and seek out alternative forms of social connectedness by belonging to negative peer groups (Spence, Burns, Boucher, Glover, Graetz & Kay, 2005).

Supportive relationships that respect and value diversity are important for promoting a sense of inclusion. Ensuring that policies and practices are inclusive and that school communications and activities are accessible to all members of the school community can enhance protective factors for positive mental health.

Making school environments family-friendly can help to overcome anxieties and signal to families that the school is a place for them as well as for their children, where support for a range of issues concerning their children can be found.

A positive sense of community is enhanced when all community members are encouraged to feel 'ownership' towards the school through opportunities to become involved in school activities, share their views and influence school decisions.

Component 2: Social and emotional learning for students

Why social and emotional learning is important

Social and emotional learning (SEL) involves developing the ability to recognise and manage emotions, promoting caring and concern for others, making responsible decisions, establishing positive relationships, and handling challenging situations effectively. Research has shown that SEL is fundamental to children's mental health, academic learning, moral development, and motivation to cooperate and achieve. Students who have social and emotional competencies and skills find it easier to manage themselves, relate to others, resolve conflict, and feel positive about themselves and the world around them.

KidsMatter target areas

Two target areas have been identified for this component, with objectives for each target area that will assist schools to provide effective social and emotional learning for students.

Target areas	KidsMatter objectives
1. Effective social and emotional learning curriculum taught to all students	<p>a. Curriculum is taught that:</p> <ul style="list-style-type: none"> • covers the five core social and emotional competencies • has research evidence of effectiveness (or at least an identified theoretical framework) <p>b. Curriculum is taught:</p> <ul style="list-style-type: none"> • formally (structured sessions that adhere to the program manual) • regularly • in a coordinated and supported way throughout the school <p>c. Teachers have the knowledge, skills and commitment to effectively deliver SEL curriculum</p>
2. Opportunities for students to practise and generalise SEL skills	<p>a. Opportunities are regularly provided for students to generalise their SEL skills in the classroom, school and wider community</p>

Research conducted by the Collaborative for Social and Emotional Learning (2003) has identified five core social and emotional competencies that should be addressed in any broad reaching social and emotional curriculum. These are:

- Self awareness
- Social awareness
- Self management
- Relationship skills
- Responsible decision-making

SEL competencies need to be taught in schools as an integrated part of the regular curriculum. Teaching of SEL needs to be coordinated and supported throughout the school across all year levels. It is important to provide children with developmentally appropriate opportunities to keep building their learning of key SEL competencies over the duration of primary schooling. Opportunities for students to practise and generalise SEL skills in the classroom, school and wider community are also crucial to implementing effective SEL.

Research into introducing SEL curriculum to schools has identified a number of barriers associated with teacher attitudes, confidence and skills that need to be addressed in order to successfully implement an SEL program. This highlights the importance of effective, ongoing professional development to support the delivery of SEL programs in schools.

A number of programs for teaching SEL competencies have been developed in Australia and internationally. KidsMatter has comprehensively reviewed a range of them and compiled a resource guide (KidsMatter Programs Guide) that includes information on the competencies targeted, the evidence base for the effectiveness of the program, the mode of delivery and the availability of specific professional development to support school implementation. Using this guide schools will be able to select the program that best suits their needs for coordinated implementation across the curriculum.

Component 3: Parenting support and education

Why providing parenting support and education is important

The family is central to children’s mental health (Tolan & Dodge, 2005). Researchers have identified a range of family-related risk and protective factors that influence children’s mental health (Commonwealth Department of Aged Care, 2000). By providing parenting support and education, schools can make a substantial difference to the mental health of children.

Schools, through their regular contact with families, provide an ideal access point for families to learn about parenting, child development and children’s mental health. Teachers are professionals with high community visibility, respect and trust, which means they are likely to be consulted by parents who are experiencing difficulties with child rearing (Sanders *et al*, 1999). By linking parents with appropriate information and education, schools can greatly assist parents in their child rearing and parenting skills, which will in turn enhance the mental health of their children.

Parenting support and education is crucial to the success of school-based mental health programs for students. Schools that implement SEL or behaviour management programs without providing parenting support and education are less likely to achieve goals related to students’ mental health. A collaborative approach, where parents and schools work together to promote SEL, is more likely to yield substantial and sustained improvements for children (Elias, 2003; Sanders *et al*, 1999; Fuller, 2001; Stormshak *et al*, 2005). Parents also need to receive information on how to identify mental health difficulties in their children and understand how the school can support students with mental health issues and help them get the most appropriate assistance.

KidsMatter target areas

Three target areas have been identified for this component, with objectives for each target area that will assist schools to provide effective parenting support and education.

Target areas	KidsMatter objectives
1. Effective parent-teacher relationships	a. Teachers have the skills, confidence and commitment to form collaborative working relationships with parents
2. Provision of parenting information and education	a. Effective information is provided to parents on parenting practices, child development and children’s mental health b. Parents are supported to access parenting education programs
3. Opportunities for families to develop support networks	a. Opportunities are provided for parents to get together in a supportive environment b. Community resources to support parents and carers are identified and promoted

Parents/families will be much more likely to access available support and education if they have developed collaborative relationships with the school. The nature of these relationships is impacted on by the parents/families themselves and their attitudes to and experiences of school – both currently and during their own education. Forming collaborative relationships with parents/families can be challenging. The needs of staff, particularly their skills and confidence in relating to parents on these issues may need to be considered. It is important that individual staff do not feel that it is their own responsibility to provide parenting information or education to parents/families – the approach taken needs to be coordinated and supported throughout the school.

Parenting information and education covers a broad spectrum from incidental or general information through to formal parenting programs. Some schools provide specific information and programs on parenting such as tips in the school newsletter, access to parenting books and videos, and web-based information. Parenting information on child development and on risk and protective factors for mental health can also be provided as part of transition programs or parent information sessions.

Community groups and agencies that specialise in parenting education can also be invited to provide information sessions and specific programs at the school.

School staff can increase levels of support available to parents by linking them with relevant services and organisations in the community. Schools can also provide opportunities for parents to develop relationships and support each other – reducing social isolation is a protective factor for children’s mental health.

Component 4: Early intervention for students experiencing mental health difficulties

Why early intervention for students experiencing mental health difficulties is important

Early intervention can make a significant difference to reducing mental health difficulties in children and can result in dramatic, practical benefits that are sustained over time (Durlak, 1998). Effective support during the early stages of a child’s difficulty can mean that mental health issues are resolved before they become worse or entrenched, improving the quality of life for children and their families.

While there is much evidence to support the effectiveness of early intervention, the problem is that very few children with mental health difficulties receive any professional support. Only one quarter to one third of children with a mental health problem are likely to attend professional services (Sawyer *et al*, 2001). This means that the chances of receiving effective help are quite low, even for children who are identified, resulting in many children going on to develop serious mental health difficulties.

Schools are in an effective position to identify and assist students who have early signs of mental health difficulties, due to the significant amount of contact that they have with students and their families. This is particularly so in primary schools where teacher interaction with students and their families is extensive and regular.

There are a range of ways in which schools assist students and families to access interventions. Some schools have very limited resources and supports while others have access to a range of supports in the community. Some schools work closely with their local community agencies and are able to offer many services and interventions at the school or in the local area. Each school will need to identify both the needs of their students and the supports available to them.

KidsMatter target areas

KidsMatter helps schools and teachers understand how to provide early intervention for students experiencing mental health difficulties. Three target areas have been identified for this component, with objectives for each target area that will assist schools to effectively address this component.

Target areas	KidsMatter objectives
1. Promotion of early intervention for mental health difficulties	a. School staff understand the importance of early intervention and convey this to students and families
2. Attitudes towards mental health difficulties	a. School community aims to destigmatise mental health difficulties
3. Processes for addressing the needs of students experiencing mental health difficulties	<p>a. All school staff are educated about how to identify students experiencing mental health difficulties</p> <p>b. There are processes in the school to identify and assist students who are experiencing mental health difficulties</p> <p>c. Appropriate interventions, including referral pathways, are identified and planned for students experiencing mental health difficulties</p> <p>d. Students and families are supported to access interventions</p>

Schools can support early intervention by identifying and assisting those students showing early signs of mental health difficulties (as well as those students identified as having ongoing mental health problems). Through their close relationships with students and their families teachers are often ideally placed to notice when students appear to be burdened or troubled, or when they show further early signs of difficulty, such as trouble with managing anger or anxiety, coping with change, working cooperatively and/or making and keeping friends. Teachers and schools can support those students already exhibiting significant mental health difficulties by referring them for help, by monitoring their functioning at school and by closely liaising with parents and support services. Research clearly shows that early intervention is more effective when parents, teachers and support services work closely together.

It is vital that school staff realise that they can really make a difference to students' lives. By recognising that they have a key role to play and understanding the benefits of early intervention teachers can make a profoundly positive contribution to a child's mental health and their future development.

KidsMatter professional development for this component will assist teachers to understand the early signs of children's mental health difficulties and the benefits of early intervention, which will in turn increase their confidence in assisting their students. Teachers also need to be clear about their specific roles and responsibilities in identifying and intervening with students experiencing mental health difficulties. This includes being clear about the limitations and boundaries of teachers' role in providing support for children with mental health difficulties.

There are a number of challenges for schools in identifying and assisting students who are experiencing mental health difficulties. Some teachers may perceive that it is not their role to become involved in this way with students. However, an important aspect of destigmatising mental health issues is to acknowledge when students are having difficulties and to encourage help-seeking. Teachers may feel they don't have the skills to deal with mental health issues in their students or may view students' behaviour problems as issues of discipline, rather than understanding them in the context of the students' mental health. Professional development for this component will help schools address these issues.

How KidsMatter is implemented in schools

Implementing KidsMatter across the whole school, involving all staff and engaging partnerships with parents and support from community organisations, requires that schools prioritise a specific focus on KidsMatter and develop a sense of ownership of the initiative. Implementing KidsMatter requires a planned and coordinated whole school approach driven by a strong and enthusiastic leadership team and a principal who can demonstrate and articulate commitment through active engagement in all stages of the initiative. A particular implementation model has been selected that includes consultation with staff so that their needs and concerns are central in the planning process.

The role of the KidsMatter Action Team in each school

To achieve the planned and coordinated approach required for effective implementation of KidsMatter, schools need to establish an Action Team to undertake the responsibility for coordinating and “driving” it. The Action team must include the school principal, and ideally

- a classroom teacher
- a parent representative
- a representative from the welfare/wellbeing team (e.g. the school psychologist/counsellor or student welfare coordinator) if the school has this person on site.

The school principal must engage in leadership practices that help ensure that KidsMatter links with the school's vision and policies. This also requires an ability to articulate the importance of mental health to learning and life, provide support to staff throughout the process, model the competencies to be taught, learned and utilised and be a visible and vocal supporter of KidsMatter to the entire school community.

Although the role of the principal is central in creating a school community open to change and improvement, one person cannot carry out this responsibility alone. It is important for the Action Team at each school to demonstrate their commitment through active engagement in planning and coordinating the implementation of KidsMatter. They also need to understand and support teachers' central role in its delivery, and to recognise the importance of engaging families. KidsMatter has been designed to support all school staff with resources and skills to carry out the initiative, so that their energies are spent on things that work.

Action Teams attend a 2-day briefing session prior to commencing implementation of KidsMatter, and are guided through the implementation process by State and Territory based KidsMatter Project Officers.

Implementation model: the 7-step process

To support schools to systematically integrate KidsMatter and maximise benefits for children's mental health a step-by-step implementation model has been specifically developed. The 7-step process is based on a problem-solving model that provides a range of tools to help KidsMatter teams recognise and respond to the particular context of their school. It enables each school to set goals and to identify their specific needs and concerns in relation to the KidsMatter objectives, develop strategies that best address these, and review progress. The 7-step process is used to develop an action plan that incorporates planning through problem-solving and a programmed review of the implementation of each component.

The seven steps are comprehensive and are designed to deal with implementation issues that may arise, including addressing any concerns or issues that teachers may have or that may be present in the school. Using the 7-step process for action planning incorporates problem-solving as well as a programmed review of the implementation of each component. The steps are:

1. Define the issues by writing a summary statement to describe the school's current situation related to each component (using information from the KidsMatter staff survey/audit described below)
2. Set goals based on each summary statement
3. Identify any concerns in achieving the goals
4. Develop a broad range of options/strategies to address concerns and achieve goals
5. Evaluate feasibility of each option/strategy
6. Formalise the component plan
7. Implement the plan and review

Implementation process

Before implementing KidsMatter it is important for schools to conduct an audit of what they are already doing to address mental health and wellbeing. A comprehensive KidsMatter Staff Survey has been developed for use by Action Teams as part of initiating KidsMatter in schools. The survey gathers information on what teachers are currently doing to promote students' mental health and asks their views on the school's current activities in relation to the areas covered by the four components of KidsMatter. This information is then collated into a comprehensive School Mental Health Map which then forms the basis for identifying the areas under each KidsMatter component where attention should be prioritised.

Following completion of the Mental Health Map, Action Teams work with the State-based Project Officer to develop and apply a tailored action plan for each KidsMatter component. The KidsMatter implementation manual outlines how schools can apply the 7-step process for implementing each of the KidsMatter components.

The Australian Rotary Health Research Fund (ARHRF) is generously providing funding to support the implementation of KidsMatter across the 101 participating schools. Schools will use Rotary funding to support the implementation of KidsMatter in their school. Schools identify resources or materials to be funded after completing their 'Component Plans' for the four KidsMatter Components.

KidsMatter supporting resources

KidsMatter Implementation Manual

A detailed and comprehensive manual is provided to each school to guide implementation of the KidsMatter initiative. The manual outlines the initiative, providing a rationale for each component and a structured implementation process. Key information on the KidsMatter framework is coupled with step-by-step guidelines for working through the 7-step model to enable schools to systematically address each of the four components.

The manual includes specific tools for Action Teams to use as part of the implementation process. These include:

- strategies for informing the school community about the initiative
- staff survey materials for each of the four components – these enable all staff to have input into identifying areas of both strengths and concerns in relation to each of the KidsMatter components
- a mental health mapping tool – this is used for collating survey results and helps Action Teams to prioritise the areas requiring development for their schools
- comprehensive planning documents for each KidsMatter component.

KidsMatter Programs Guide

The KidsMatter Programs Guide is a resource to complement the KidsMatter Implementation manual. It has been designed to assist schools to make informed choices when selecting school mental health programs. There is a diverse range of mental health programs available for use in Australian schools and it can be difficult and confusing for schools to know which programs to choose.

The KidsMatter Programs Guide provides summarised information on school-based mental health programs that can be used to address each KidsMatter component. This Guide is intended to help schools make decisions about which programs are most suitable for their needs and for their students. In compiling the Programs Guide an extensive list of available school programs were identified, reviewed and categorised according to explicit and relevant criteria. The Guide also includes a detailed overview of each program so that schools can compare and select programs to suit their particular needs. It is important to note that inclusion of a program in this Guide does not constitute an endorsement by KidsMatter.

The KidsMatter Programs Guide was developed by the Australian Psychological Society in consultation with a reference group comprising experts in children's mental health. Programs were included for review on the basis that they were widely available for purchase in Australia and were specifically designed for primary school students, for their parents, or for teaching staff or school administrators involved in the primary school community. Categorisation of component 2 programs in the Guide was informed by the core competencies framework for social and emotional learning. Programs relating to components 2, 3 and 4 were also rated for evidence of effectiveness, which was determined by grading the quality of research evidence currently available for each particular program. A sample categorisation table for component 2 is included in Appendix 1.

State and Territory-based Project Officers

KidsMatter State and Territory Project Officers, with knowledge and experience of children's mental health promotion, prevention and early intervention in educational settings, work closely with schools to assist in the process of implementation and review. They also help access programs and resources and participate in the evaluation of the Initiative. Project Officers undergo professional development in association with each KidsMatter component. This is the basis for them in turn providing professional development sessions for each component. These sessions are specifically designed to increase the skills, understanding and confidence of all school staff.

The competing demands of the school environment are such that efforts may get fragmented or set aside without effective and consistent professional support to help keep them on track and respond to issues that may arise. The role of the State and Territory-based KidsMatter Project Officers is therefore crucial to enabling schools to coherently and systematically implement a whole school approach to mental health.

Supporting resources for parents and teachers

In addition to the direct school support provided by the Project Officers, a number of additional resources for parents and teachers are currently under development and will be available for use by stage 1 schools from mid-2007. These include:

1. KidsMatter component posters

A set of four colourful KidsMatter posters for display in schools highlighting the four components of KidsMatter and key messages.

2. KidsMatter parent/carer information sheets

Information sheets relating to the four KidsMatter components will be provided to schools for attaching to parent newsletters on a weekly or fortnightly basis. The idea is to support parents/carers in their parenting role, to help them see that the school is actively promoting parenting/caring support and also to see the school as a place where they can access further information should they require it.

Content will be provided in parent-friendly language that will include relevant parent/carer and child stories, information and practical tips. In the initial production stage the parent/carer information sheets are being produced in English. It is anticipated that versions in community languages will be developed subsequently.

3. Mental health resource packs on relevant topics related to children

A series of more detailed resource packs for use by both teachers and parents/carers will be available to cover key topics to do with prevention, understanding and management of children's mental health issues. These packs will provide resources for both teachers and parents/carers who are seeking more specific information on how to manage particular emotional or behavioural issues and/or to understand more about specific mental health problems that may be affecting the children in their care.

Each of these resource packs will include:

- An overview, in accessible language, that reviews key issues and research findings in relation to the specific mental health topic
- Management tips for teachers and parents who may be dealing with a child affected by the particular mental health difficulty under discussion
- Suggestions for follow up – e.g. links to organisations or websites that offer assistance with the difficulties discussed

4. e-newsletter and KidsMatter website

A KidsMatter e-newsletter is produced four times per year. It contains updates on the process of KidsMatter implementation nationally as well as further information on developments in mental health and education that relate to each of the four KidsMatter components.

The KidsMatter website is currently being developed to enable it to provide a range of information about the KidsMatter initiative and links to further resources that support children's mental health.

Pilot phase and evaluation of KidsMatter

KidsMatter is being trialled in 101 schools across Australia with the view to making it available to all primary schools sometime during 2009. During this trial phase, it is important that KidsMatter is extensively and rigorously evaluated to learn what worked, what did not, and how KidsMatter can be improved for schools in the future.

The schools participating in the trial were selected from applications submitted in July 2006. The selected schools represent a cross-section of public sector, Catholic and independent schools from across the states and territories. Representatives from fifty-one of the selected schools were then involved in a two-day briefing in September 2006 and began their implementation of KidsMatter from that point on. The remaining fifty pilot schools will attend an initial briefing in September 2007 and will then commence their implementation.

A team based at Flinders University has been engaged to undertake evaluation of the KidsMatter trial. The evaluation will provide information about the implementation process and whether the initiative leads to improved mental health for students. The findings will inform the subsequent national roll-out of KidsMatter initiatives.

The particular areas of interest to be looked at in the evaluation include:

- Student mental health outcomes
- School engagement
- School staff knowledge, competence and confidence in working towards improved student mental health
- Parents/caregivers and family engagement with the initiative
- Parents'/caregivers' knowledge, competence and confidence in supporting the mental health needs of their children
- Protective factors targeted by the initiative
- Educational outcomes.

The evaluation process

Information for the evaluation will be collected on four occasions commencing in February 2007, and continuing in November 2007, March 2008 and November 2008. Most of the information will come from responses to a questionnaire to be completed by the parents and teachers of a randomly

selected sample of 75 students in each school. The questionnaire will measure outcomes from the KidsMatter initiative for staff, students, and parents. The questionnaire will also focus on some aspects of the implementation of KidsMatter.

In addition a small number of teachers and students from some schools will be invited to participate in focus group discussions or interviews. This part of the evaluation will provide more detailed information on what students and teachers themselves have to say of their experience of the KidsMatter trial, of what they have benefited from and how it might better meet their needs.

Further information on the evaluation of KidsMatter is available at the KidsMatter evaluation website:
<http://caef.flinders.edu.au/kidsmatter/index.html>

Glossary

Anxiety	Anxiety is defined as a feeling of worry or unease. Anxiety is made up of physiological symptoms (e.g., sweaty palms, 'butterflies' in stomach), behavioural symptoms (such as avoiding situations that trigger anxiety) and cognitive components (e.g. thinking "I'm going to fail and everyone will laugh at me").
Attachment	An emotional bond between children and those who care for them that provides children with a sense of security and safety. Secure attachment in childhood is associated with better social and emotional skills and pro-social behaviour. It is an important protective factor in children's mental health.
Depression	The term depression may describe either a general emotional state (i.e. feeling sad or depressed) or a 'mental disorder'. It is part of normal human experience to feel sad or depressed. However, when depressive symptoms are severe, ongoing (at least two weeks), and interfere with a person's everyday functioning a diagnosis of "depressive disorder" may be warranted.
Early intervention	In mental health, this term refers to picking up signs of a mental health problem and doing something about it. The goal is to prevent the problems worsening, for example, by providing support to the student or linking them to helpful programs.
Mental health	Mental health for children means the capacity to enjoy and benefit from satisfying family life and relationships and educational opportunities, and to contribute to society in a number of age-appropriate ways. It also includes freedom from problems with emotions, behaviours or social relationships that are sufficiently marked or prolonged to lead to suffering or risk to optimal development in the child, or to distress or disturbance in the family (Raphael, 2000).
Mental health difficulties and mental disorders	The term "mental health difficulties" describes a broad range of emotional and behavioural difficulties that cause concern or distress and frequently affect children's learning at school as well as their behaviour at home, at school and with peers. The term "mental health problems" is used interchangeably with mental health difficulties. "Mental disorders" are diagnosed by mental health professionals according to specific sets of criteria. For each kind of disorder the symptoms are more frequent and more severe than normally expected in children of a similar age and interfere with the child's everyday activities.
Prevention	Actions taken early to try to stop mental health difficulties from developing. Prevention actions can be taken for a whole population (eg everyone at school). Selective programs are provided for those groups at increased risk of developing mental health difficulties.
Protective factors	Protective factors may be thought of as strengths that enable children to maintain positive mental health and wellbeing even though risk factors for mental health problems are present. Protective factors may include aspects of the child's individual abilities, their family circumstances and relationships or their school's practices and environment.
Resilience	Resilience refers to a person's capacity to adapt to adverse situations in ways that enable them to cope positively and reduce or minimise negative impacts on mental health and wellbeing.
Risk factors	Risk factors increase the likelihood that mental health problems will develop. Risk factors are commonly categorised in relation to individual factors, family factors, school factors, specific life events or circumstances, and social factors.
Stigma	A negative association or preconception, which causes discrimination against a person or group. Negative stereotypes and misconceptions about mental health issues may lead to discrimination against those with mental health difficulties, and make it harder for them to seek help and support.

Stress	Stress occurs when the demands of any given situation are greater than the resources available for dealing with it. It often leads to physiological and psychological symptoms of anxiety. Moderate psychological stress can be a trigger for developing effective coping skills which help to reduce anxiety symptoms. Severe or prolonged stress may increase the risk of a mental health problem or disorder.
Temperament	Used to refer to the stable biologically-based characteristics that influence how children react and their likes and dislikes.
Trauma	Severe emotional shock caused by being exposed to extremely distressing or life-threatening experiences. Traumatic experiences often have long-lasting psychological effects.
Wellbeing	Wellbeing refers to the condition or state of being well, contented and satisfied with life. Wellbeing has several components, including physical, mental, social and spiritual.
Whole-school approach	A comprehensive and coordinated approach to developing school policies and implementing school practices to effectively meet the needs of students, staff, parents and the wider community. A whole school approach considers all the different aspects of a school, such as the curriculum, teaching style, classroom climate, school culture, student participation, physical environment, partnerships with the community, welfare services and the wellbeing of staff.

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A note on the KidsMatter development partners

The Department of Health and Ageing

The Department of Health and Ageing is responsible for achieving the Australian Government's priorities for mental health, population health, medicines and medical services, aged care and population ageing, primary care, rural health, hearing services, Indigenous health, private health, health system capacity and quality, acute care and health and medical research.

beyondblue: the national depression initiative

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance-use disorders in Australia. *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments with the key goals of raising community awareness about depression and reducing stigma associated with the illness. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise. One of the main priorities of *beyondblue* is to fund research initiatives such as KidsMatter which focus on the prevention and early intervention of mental health problems in Australian communities

Australian Psychological Society (APS)

The Australian Psychological Society is the largest professional association for psychologists in Australia, representing more than 15,000 members. The APS is committed to advancing psychology as a discipline and profession. It spreads the message that psychologists make a difference to peoples' lives, through improving their health and wellbeing and improving scientific knowledge. The APS works on understanding important social issues facing Australian society and contributes to community wellbeing by promoting access to better health care and evidence-based treatments. To achieve these objectives, the APS is also involved in several projects that promote mental health and the benefits of early intervention for identified mental health difficulties across the lifespan, including KidsMatter.

Australian Principals Associations Professional Development Council (APAPDC)

The APAPDC is the national professional development body owned by the four Australian peak principals' association – the Australian secondary Principals association, Australia Primary Principals Association, Association of Principals of Catholic Secondary Schools of Australia and Association of Heads of Independent Schools of Australia. It is governed by a board representing these four associations, and managed by a secretariat based in Adelaide.

APAPDC supports principals, their associations and their schools, to build effective and sustainable leadership in Australia, so that the learning and wellbeing of students and staff are optimised. It provides access to professional development activities and resources on leadership development, leading learning and leading the promotion of social and emotional wellbeing.

The Australian Rotary Health Research Fund (KidsMatter Supporter)

The Australian Rotary Health Research Fund was initiated in 1981 by the Rotary Club of Mornington in Victoria to establish a Trust Fund with the aim of raising funds for medical research. Early funding investigated the causes of Cot Death, and provided research funding in Environmental Health Problems of the Aged, Adolescent Health and Family Health. In 2000 the Fund launched its current program in support of research in mental illness and pledged to invest a minimum of \$5 million. The Fund has now expended more than \$7 million in research in mental illness as well as promoting awareness of mental health problems in the Australian community.

Appendix I

Sample categorisation key and categorisation table for SEL programs from the KidsMatter Programs Guide

Categorisation Key (Note: the criteria used in these tables are based on those of CASEL, 2003.)

Sound SEL instructional practice

<input type="radio"/>	No or minimal coverage.
<input type="radio"/>	Consistent provision of information only.
<input type="radio"/>	Consistent opportunities for guided in-lesson skill practise.
<input type="radio"/>	Consistent opportunities for skill application beyond the lesson.

Other factors

Evidence of effectiveness

* to count as a separate evaluation study, the report must be based on a different sample or data set than described in another study.

<input type="radio"/>	No evaluations were submitted that met the inclusion criteria, OR A preponderance of evidence does not show positive program impacts on behavioural measures.
<input type="radio"/>	Single study documents positive behavioural outcomes at post-test.
<input type="radio"/>	Multiple studies* document positive behavioural outcomes at post-test, OR A single study finds positive behavioural impacts at a follow-up at least one year after the intervention ended.
<input type="radio"/>	Multiple studies* document positive behavioural outcomes at post-test, with at least one study indicating positive behavioural impact at follow-up at least one year after the intervention ended.

Identified theoretical framework

The authors and/or developers of the program have identified a recognised theoretical framework that the interventions/activities used in the program are based on.

<input checked="" type="checkbox"/>	Yes
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Structured sessions

<input type="radio"/>	Program comprises a collection of activities that are not structured formally into sessions.
<input type="radio"/>	Program is loosely arranged into sessions with minimal instructions for implementation.
<input type="radio"/>	Program comprises a series of formally structured sessions with basic instructions for implementation.
<input type="radio"/>	Program comprises a series of formally structured sessions with comprehensive instructions (i.e. detailed facilitator notes, examples, responses etc.) to ensure consistent implementation.

Student assessment measures

<input type="radio"/>	No formal tools are provided for individual student assessment.
<input type="radio"/>	Formal tools provided for infrequent individual student assessment.
<input type="radio"/>	Formal tools provided for individual ongoing test-based student assessment.
<input type="radio"/>	Formal tools provided for individual ongoing performance-based student assessment.

Designed for, or demonstrated applicability to, special student groups

I	Indigenous
C	Culturally and Linguistically Diverse (CALD)
S	Special Needs (e.g. Learning Disabilities, Intellectual Disability, Physical Disabilities etc.).
R	Rural settings
LS	Low socioeconomic status and disadvantaged

Parent component

Formal parent component

<input checked="" type="checkbox"/>	Consistent activities and materials for skill practice to take place at home are provided as part of the program, OR Structured parent sessions are provided as part of the program.
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Staff Professional Development

Staff Professional Development availability

<input checked="" type="checkbox"/>	Yes
R	Program training and/or implementation are restricted to specific staff members, such as a school psychologist, or those who have completed preliminary training levels.
E	Professional development for school staff is not required, as program can only be implemented by an external agency (i.e. Community Health Centre, organisation etc.).

Compulsory Professional Development

It is compulsory that staff professional development be undertaken prior to the implementation of the program.

<input checked="" type="checkbox"/>	Yes
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Component 2:

Social and emotional learning for students

General programs

Sample Only

Program title & author(s)	Year levels & ranges targeted	Sound SEL instructional practice					Other factors					Parent component	Staff Professional Development		
		1. Self awareness	2. Social awareness	3. Self management	4. Responsible decision making	5. Relationship skills	Evidence of effectiveness	Identified theoretical framework	Structured sessions	Student assessment measures	Designed for, or demonstrated applicability to, special student groups		Formal parent component	Staff Professional Development availability	Compulsory staff Professional Development
Program A Author	P-6	○	○	○	○	○	✓	○	○	○	○	✓	✓	✓	✓
Program B Author	K-2	●	○	●	●	●	✓	●	●	S	✓	✓	✓	✓	✓
Program C Author	P-4	○	○	○	●	●	✓	○	○	○	✓	✓	✓	✓	✓
Program D Author	1-2, 3-4, 5-6	○	○	○	○	○	✓	○	○	○	✓	✓	✓	✓	✓
Program E Author	P-6	●	●	●	●	●	✓	○	○	C, S, LS	✓	✓	✓	✓	✓
Program F Author	1-2, 2-3, 3-4, 4-5, 5-6, 6-8	○	○	○	○	○	✓	○	○	○	✓	✓	✓	✓	✓

