Getting On Track In Time — *Got It*!

PROGRAM DELIVERY IMPLEMENTATION GUIDELINES

NSW GOVERNMENT Health

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Introduction

Conduct disorder is the most common childhood mental health disorder with the greatest long-term costs to the individual, families and society. The NSW Ministry of Health, through MH-Children and Young People (MH-CYP), provides leadership and management of the *Got It!* (Getting On Track In Time!) program which delivers specialist mental health early intervention services for children in Kindergarten to Year 2 (K-2) of 5-8 years of age who display emerging conduct problems. *Got It!* is delivered in schools by NSW Child and Adolescent Mental Health Services (CAMHS) in partnership with the Department of Education (DoE).

Extensive Australian and international research provides evidence for the effectiveness of clinical interventions for children in this age group with emerging conduct problems. Economic evaluation has indicated that targeted programs deliver significant economic benefits to the individuals through health, education and employment benefits and to society in the form of savings to social welfare and criminal justice systems (Knapp M. et al, 2011).

Got It! is modelled on the successful CASEA (CAMHS and Schools: Early Action) program in Victoria designed to assist schools and families to support primary school-aged children with their social, emotional and behavioural development (Brann, Corby, Costin, McDonald, Hayes, & Turner, 2007). *The Got It!* program is conducted in schools across two school terms by child mental health clinicians as a multilevel intervention. A targeted clinical program is supported by a universal whole-of-school intervention designed to enhance parenting skills and to build capacities for school staff to respond effectively to emerging conduct problems. *Got It!* pilot teams were established in Dubbo, Newcastle and Mt Druitt in 2011.

The *Got It!* pilot demonstrated the successful implementation in the NSW context of a clinical mental health service for conduct disorder provided in schools. Key findings of the independent evaluation of *Got It!* include significant positive behaviour shift for children completing the targeted intervention, significant improvements in parenting with the majority of parents continuing to improve at the 6-8 month follow-up and economic benefits projected in the long term (Plath, Croce, Crofts & Stuart, 2016).

Delivering the program in the school context was found to be effective in engaging families to take part in the targeted intervention. Findings also demonstrated additional benefits including increased connection between parents, the school and local community and improved appropriate help-seeking by parents for assistance with other health and social needs (Plath, Crofts & Stuart, 2015).

The *Got It!* model has been refined in response to evaluation findings and an extension of the independent *Got It!* evaluation focused on the effectiveness of *Got It!* interventions two years post intervention. For the children with sustained improvement, parents reported positively about their child's behaviour and attributed improvements to the *Got It!* program and the support and strategies provided by the school. It also highlighted the important role that *Got It!* has in linking children with more significant physiological and psychological issues and families facing social/environmental stressors with specialist services.

These guidelines have been commissioned by NSW Ministry of Health and prepared by Debbie Plath Consulting in consultation with the *Got It!* pilot teams in Hunter New England, Western NSW and Western Sydney Local Health Districts (LHDs) and MH-CYP. The purpose of the guidelines is to provide a reference, framework and resources to assist managers and clinicians in LHDs in establishing *Got It!* programs in schools in their local district. Collaboration with regional DoE staff is fundamental to launching a local *Got It!* initiative. Program fidelity in implementing this evidence-based model is important to maintain confidence in the effectiveness of outcomes. For this reason, it is important that all components of the *Got It!* model are included when implementing the program.

The guidelines comprise three parts:

- **Part 1:** provides an overview of the program components, principles and evidence for effectiveness.
- **Part 2:** includes detailed information on the procedures for program implementation.
- **Part 3:** contains resources developed by the existing *Got It!* teams and MH-CYP to support program delivery.


Remember
thumbs forward
Maths
Number Squares
Number Fans
Multiplication Grids

PART ONE

Program Overview

Background

Got It! is a specialised mental health early intervention program for children in Kindergarten to Year 2 (K-2) aged 5-8 years who display emerging conduct problems such as defiant, aggressive and disruptive behaviours. The targeted clinical program is delivered in the school setting in conjunction with universal *Got It!* interventions at a point in children's development when intervention is likely to be effective. Locating the program in the school setting supports engagement with children and families.

Got It! aims to:

1. Reduce the frequency and severity of conduct problems in young children
2. Strengthen the abilities of parents/carers to parent well
3. Build capabilities of school staff and the capacity of the school system to respond to children with conduct problems and their families.

Children with disruptive behaviour in the early years of school can miss out on learning that is foundational to future educational success. Disruptive and aggressive behaviours can also create classroom management problems for teachers that impact on the learning potential for others in the class. Of particular concern is the connection between early conduct problems in children and the emergence of persistent and more severe defiant, hostile, impulsive and aggressive behaviours in the long-term. Considerable international research evidence indicates, however, that early intervention focusing on parenting strategies and parent-child relationships can lead to positive child behaviour outcomes that produce economic benefits in the long term.

The *Got It!* program has been designed to address emerging conduct problems in children from K-2. It is conducted in schools across two school terms with a combination of whole-of-school and targeted interventions. It begins with parent and teacher screening for child conduct problems and includes specialist assessment, referrals and a 10 week targeted clinical program for children with identified problems and their parents/carers. The targeted program is supported by a whole-of-school intervention designed to enhance parenting skills and to build capacities in schools to respond effectively to emerging conduct problems.

NSW Ministry of Health, through MH-CYP, initiated the pilot *Got It!* program in 2011 with funding from the NSW Government's *Keep Them Safe: a shared approach to child wellbeing* (KTS) strategy. Initially pilot funding was provided until June 2014 and during this time the program was comprehensively evaluated (Debbie Plath Consulting & Family Action Centre, 2014). The goal of KTS was that "all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential". To accomplish the goal of reducing conduct problems, the *Got It!* program produces outcomes that relate directly to the KTS agenda. In particular, *Got It!* attends to:

1. *Whole-of-school Interventions:* All families in the school are supported to provide a safe and nurturing environment for children by resourcing families to better manage parenting roles and training teachers in Social Emotional Learning in the classroom.
2. *Targeted clinical interventions:* Vulnerable/at risk families are better supported to care for their children without statutory involvement, through targeted early intervention.
3. *Intake and referral*: Children at risk of significant harm are better protected through focused assessment and referral strategies implemented in schools.

During the pilot phase, *Got It!* programs were delivered in a diversity of geographical locations in rural, regional and outer suburban locations across the three funded LHDs. Whilst following the same model of care, each of the *Got It!* teams has shaped the delivery of the program to suit the geographic, demographic and school contexts in which it is situated. For example, the Western NSW team based in Dubbo attended to engaging with Aboriginal communities and responded to issues of distance and travel. In Western Sydney, the team based at Mount Druitt has developed strategies for working with large schools and with diverse language and cultural groups.

Due to the success of the original pilot program, the NSW Government expanded the program across NSW under the NSW Mental Health Reform.

Principles informing *Got It!* program model

Early intervention
Children will respond more readily to social-emotional learning in the early years when the stage of brain development allows positive behaviour patterns to be established for the future.

Family-centred
Attention to the whole family, and in particular parent-child relationships, attachment issues and parenting style, is required in order to effectively address child behaviour concerns.

Best interests of the child
The needs and interests of the child are paramount. Child protection issues are given close attention and mandatory reporting policies are adhered to.

Systemic/ecological approach
Intervention delivered through existing systems with which families engage. School is the most significant system and protective environment for children, outside of the family.

Collaborative partnership
The clinical expertise of mental health services is integrated within the mainstream school environment through collaborative planning and decision making between Health and Education. Existing systems within schools are used to support program delivery and program ownership is fostered at the local school level.

Community connections
Families are connected with specialist and mainstream support services in the community through awareness raising, information, introductions to service providers and referrals. Strengthened community connections enhance protective environments for families into the future.

Capacity building
Attention to building skills, knowledge, confidence and capacities of children, parents/carers, teachers and other school staff, together with informed systems and policies in schools, will support positive behaviour changes into the future.

Strength-based
A focus on strengths and opportunities for positive growth and development supports engagement with families and schools and provides a platform for effective intervention.

Targeted support for vulnerable families
Program delivery is prioritised to schools with lower socio-economic demographics in recognition of the higher support needs in these communities.

Responsive respect for diversity
Respect for cultural and linguistic diversity, differing learning styles and individual preferences and beliefs is reflected in strategies to enhance access for and responsiveness to families.

Ethical practice
Organisational and professional codes of ethical practice are followed, including confidentiality, professional responsibility and respect for diversity.

Goal driven and outcome focused
Outcomes are both functionally and qualitatively evaluated in terms of the reduction in the incidence of conduct problems/disruptive behaviours observed in the children who attend and other children in their families.

Governance
Mental Health Branch within the NSW Ministry of Health, provides leadership and management of the program through MH-CYP. The Health and Education CAMHS Steering Committee oversees the program (including time limited working groups) and reports to the NSW Child and Youth Mental Health Subcommittee of the NSW Mental Health Program Council.

Setting up a *Got It!* program
The *Got It!* program is delivered by CAMHS in partnership with DoE. Forming a local partnership between health and education staff is fundamental to launching a local *Got It!* initiative. This collaboration is intended to promote positive family and school interaction and capacity building in the school community that supports social-emotional skill development in children. CAMHS *Got It!* teams also work with a range of other local service providers depending on the needs of the school community including primary health, adult mental health services, CAMHS, GPs, Primary Health Networks, private practitioners and non-government organisations.

The existing *Got It!* teams, established in CAMHS in three LHDs (Hunter New England, Western NSW and Western Sydney), have been delivering the *Got It!* program in schools since 2011.

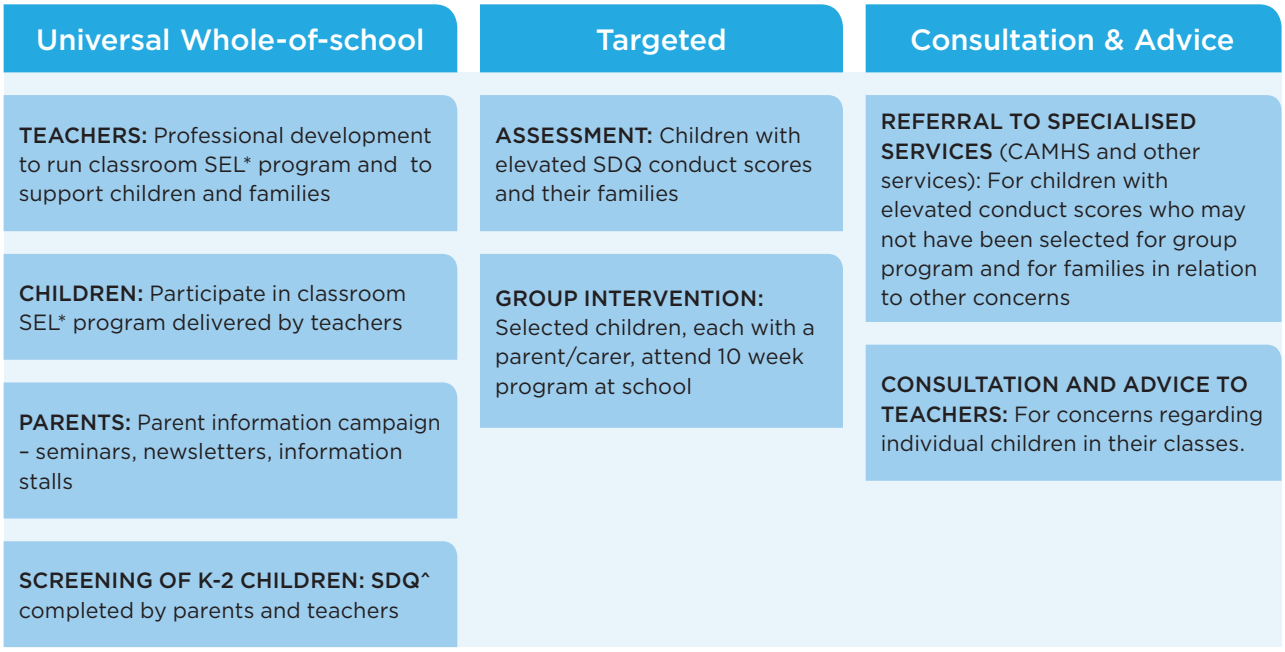
Got It! Model of Care

The *Got It!* program comprises whole-of-school screening of K-2 children using the Strengths and Difficulties Questionnaire (SDQ – Goodman, 2001) and parenting information for all families and staff in the school, followed by intensive targeted interventions for families with children identified to have elevated conduct problems. *Got It!* offers a staged model of care, rather than a single standardised intervention. The *Got It!* principles and framework, described in these guidelines, can accommodate different evidence-informed interventions appropriate to the school context and families. The program is delivered by a *Got It!* CAMHS specialist team of child mental health clinicians that may for example include nursing, occupational therapy, psychology, psychiatry and social work professionals. The team engages with each participating school for a period of six months. During this time screening, universal whole-of-school and targeted interventions are provided. *Got It!* clinicians also support school staff to strengthen capacities within the school so that child behaviour issues can be better identified and managed in the longer term. The components of the *Got It!* model of care are depicted in Figure 1, which is followed by a descriptive overview. Further detail on the steps and processes in a *Got It!* program is provided in Part 2 of these guidelines.

The **universal whole-of-school component** of *Got It!* comprises K-2 teacher training, parent education and screening of children. Professional development is provided for K-2 teachers to support their management of conduct problems in the classroom and to prepare them to deliver a Social Emotional Learning (SEL) program to all children in their classes. Parent education is offered through parent seminars, information stalls, newsletters and/or presentations. Screening of all children in K–2, using both the teacher and parent versions of the Strengths and Difficulties Questionnaire – SDQ (Goodman, 2001), is carried out to identify students with elevated conduct scores who could benefit from the targeted intervention. The presence of the *Got It!* team in the school can encourage and assist families to complete the screening questionnaire. The whole-of-school interventions in the *Got It!* program were also found to support engagement with families for the targeted components of the program (Plath, Crofts & Stuart, 2015).

Following the identification of children with elevated conduct scores on the SDQ, a **targeted intervention strategy** is implemented. The norms used in validity testing of the SDQ places 10% of children with the highest behaviour problem scores in the "Abnormal" band indicating a potential clinical problem and identified as having elevated or "Abnormal" conduct scores. Targeted intervention strategies are offered to these children and their families by the *Got It!* program.

Figure 1: Got It! Multi-level model of early intervention



*SEL – Social Emotional Learning

^SDQ – Strengths and Difficulties Questionnaire

Children may be selected to attend a group intervention program with an adult family member or referred to other services as appropriate. Within the constraints of time available at the school, *Got It!* clinicians are also available as mental health consultants to teachers who may wish to discuss particular children in their class and possible strategies or referrals to assist them. Prior to offering targeted interventions, clinicians complete child and family assessments of potential targeted group participants. This includes interviews with families and teachers and classroom observations. In order to be selected for the group program, a parent or carer must commit to attend the 10 week program with the child at the school. Clinicians also assess that the child and parent are suited to a group-based intervention and that the family is not already involved with other parenting intervention services. Up to eight families are selected for the targeted group program. In small schools only a few families may be suited to the group program, whereas in large schools there may be insufficient places in the group program for interested and suitable families. Information about alternative parenting support resources or programs are offered to these families in consultation with the school counsellor and/or the student support team in the school.

The **targeted group intervention program** is led by clinicians and co-facilitated by a school staff member. *Exploring Together* (Hemphill, & Littlefield, 2001) is the group program that has been implemented by the existing *Got It!* teams. The *Got It*! program does, however, allow for other evidence-based programs to be used if clinical assessment indicates that another program is more suited to the families or demographic/cultural context. Another evidence-based program may be chosen in consultation with the school, particularly if there is commitment to sustaining that program after the *Got It!* team has finished at the school. Other evidence-based programs suggested include Triple P – Positive Parenting and The Incredible Years. There is also a list with profiles of evidence-based programs provided by the Australian Institute of Family Studies to assist clinical decision making on the most suitable intervention program.

Exploring Together comprises a child-focused group, a parent/carer-focused group, an interactive child–parent/carer group, partner evenings for other parent/carers not able to attend the weekly group and teacher meetings. The child-focused group explores: awareness of comfortable and uncomfortable feelings; understanding and managing emotions such as anger, sadness, worry,

happiness, excitement and surprise; pro-social and conversation skills; problem solving and decision making. The parent/carer group focuses on: awareness of feelings; attachment and relationships; understanding factors that can influence behaviours; behaviour management techniques and enhancing parenting strengths through a coaching approach. The combined parent/carer-child group focuses on modelling, supporting and coaching in the development of positive adult-child communication and relationships. There is also a social time for parents/carers, children, group facilitators and other key resource people or service providers to interact informally. Each group session is followed by a debriefing session for the clinicians and school facilitator to review content and process and plan for the next session. The group program is supplemented with individual behaviour management, teacher consultation and referral, as appropriate.

Research and evidence

The *Got It!* program is informed by a growing body of evidence for the effectiveness of interventions for children with early onset conduct problems. Interventions for child conduct problems take a variety of forms but focus primarily on parent education. This is because parental supervision, consistency in discipline and clarity of expectations have been found to mediate other environmental factors that impact on child behaviour (Bonin, Stevens, Beecham, Byford & Parsonage, 2011; Bywater, 2012; Hutchings et al., 2007; Scott et al., 2010). The body of evidence supports early intervention for emerging conduct problems in young children as an effective alternative to intervention with older children when problems have become more pronounced.

The *Got It!* program was comprehensively evaluated as part of the KTS outcomes evaluation during 2012-2014 (Debbie Plath Consulting & Family Action Centre, 2014). A number of standardised measures and purpose-designed data collection instruments were used to generate qualitative and quantitative data on program experiences, outcomes and impact. Information for the evaluation was gathered from the range of stakeholders: parents, children, teachers, clinicians, management, referral organisations and government departments. Significant improvements in child behaviour scores after the *Got It!* targeted interventions were found on scales that measured disruptive behaviour in children, which were largely maintained six months after the program finished.

Significant improvement on one measurement of parenting practices was also found. Qualitative feedback from families, clinicians and school staff was also positive. The *Got It!* model was found to be an effective way to engage with families who would not otherwise have sought out assistance to improve family wellbeing and increase connections within the school community. Findings from the evaluation of *Got It!* have been published in peer-reviewed journals (Plath, Crofts & Stuart, 2015; Plath, Croce, Crofts & Stuart, 2016).

A limited two-year follow-up of the original evaluation examined the sustainability of positive changes. For the children with sustained improvement, parents reported positively about their child's behaviour and attributed improvements to the *Got It!* program and spoke about approaches that they had learnt and continued to use. Findings further supported the location of the program within the school setting and the continued provision of professional development and consultation with teachers. It also emphasised the important role that *Got It!* has in linking children with more significant physiological and psychological issues and families facing social/environmental stressors with appropriate specialist services.

The findings from the *Got It!* evaluation are supported by international evidence for the effectiveness of parenting interventions for early conduct problems in children. A Cochrane review of group-based parenting programs for early onset conduct problems in children aged three to 12 examined 13 studies involving 1,078 participants. The review concluded that, based on parent and independent assessments, parenting programs produced significant reductions in child conduct problems and in negative or harsh parenting practices (Furlong, McGilloway, Bywater, Hutchings, Smith, & Donnelley, 2012). Similarly positive conclusions were drawn from a meta-analysis of findings from 157 Randomized Controlled Trials (RCT) of parenting programs (Dretzke et al. 2009). Whilst sample sizes in these studies tended to be small, consistent results of positive outcomes were found for intervention groups in comparison to the controls. Bonin et al. (2011) undertook a meta-analysis of RCTs on prevention programs and found an average of 34% reduction in conduct problems (range: 20%–68%) from pre-intervention to post-intervention if families completed programs.

This analysis included research on home, clinic and community-based programs. Waddell, Hua, Garland, Peters, & McEwan (2007) carried out a systematic review of preventative programs for mental health disorders in children, including nine RCTs for programs to prevent conduct disorder. Programs included preschool, school, home visiting and group-based programs targeting children aged 0-8. All trials demonstrated significant reductions in at least one conduct related symptom or measure, with parent training and child social skills training identified by the authors as the most noteworthy interventions (Waddell et al., 2007).

The *Got It!* program is further informed by research indicating that multi-system programs, targeting school, family, individual and peer systems in an interactional way are particularly effective in addressing conduct problems and strengthening protective environments for children and families (Bywater, 2012; Foster, Olchowski, Webster-Stratton, 2007; Webster-Stratton & Reid, 2010; Woolgar & Scott 2005). Such programs utilise established practice theories in group work, social learning and family processes and draw on knowledge of risk and protective factors for conduct problems. Programs rely on well-trained staff to deliver interventions that generally require multi-agency collaboration to establish (Bywater, 2012; Trentacosta & Shaw, 2012).

The relationship between *Got It!* and child protection factors remains a focus. Many of the risk and protective factors related to improving the wellbeing and safety of children are aligned with the foci of attention and outcomes of the *Got It!* program. The Australian Research Alliance for Children and Youth (ARACY) synthesised meta-analyses of research on risk and protective factors at different stages of child development (Fox, Southwell & Stafford et al., 2015). The factors identified in the primary school years of childhood are reproduced in Tables 1 & 2 below. Additional family demographic and social risk factors, drawn from the Australian Institute of Family Studies synthesis of research on risk and protective factors for child abuse and neglect, are also included in the tables (AIFS, 2013). As indicated in the second column, the roles and outcomes of the *Got It!* program address the factors highlighted in the tables.

Economic evaluations also indicate that early intervention for conduct problems is likely to have long term economic benefits through the diversion of children from the costly trajectory of conduct disorder and anti-social or criminal behaviour (Knapp, McDaid & Parsonage, 2011; Scott, Knapp, Henderson, & Maughan, 2001).

While multi-system interventions targeting child, family, peer and school settings have been found to be effective, research also indicates that structural disadvantage is often a factor in the community and family problems that manifest in challenging child behaviours (Edwards & Bromfield, 2009; Webster-Stratton & Reid, 2010). Sawyer and colleagues (2000) found rates of conduct disorder were three times higher in the lowest income band than in the highest band. In addition to appropriate targeting of programs to schools in communities with low socio-economic indicators, strategies are needed at the wider population level to address economic inequalities and social/cultural marginalisation if conduct problems are to be reduced.

Table 1: Role of *Got It!* in enhancing protective factors for child safety and wellbeing

	KEY PROTECTIVE FACTORS	ROLE OF *Got It!*
Individual	• Attending school and behaving appropriately • Getting along with peers and making friends • Preference for pro-social solutions to interpersonal problems • Self-esteem, self-efficacy • Learning to read, write and do mathematics	• Evaluation found significant positive improvement on child conduct measures for children who completed the targeted intervention (n=60) • Parents reported that children improved capacity to make friends and engage in positive play • Children are assisted to identify own and others feelings and the impact of behaviours on others
Family	• Time in emotionally responsive interactions with parents • Positive communication with parents • Consistent discipline • Language-based, rather than physically based discipline • Extended family support and positive relationships with adult/s outside the family • Parental resources including positive personal efficacy & adaptive coping	• Parent-child communication and discipline strategies are central components of the targeted intervention • Using modelling, education, feedback and coaching techniques, parents/carers are supported by clinicians to adopt positive communication with their children • Parents in targeted intervention are instructed in and practise language-based discipline in the context of positive parent-child relationship development • Parents are assisted to identify supports in their social/family network and develop skills in building these relationships
Community	• Positive teacher experiences and perceived teacher support • Effective classroom management • Parent engagement in learning and schooling • School policies to reduce bullying • High academic standards • Strategies to promote achievement at school and achievement of goals • Participation in extra-curricular activities	• Program delivered in school • Engagement of teachers with the program through screening, whole-of-school interventions and input with targeted group • Teacher training on social-emotional learning in the classroom • Evaluation finding that families in targeted intervention became more involved with other aspects of school life and better connected with school staff for the benefit of their children

Table 2: Role of *Got It!* in addressing risk factors for child safety and wellbeing in primary years

	KEY PROTECTIVE FACTORS	ROLE OF *Got It!*
Individual	• Significant behaviour difficulties and conduct disorder • Disengagement, involuntary and emotion-focused coping • Poor social skills, including impulsive aggressive, withdrawal and poor social problem solving • Poor school achievement • Negative cognitions about self • Abuse and neglect • Loss/traumatic events • Bullying • Depressive symptoms • Poor health • Untreated anxiety or stress	• SDQ screening tool assesses emerging conduct problems from perspectives of both teachers and parents. Tool includes rating of social and coping skills and aggressive behaviour. In combination with comprehensive family assessment, this informs targeting of interventions to children at higher risk of developing conduct disorder • Evaluation of Got It! found significant positive improvements on SDQ child conduct measures for children who completed the targeted intervention (n=60) • Targeted intervention with parents/carers and children focuses on developing insight and skills in parenting and for the children, personal insight, social-emotional skills and social problem solving skills are enhanced to reduce impulsivity and aggressive behaviour • Co-existing internalised depression and anxiety concerns are identified and referred
Family	• Lack of parental warmth, high hostility and harsh discipline • Parent-child conflict • Overly permissive parenting • Family demographics: young parents, single parent, non-biological parent in home, low parental education, parental unemployment • Parental depression • Family conflict • Favourable attitudes to drugs and alcohol • Parental substance misuse • Low parental aspirations	• Targeted intervention focuses on strengthening parent-child relationships, attachment and developing positive child management techniques • Targeted intervention addresses parental role, impact and responsibilities • Significant associations found in *Got It!* screening data between elevated conduct scores and: parent/carer being in 20s, child not being cared for by two parents living together, parent/carer with lower education level, unemployed parent/carer, Aboriginality and child being male. The group intervention program effectively engaged and represented families in these demographic groups • Whilst families with severe or complex family, mental health or substance abuse problems may be assessed as unsuitable for a group intervention, *Got It!* can provide referrals for families to specialist services
Community	• Severe social and economic disadvantage • Peer rejection and poor quality peer relationships • Social isolation • Early school failure • Stressful life events • Positive peer/community attitudes to alcohol or drugs • Low involvement in community activities • Community violence and disorganisations	• Program is targeted to areas and schools with low SES indicators • Teacher training and classroom intervention is designed to build socio-emotional skills of children and strengthen peer relationships • Targeted intervention strengthens social networks and support for families and reduces isolation • Whilst not specifically tested, it is anticipated that improved classroom behaviour will result in better academic outcomes for children

Implementation support

Resources and documentation

Since the program's inception, the existing *Got It!* teams have devised, trialled and revised a range of documents and resources designed to both inform and gather information from families and school staff as part of program implementation (flyers, letters, guidelines, consent forms etc.). Some of these resources are provided in Part 3 of this document. It should be noted, however, that any resources, documents and forms should be tailored to particular LHD contexts and circumstances. For this reason, it is suggested consideration also be given to the suitability of that resource for the local context where it is intended to be used.

Contacts and resources

The statewide *Got It!* Program Manager at MH-CYP in the Ministry of Health is available to provide advice and information on the *Got It!* program to LHDs.

The statewide *Got It!* Program Manager can be contacted at MH-CYP
Phone: 02 9859 5300

Establishing a collaborative working relationship with the relevant staff in the DoE is fundamental to getting a *Got It!* program off the ground. As detailed in Part 2 of these guidelines, DoE staff play a critical role in promoting *Got It!* to school principals, selecting schools and guiding appropriate school engagement strategies. The position of the DoE representative who takes up responsibility for *Got It!* may vary between areas. It may, for example, be a Positive Behaviour for Learning (PBL) Coordinator or a Learning and Wellbeing Coordinator.

The School Link Coordinator within each LHD facilitates access to a range of mental health services for students in schools. This is done in partnership with school counsellors and mental health clinicians. The School Link Coordinator is therefore a key person to involve in establishing contacts with DoE.

The statewide School-Link Program Manager is able to provide contact details for local School-Link coordinators and can be contacted at MH-CYP
Phone: 02 9859 5300

Other community organisations can also play a part in sustaining the impact of the *Got It!* program in a school. This occurs through referral of families or facilitating links between the schools and these community organisations. The new network of specialist centres being established by the DoE are also expected to play an important role in taking up referrals of children and families who are identified as requiring additional specialist interventions. Clinicians in LHDs will be aware of the particular local organisations and service providers who could be important to engage as part of the process of establishing a *Got It!* program in their local area. This will vary from area to area, depending upon the particular characteristics, child and family service network and demographics of the area. The Family Referral Service servicing the area will be an important organisation to consult as part of this process of connecting the *Got It!* program with the community and service network.

There are also resource organisations that can provide resources to support the implementation of *Got It!* programs and assist with the choice and implementation of evidence-based programs for both the whole-of-school and targeted components. KidsMatter is a mental health and wellbeing framework for primary schools that "provides guidance with methods, tools and support to help schools work with parents and carers, health services and the wider community, to nurture happy, balanced kids." Linking in with the *KidsMatter* framework may be a useful way to support the ongoing impact of the *Got It!* program after the intervention has ended. *KidsMatter* also has a database of social-emotional learning programs that may be adopted in schools as part of the whole-of-school component. Similarly, *Child Family Community Australia,* within the Australian Institute of Family Studies, has a database of evidence-based program profiles that may be useful in deciding which programs to incorporate as part of the *Got It!* program.

PART TWO

Implementation

Establishing a partnership with the Department of Education

Schools provide the context for whole-of-school screening and facilitate engagement with families who would not otherwise seek out assistance. The school context also provides the opportunity for DoE and Mental Health staff to work closely together to provide assistance for children and families in a setting that is accessible and familiar to them. The level of participation by families in the screening, whole-of-school interventions and targeted interventions will be impacted by the level of knowledge and commitment to the program amongst school staff. The support of the principal and classroom teachers, together with "school ownership" of the program, were found in the evaluation to be key elements in the successful delivery of a *Got It!* program.

Access to schools is through principals and is facilitated by DoE Educational Services personnel. Establishing a local *Got It!* steering committee will provide a forum through which decisions on information dissemination to schools and the selection of schools for the program can be made. The local *Got It!* steering committee may comprise DoE Educational Services staff (e.g. Student Learning and Wellbeing Coordinator, Senior Psychologist, Network Specialist Centre Facilitators, Positive Behaviour for Learning Coordinator), school principal/s, school counsellor/s, School Link Coordinator and mental health clinicians. The steering committee can determine the best way to distribute information on *Got It!* to principals (e.g. principals forums) and procedures for selecting schools (e.g. expressions of interest, schools participating in Positive Behaviour for Learning, schools utilising *KidsMatter* framework) and ways in which *Got It!* components may be best integrated with existing structures and procedures within local schools. Examples of promotional material for distribution to school principals are attached in Part 3 of these guidelines.

Establishing the *Got It!* team: Personnel, roles and competencies

The *Got It!* interventions are delivered by mental health clinicians with expertise in child and family mental health interventions for child behaviour concerns. At least two mental health clinicians are required to run a program. However, additional staff involvement will also be required for the targeted group intervention, which is the most intensive component of the program. Generally this entails two group facilitators to work with the children's group and two group facilitators to work with the parents/carers' group for ten weekly sessions. Schools are expected to contribute at least one group facilitator (school counsellor or teacher) to participate in the group program. Another clinician from the LHD (often a School-Link Coordinator) may be drawn in as a group facilitator or there may be an appropriately qualified clinician in another local organisation that is able to contribute to the program as a group co-facilitator.

STEP 1:
Liaise with Educational Services personnel and school principals to determine interest in and commitment to the *Got It!* program in the local area.

STEP 2:
Form a *Got It!* steering committee with Department of Education and Mental Health representatives to oversee program implementation in the area.

STEP 3:
Create an Expression of Interest process for schools interested in running *Got It!* program and establish a timeline for implementation.

For each program delivered in a school, a school-specific *Got It!* School Action Team is formed as a partnership drawn together from the *Got It!* clinicians and key school staff responsible for promoting and delivering all of the components of the program. It is important that the team include at least one member of the school executive, the school counsellor, *Got It!* clinicians, a participating teacher and the Learning and Wellbeing Coordinator where applicable. The School Action Team meets regularly during the first term of the program and will continue to be actively involved in running the program in the second term. The School Action Team guides the planning and implementation of the systems and practices needed to support *Got It!* and includes planning for the targeted group as well as linking the *Got It!* universal training for teachers in with established systems, avoiding duplication of the existing work and initiatives already in place. It has an important role in supporting collaboration between schools and health and hence allowing the program to run successfully.

Schools also contribute staff time for a range of other tasks including distributing information to families, coordinating and undertaking screening, consulting with *Got It!* clinicians, attending staff development, discussions with families and supporting/delivering the whole-of-school interventions. Funds designated for teacher release from normal classroom duties to participate in the *Got It!* program are currently provided through DoE and each school is presently able to claim up to 15 days of teacher release time. Administrative support is also provided within the team, particularly to assist with data entry of SDQ scores, coordinating team calendars and assisting with school presentations and information sessions.

In summary, the core *Got It!* team comprises of specialist mental health clinicians with administrative support within CAMHS in the LHD. The personnel, roles and associated competencies and training for a *Got It!* team are overviewed in Table 3. Specialised training is required in order to deliver many of the evidence-based intervention packages (e.g. *Exploring Together* for the targeted group intervention, *Fun FRIENDS/FRIENDS for Life* to train teachers for the classroom program). MH-CYP in the Ministry of Health can provide training contacts and advice for staff intending to deliver these interventions.

Table 3: Roles and competencies of Got It! team members

PERSONNEL	ROLES	COMPETENCIES
Mental Health Clinicians	• Coordinate program implementation • Inform and liaise with school staff • Provide professional development for school staff • Plan and deliver whole-of-school interventions • Coordinate and interpret SDQ screening • Conduct child and family assessments • Coordinate and facilitate targeted group intervention program • Provide referrals for families and children • Consultant and provision of information and advice to teachers with concerns about individual children • Administer pre and post intervention evaluation/outcome tools • Engage with school staff, school communities and parents • Collaborate between school/DoE and LHD CAMHS systems for successful program integration within each school	CAMHS competencies (NSW Health, 2011): • Tertiary qualified health professional most often from the disciplines of psychiatry, psychology, nursing, social work and occupational therapy. • Register clients in Mental Health data systems and maintain records in line with standardised protocols (including completion of routine outcome measures). **Universal competencies** 1. Responsible, safe and ethical practice 2. Working with clients, families and carers in recovery focussed ways 3. Meeting diverse needs 4. Working with Aboriginal children, adolescents, families and communities 5. Communication 6. Continuous quality improvement 7. Partnership and collaboration **Clinical competencies** 8. Intake 9. Assessment, formulation and care planning 10. Interventions 11. Transfer of care **Population approach competencies** 12. Mental health promotion and primary prevention **Additional specific *Got It!* requirements:** • Program planning and implementation • Therapeutic group work expertise with families and children • Intervention program training for accreditation/ licencing requirements e.g. *Exploring Together*
School Staff	• Promote the *Got It!* program within school community • Participate as a member of the School Action Team • Complete teacher SDQ for all K-2 • Disseminate *Got It!* information to school families • Promote parent SDQ completion, following up families as required • Support and promote universal whole-of-school interventions Deliver classroom social-emotional learning program • Contribute to child and family assessment • Allocate space for target groups to be held and facilitate access to resources e.g. facilities, relevant school staff • Co-facilitate targeted group intervention • Review and plan strategies for ongoing family support and management of conduct problems	In addition to the DoE requirements - • Ability to facilitate engagement between *Got It!* team and school community • Provide ongoing support after *Got It!* program is complete to ensure sustainability of interventions within school systems Classroom teachers: • Complete training to meet any licencing requirements e.g. *FRIENDS Programs* Specific competencies for targeted intervention group co-facilitators: • Effective communication skills with children and parents/carers • Group facilitation skills • Meet intervention program training requirements e.g. *Exploring Together* • Maintain confidentiality of families within mandatory reporting requirements

PERSONNEL	ROLES	COMPETENCIES
Got It! Administrative Assistant	• Produce letters, forms and other documents for distribution to schools and families • Enter SDQ data into database and support clinicians in the collection and input of routine data on outcomes of care/ intervention using standardised protocol • Providing assistance to the team when information sessions and presentations are organised for school staff, principal networks and parents. • Manage the *Got It!* team calendar/diary including scheduling meetings with schools, assessments with parents/families and coordinating group program schedules	In addition to general administration/clerical competencies: • Ability to work with minimal supervision as well as undertake diverse range of tasks in providing support to *Got It!* clinicians in implementing the program across various schools • Proficient in data entry and collation tasks including inputting information in Mental Health data systems and advanced computer competency including typing, use of Word, PowerPoint and Excel • Advanced time management skills, problem solving, multitasking, planning and prioritising workload • Excellent interpersonal and professional communication skills with parents, Education staff and clinicians by written communication, phone and face to face • Ability take minutes, record actions and maintain accurate and organised files • Maintain confidentiality in all forms of communication when managing clinical information, records and reports

STEP 4:
Establish and train core *Got It!* team, comprising specialist Mental Health clinicians, to deliver the program in partnership with schools.

STEP 5:
Identify a School Action Team in each school in which *Got It!* is to be delivered, where mental health clinicians can meet with school staff to coordinate the implementation of the program, such as the K – 2 staff group meeting.

Phases and timeline for program delivery in schools

Table 4 (see page 20) provides a summary of the phases involved in the delivery of the *Got It!* program in a school. These are detailed in the subsequent sections. Whilst interventions span two terms, when preparatory and follow-up work is taken into account, involvement with each school normally spans about nine months.

Components of the *Got It!* program

1. Engagement

Engagement with Schools

The effectiveness of the *Got It!* program in engaging with school families for the whole-of-school screening and targeted components is enhanced when teachers and other school staff are informed about and committed to the program. In the evaluation of *Got It!*, teachers indicated that they are more committed to a program when they have some ownership over the program and are part of the decision making on how it is run in the school. For this reason, attention to the provision of information through a range of mechanisms in the school (e.g. promotional flyers, teacher seminars, staff meetings and School Action Team meetings) and collaborative decision making with school staff is important for success. Availability of clinicians to discuss the program and concerns about individual children with classroom teachers also strengthens the partnership relationship. Some examples of *Got It!* promotional material suitable for distribution to schools is provided in Part 3 of these guidelines. Existing teams have also developed their own local "Operational Guidelines" documents in partnership with local DoE colleagues, to provide information for schools participating in the *Got It!* program.

The **School Action Team** is the forum through which the school-clinician partnership is established in each school. Clinicians who will deliver the interventions join the School Action Team and a number of members are sought from the school. These include the Principal or senior executive for K-2, one or two school staff who have nominated to take on the key coordinating role, other K-2 classroom teachers, the school counsellor and Learning and Support teacher where applicable. The local Senior Psychologist, Education, Positive Behaviour for Learning representative or other suitable Educational Services staff may be included to support the process.

Each school is asked to nominate one or two staff members who become the **key contacts to coordinate *Got It!* in the school** and are also part of the School Action Team. These school staff take responsibility for co-facilitating the targeted group program, distributing information to other school staff and coordinating the *Got It!* activities that relate to both staff and families in the school. One of the *Got It!* clinicians is also nominated as the key contact person for each school.

The School Action Team initially meets in the lead up to the program delivery and then meets more regularly during the first term, weekly or fortnightly. When the program is underway in the second term, there may not be the need to meet so frequently. Prior to starting the program, meetings provide the opportunity to meet face-to-face to discuss the practical considerations of how the program will run in a particular school and to clarify roles and responsibilities. The School Action Team is responsible for the planning and delivery of *Got It!* in the school and makes decisions about matters such as: how the program is promoted within the school; scheduling of staff information, training, parent sessions and interventions; procedures for communication with families; linking in with existing school events and systems while avoiding duplication of the existing work; choosing a suitable room in the school for the group program and so on. It has an important role in supporting collaboration between schools and health and hence allowing the program to run successfully.

The **school counsellor** plays a key role in supporting the *Got It!* program and can function as an important member of the School Action Team. The level of school counsellor involvement will depend on the number of hours that the counsellor is allocated to the particular school and other work priorities. School counsellor involvement could include weekly meetings and follow-up, and ongoing support to build on skills for teachers, children and families. They will also be able to provide valuable insights about children and families to inform the assessment process and will be responsible for confidentially storing the data and clinical reports generated during the course of the program. At times clinicians will need to arrange to meet with the school counsellor outside of the School Action Team meetings.

The school counsellor will continue to support gains made during the *Got It!* program and will contribute to the ongoing development of the school's capacity to identify and provide early assistance to children and families with behaviour difficulties and conduct problems. This could occur through many different avenues, such as ongoing support for teachers and parents in the form of consultation, information sessions or in some cases, individualised follow-up for children and families.

Classroom teachers play an important role in encouraging parents/carers to return the screening forms and take part in the program. It is particularly important that the classroom teacher sensitively encourages parents/carers of children about whom the teacher has some concerns. A teacher information session on the *Got It!* program and the purpose and scoring of the SDQ is provided by clinicians at the beginning of the school term in which screening is carried out. Having school staff on board with the program, who understand the cultural and contextual characteristics of the school and its community, can facilitate participation by school families. Promotional flyers, information for the school newsletter, announcements at school assemblies and any other means suggested by school staff to get information on *Got It!* out to families is likely to increase awareness and, importantly, the return rate for the screening questionnaires. Awareness about the program is also likely to improve attendance at parent seminars and assessment interviews. Some examples of resources to support engagement can be found in Part 3.

Engagement with Families

Feedback from parents for the *Got It! ev*aluation indicated that the purpose of the SDQ screening was not always clear at the outset. Allocating time to **promote *Got It!* to parents/carers** through a range of means at the school and explain how the different components of *Got It!* fit together will assist families to engage with the program. It is also useful at this early stage of engagement with the school community to be providing some parenting tips through information sessions, flyers and the school newsletter, giving parents a taste of

Table 4: Phases and timeline for program delivery in schools

	PRE	TERM A	TERM B	POST
Engagement	Set up School Action Team Promotional flyers to staff and families	Staff information seminar Parent information stall Guide School Action Team to oversee implementation	Availability to respond to teacher queries Attend school staff meetings as required	
Universal Whole-of-School Intervention	→	Parent seminars Professional development for teachers including training to deliver universal SEL* program in classrooms	Parent seminars, info stalls, presentations Teachers deliver classroom SEL* program Parenting tips in School Newsletter	Support and advice to school regarding ongoing programs, processes and available resources
Universal Whole-of-School Screening	→	Teacher SDQs Parent SDQs SDQ* data entry and analysis	Provide data and reports to school (e.g. to School Counsellor)	
Assessment and Referral	→	**For children with elevated SDQ* conduct:** Teacher consultations Child & family assessments Classroom observations Brief support and referral to/information on services for assessed families	Ongoing assessment and referrals/introductions to community or specialist services as issues emerge during the targeted intervention program Resource information to services and referral processes	Final evaluation, information, follow-up and referral plan with each family in targeted program
Targeted Intervention	→	Invitations to eligible families Confirm participant families	10-week parent-child group intervention program Partner evenings Teacher consultation to ensure coordinated response to families	Individual reports to families and teachers Report on program to school (oral and/or written)
Consultation	→	Teacher consultations – provide information, advice and suggestions in response to concerns relating to individual children.		

IMPLEMENTATION PRINCIPLES:

- Attention to the partnership approach to the delivery of *Got It!* through collaborative decision making in the school, information dissemination and utilisation of existing school processes and structures will support wider engagement with families.
- Early information and contacts with families should include positive and universal parenting messages together with clear, engaging information on *Got It!* and how the different components, including SDQ screening, fit together.

the types of messages that *Got It!* is promoting about parent-child relationships and supporting children to manage emotions and behaviour. It is critical that material presented to families is positive, engaging and universal to avoid associations of stigma with the program. *Got It!* teams have developed promotional material and parenting resources that can be used for this purpose. Samples are provided in Part 3 of these guidelines. The forums or methods by which it is delivered vary from school to school. Schools may have events planned that *Got It!* may integrate with (e.g. welcome BBQ, multi-cultural day, NAIDOC week event, Mother's Day event) or school staff may have other creative ideas on how to engage families.

Particular thought should be given to engaging Aboriginal families and those from culturally and linguistically diverse backgrounds. Strategies found by the *Got It!* teams to be effective include:

- Make use of existing specialist staff and resources in the school, such as Aboriginal Liaison Officers, Learning and Wellbeing Coordinators and school staff of the same cultural background as identified families. These staff members can be useful sources of local information and also provide ideas on how best to engage these families. They can also provide a link between families and *Got It!*
- Link in with existing forums (e.g. Aboriginal Education Action Forum or local cultural groups) as an opportunity to provide information on *Got It!*.
- Where available, involve staff from within the LHD such as Aboriginal mental health clinicians/trainees or CALD advisors.
- Engage services with particular language or cultural expertise such as interpreters and/or cultural consultants at the Health Care Interpreter Service or DoE Interpreter and Translation Services.
- Ask families if they would like to use an interpreter for assessment interviews, completion of forms or at group sessions.
- Take the time to hear families' stories and be open to learning from them about their culture and family values.
- Use translated versions of the SDQ (available online) and translate the cover letter for the SDQ into the parents' language.
- Source parenting information and brochures in community languages (e.g. for Tuning into Kids program).

2. Universal whole-of-school interventions

The universal component of the *Got It!* program targets the whole school community (teachers, support staff, parents and children) to improve the level of support to all families and to enhance safe and nurturing environments for children. It includes professional development for teachers to deliver classroom social-emotional learning programs for children and a parent information campaign addressing child behaviour, socio-emotional development and parenting practices (through seminars, newsletters and the like). These whole-of-school interventions are run alongside the K-2 screening for the targeted intervention, with *Got It!* clinicians also being available as consultants to teachers and other school staff. **For the six-month evaluation data collection period, it was found that K-2 children in those schools that implemented the classroom Social Emotional Learning program had significantly higher improvements in SDQ scores in comparison to those that had not yet implemented the classroom program**.

The whole-of-school interventions play an important role in identifying and engaging with the vulnerable families who benefit from enhanced referral services and the targeted intervention group program described above. The whole-of-school interventions also contribute more broadly by supporting all families with information, parenting tips and strategies and advice on where to obtain further support. Within the school setting, the *Got It!* program supports families to parent well and builds capacities amongst teachers to respond effectively to children and families with additional support needs.

Teacher training

The whole-of-school component includes professional development sessions delivered by clinicians for teachers to support social-emotional learning in the classroom, to better understand and manage conduct problems and/or training to deliver a classroom program for all K-2 children. There is room within the *Got It!* model of care to implement a range of different classroom programs and associated teacher education. Professional development is intended to complement existing behaviour and learning systems in the school and will help to promote consistency in the approaches used by clinicians and school staff.

Teachers may be trained to deliver a structured, evidence-based program such as Fun Friends (part of FRIENDS Resilience Programs), for which clinicians can be trained to train teachers. As part of the evaluation of *Got It!,* this program and associated teacher resources received very positive comments by teachers in terms of student engagement and impact. There is a range of other

programs also suited to classroom delivery, some of which are designed primarily for parents but may be implemented by teachers as 'carers' in the classroom. *KidsMatter* offers an online Programs Guide resource that overviews a range of Social and Emotional Learning Programs that could be delivered in schools. These programs are rated on a range of criteria including evidence for effectiveness, parent/carer components and suitability to different target groups.

During the pilot phase, *Got It!* teams reviewed and trialled different programs, such as 123 Magic, Emotion Coaching and Tuning into Kids. One *Got It!* team developed their own training program for teachers called *I've Got a Feeling* which applies Emotion Coaching to a classroom context. In the School Action Team, school staff and clinicians can decide together what is most practical and suited to the particular school. The existing *Got It!* teams can also provide resources (e.g. PowerPoint presentations) and share their experiences with implementing different teacher education programs and approaches. Apart from training to deliver classroom packages, seminars for teachers may cover topics such as:

- Emotion Coaching in the classroom
- Behaviour management strategies
- Services in the community that support children & families, and referral processes
- Experiences of trauma and child behaviour

The topics and format for professional development will depend upon the needs and interests in particular schools. This is negotiated within the School Action Team meetings. *KidsMatter* can also assist schools to develop whole-of-school mental health programs that are integrated with the *Got It!* program. **Teachers provided feedback on professional development opportunities for the evaluation of** *Got It!* Training received positive feedback from teachers when it allowed teachers to reflect and build on their experiences and skills, had clear links to the New South Wales syllabuses for the Australian Curriculum requirements, and included teaching resources for use in the classroom and was responsive to school requests regarding particular topics.

Some resources for use in the planning of professional development sessions are provided in Part 3 of the guidelines.

Parent education

Parent education is offered through parent seminars, information stalls, flyers, newsletters, web-based resources and/or brief presentations at school events. The *KidsMatter* resources provided above are again useful in locating resources, programs and content for parent seminars, flyers and newsletter items. It is important that material provided to parents is engaging and strengths-focused. The *Got It!* promotional material produced by existing teams and by MH-CYP can be utilised (see Part 3), along with a wide array of quality parenting information that can be accessed. The forums or methods by which parent education is delivered will vary from school to school. School staff can advise on priorities in terms of knowledge of the school community, past experiences and current schedules and systems. Schools may have events planned with which a parent education component or an information stall may be integrated. This could offer parents with an activity whilst their children are taking part in another event such as a school disco. It is useful to brainstorm creative ideas for engaging families with the school staff on the School Action Team. Consideration should also be given to the need for interpreters and translation of written material.

Whilst it is often difficult to know what impact universal education strategies make, the evaluation of *Got It!* found that some parents were reading and implementing suggestions in the newsletter items and those that attended the parent seminars felt that it made a difference to their understanding and approach to parenting.

Information on online parenting resources are also provided in Part 3 of these guidelines.

IMPLEMENTATION PRINCIPLES:

- Universal whole-of-school interventions build capacities within the whole school community: teachers and families
- Universal whole-of-school interventions provide a positive setting to engage families who may benefit from the targeted interventions
- Use creative approaches to teacher and parent education that build existing strengths and processes within the school
- Professional development for teachers during the engagement phase with schools provides a foundation to support the goals and processes of the *Got It!* program

3. Screening

Screening of all children in K–2 entails both the teacher and parent versions of the **Strengths and Difficulties Questionnaire (SDQ)** for children aged 4-10 years (Goodman, 2001). The SDQ is a widely used, validated scale to assess child behaviour. Different versions have been validated for use with different age groups and these are available in a large number of community languages. The SDQ has established norms and within Australia it is a nationally endorsed Mental Health Outcome collection measure used in NSW Mental Health Services. The teacher and parent versions of the SDQ are essentially the same, but the assessment of the child's behaviour is made from the different perspectives of parents and teachers.

The questionnaire takes about 5 minutes to complete comprising 31 questions in the Teacher SDQ and 33 questions in the Parent SDQ. Respondents rate a list of behaviours as 'Not True', 'Somewhat True' or 'Certainly True' for the child. In addition to a *Total Difficulties* score, there are five subscales: *Conduct, Emotions, Hyperactivity, Peer Problems* and *Pro-social Behaviour*. The *Conduct* sub-scale is of most direct relevance to the concerns of the *Got It!* program. It is used to identify children with elevated externalising behaviour difficulties who may benefit from the targeted intervention. Scores for each sub-scale and the total fall in one of 3 bands: Abnormal (top 10% and indicating a potential clinical problem), Borderline (next 10%) or Normal (remaining 80%). In addition, there is an *Impact* score where teachers assess the impact that the child's behaviour has on the classroom and peer relationships and parents/carers assess the impact of the child's behaviour on home life, friendships, classroom learning and leisure activities. The questionnaires are provided in Part 3 of these guidelines and are also freely available **online**. The parent version of the SDQ is available online in a number of community languages.

In order for the screening to be universal, considerable effort is required to **maximize the SDQ return rate**. The teacher information session is very important for all classroom teachers to attend so that they are fully aware of the purpose and procedure for SDQ completion by both teachers and by parents. Release time for K-2 classroom teachers to complete an SDQ form for each child in their class has been found to support teacher return rate, which has generally close to 100% for the pilot sites. Parents are, however, able to opt out of the screening process at any time and should be advised of how to notify the school if they do not wish screening to be completed for their child.

The parent version of the SDQ is distributed to the parents by the school with a *Got It!* information letter. The letter must include clear information on the purpose of screening and how the information will be used and shared between the school and mental health service. Each school will have different procedures for sending letters home, including posting directly to the home address, providing to individual children to take home or attaching to the school newsletter. A range of strategies can be used to encourage return of the parent SDQ including a small prize for each return and a competition between classes for the highest return rate. The more personal approach of the classroom teacher or other school staff speaking with parents/carers and encouraging them to return the form has, however, been found to produce the best results. During the evaluation period, return rates for parent SDQ in participant schools ranged from 37% to 91% (mean = 67%).

Once forms are returned, staff time is required for **data entry**. An Excel spreadsheet for SDQ data with embedded formulas to calculate total and sub-scores is available from MH-CYP. This enables data for each school to be easily entered into a single spreadsheet.

IMPLEMENTATION PRINCIPLES:

- Advance information on the SDQ and explanation of how the screening fits in with other parts of *Got It!* will encourage both teachers and parents to participate in screening
- Having classroom teacher on board with creative strategies to maximise the number of SDQ forms returned by parents will improve return rate (e.g. prizes, competitions, personal contacts)

4. Assessment, referral and targeted group selection

The SDQ score is the first step in assessing suitability for the targeted intervention program. On the basis of the SDQ scores, a list of children for further assessment is generated. Depending upon the SDQ return rate and the size and characteristics of the school population, the number of children with elevated SDQ *Conduct* scores will vary. It may not be possible to comprehensively assess all children with elevated conduct scores and therefore priority groupings are established. Children whose SDQ scores are in the following **priority rankings** may be considered for further assessment:

1. Both teacher and parent SDQ *Conduct* scores are in abnormal band
2. One of teacher or parent SDQ *Conduct* scores is in abnormal band and the other in borderline band
3. Both teacher and parent SDQ Conduct scores are in borderline band
4. Parent SDQ *Conduct* score is in abnormal band (teacher SDQ normal)
5. Teacher SDQ *Conduct* score is in abnormal band (parent SDQ normal)
6. One of teacher or parent SDQ *Conduct* scores is in borderline band (other normal)
7. SDQ *Total* score is in the abnormal band, but *Conduct* sub-score is in the normal band (only when insufficient families to make up a viable intervention group size from the higher priority groups)

The evaluation of the *Got It!* program found that **assessment of up to 20 families** is required to establish a viable group intervention size of 6-8 families. Assessment information is gathered from a number of sources to determine suitability for the targeted group program.

Prior to inviting families for assessment, the child is **assessed within the school context**. Clinicians consult with classroom teachers and other school staff who are involved with the child (e.g. learning support) to gather more information about the child. It is important to remain open minded in these interviews as parents may be experiencing difficulties and concerns that are not evident in the classroom and visa-versa. School counsellors may have valuable assessment information on particular children and families with whom they have been involved. An efficient approach can be to meet with all K-2 teachers and the school counsellor at the same time to review the short-list of children (e.g. at the K-2 staff group meeting) as this allows all teachers to provide information on each child. Observations of children in the classroom also add a useful dimension to the assessment. *Got It!* teams have developed schedules/formats for gathering assessment information from the school. Some material is provided in Part 3 of these guidelines and *Got It!* team members in the existing sites may also be consulted about assessment procedures.

Following the initial assessment of children within the school context, potential families for the targeted intervention are invited to a **family assessment interview at the school** with *Got It!* clinicians. The most appropriate person to extend the invitation should be decided in consultation with school staff who know the family. One goal is to engage the family's interest in the group intervention and it is therefore important that the invitation is offered in a sensitive way by someone with a good understanding of the purpose and content of the *Got It!* targeted intervention. Some flexibility in procedures may be needed for different families. Inviting families to the assessment interview is more than an administrative procedure and families can be alienated by an indelicate approach that is perceived as a challenge to parenting capacity.

The **aims of the family assessment** are to:

- Select suitable participants for the targeted group intervention
- Develop a clinical relationship and understanding of family issues as the basis for future intervention in targeted program. Mandatory reporting requirements and associated limits to confidentiality are explained to parents/carers
- Understand family issues and concerns of families not selected for the targeted program in order to provide relevant information on other supports and services in the community and to make referrals if appropriate

For **inclusion in the targeted group** program:

- The parent/carer is open to developing parenting skills and is committed to assisting their child's development, in particular reducing conduct difficulties
- A parent/carer commits to attend the weekly session with their child for one term at the school
- The family/parent/child does not have severe issues that warrant more specialised intervention and/or would distract from the intervention group process

- The child and parent/carer are able to manage comfortably in a group setting (e.g. in terms of language, mental health, developmental level and cognitive skills). Reasonable adjustments/ adaptions can be considered for children and/or parents with a cognitive or an intellectual disability who may be suitable for the group program
- The family does not currently receive services addressing aspects similar to the *Got It!* group intervention
- The parent/carer who attends the group is agreeable to a mental health clinical file being created for their child

If there are opportunities to provide child care for younger children and/or transportation to the group sessions, access to the group program may be facilitated for some parents/carers who would not otherwise be able to attend.

In selecting participants for the group, consideration is also given by clinicians to forming a balanced and cohesive group. Given the purpose of the *Got It!* program, behaviour difficulties amongst the children are expected. The child behaviours and parental responses are taken up as opportunities for modelling, discussion and the practice of different techniques and approaches within the sessions. The extent of child behaviour issues or any developmental delays need to be assessed in advance to determine whether the behaviours are likely to prohibit other group participants from progressing and achieving outcomes. In which case, referral for individual treatment at a CAMHS service or a DoE Specialist Centre is likely to be more appropriate.

In some schools, not all eligible families can be included in the targeted group program. There will also be families who are suitable and interested, but due to work commitments or other restrictions are unable to attend the program. It is therefore important that all assessed families are provided with information on relevant services, supports, programs and parenting resources that they may take up now or in the future. It is useful to compile and distribute a **flyer with resources and services to support parents** relevant to the local area in which the school is located (including online resources). This may be compiled in collaboration with the school counsellor and can be provided to all school families. This includes those who have been assessed for the targeted program but could not be included and those with children with elevated conduct scores who may not have been assessed.

The school counsellor is a resource for families and direct referrals for follow up may be made as a result of the assessment process. For more specialist or intensive work, referral to a DoE Networked Specialist Centre may be appropriate. Within schools, school counsellors are responsible for the confidential management of various records including clinical reports and screening data on children in the school. School counsellors should be kept up to date with assessment, referral and record keeping processes undertaken by clinicians as part of *Got It!* in the school. This includes providing a report on children with elevated SDQ scores, assessments and participation in the targeted program, so that appropriate follow-up can be provided within the school if required.

IMPLEMENTATION PRINCIPLES:

- Drawing on assessment information gathered from a range of sources, clinician decisions are made about the group of 8 families who are most likely to benefit (in terms of parenting strategies and improved child behaviour) from being offered a place in the targeted group intervention program
- Families of children with elevated conduct scores who are not included in the targeted group program should be provided with information on parenting programs, support services and resources, with referrals being made to specialised services as required

5. Targeted intervention

The targeted intervention aims to develop a consistent and collaborative approach to managing the children's behaviours both at home and at school. Once the group of potential participants in the targeted program is decided, invitations are made. When families have committed to attend, a welcome pack with information on what to expect is posted out in preparation for the first session in the first week of the following school term.

Targeted group intervention program

The targeted group intervention program is led by clinicians and co-facilitated by a school staff member for 6 to 8 children, each attending with a parent or carer. *Exploring Together* (Hemphill, & Littlefield, 2001) is the group program that has been adopted by the existing *Got It!* teams. The intervention program goals are to reduce disruptive behaviours and to improve parent-child relationships. The *Got It!* model of care does, however, allow for other evidence-based programs to be used if clinical assessment indicates that another program is more appropriate to the families or demographic/cultural context. Other evidence-based programs suggested in the *Got It!* model of care include *Triple P – Positive Parenting, Parent Child Interaction Therapy (PCIT)* and *The Incredible Years*. A list and profiles of these and other evidence-based programs such as *Tuning into Kids* is provided by the Australian Institute of Family Studies to assist clinical decision making on the suitable interventions.

Exploring Together is a fun and interactive program comprising a child-focused group, a parent/carer-focused group, an interactive child–parent/carer group, partner evenings for other parent/carers not able to attend the weekly group and teacher meetings. The **child-focused group** explores understanding and regulating emotions such as anger, pro-social skills, conversation skills, problem solving and decision making. It raises children's awareness of the effect of their behaviour on themselves and others, using the 'STOP, THINK, DO' method. Stories, games, role-plays, puppets and craft activities are used to engage the children. The parent/carer group focuses on awareness of feelings and relationships, understanding factors that can influence behaviours, behaviour management techniques and enhancing parenting strengths. The group functions as a support network for parents who are also encouraged to identify and seek other supports as necessary. The **combined child-parent/carer** group focuses on modelling, supporting and coaching the development of positive adult-child communication and strategies for managing challenging behaviours. There is also a social time for parents/carers, children, group facilitators and other key resource people or service providers to interact informally.

Each group session is followed by a debriefing session for the clinicians and school facilitator to review content and process and plan for the next session. The group program is supplemented with individual behaviour management, teacher consultation and referral, as appropriate. The program is also complemented by one or two partner evenings held during the term, providing the opportunity for parents/carers who are not able to attend the group program to still be involved.

Packaged evidence-based programs are generally governed by a licensing arrangement that requires specified **facilitator training**. Information on the *Exploring Together* program and facilitator training can be found on their **website**. MH-CYP in the Ministry of Health can provide information and contacts for CAMHS clinicians to undergo training to deliver the *Exploring Together* program. Clinicians can be trained as *Exploring Together Leaders* and once accredited, can also provide training to other staff through co-facilitating groups.

Group facilitators must be skilled in managing group dynamics and responding to individual family issues that present in the group. Given that this can be demanding in a group of six to eight families, some of which have complex needs, two facilitators are required for the children's group and two for the adults group. Thus four facilitators in total are required to run the 10-week group program. Appropriately trained CAMHS clinicians (including School-Link Coordinators) or other suitable clinicians may be brought in as group facilitators, even though they may not necessarily be involved in the other components of the *Got It!* program (see Table 3 for required competencies).

Co-facilitators

A teacher or school counsellor can be nominated as a co-facilitator for the targeted group program. Depending upon program and training requirements, this may only be in an observational and support role to the clinicians. The school staff member also has a key role in disseminating information about the program to classroom teachers and to identify ways in which program outcomes are sustained and supported by the school after *Got It!* has finished. It is vital that the school staff member who participates as the co-facilitator is motivated and committed to the program, has effective communication skills with children and parents/carers and functions well as a liaison person between clinicians and teachers. Often a teacher with specialised skills is selected

for this role with the intervention group, such as a Learning Support teacher. The teacher training provided to K-2 classroom teachers prior to the commencement of the targeted group program helps to support a consistent and integrated approach between teachers and clinicians.

Intervention outcomes

The evaluation of *Got It!* indicated that **positive outcomes** were achieved from the targeted intervention program. A very high attendance rate in the targeted group programs (close to 90% of sessions attended by both child and parent) is evidence of the engaging nature of the program. Both qualitative and quantitative data generated for the evaluation found the targeted intervention to be effective. There were significant improvements in scores on child behaviour measures: SDQ and the Eyberg Child Behaviour Inventory (ECBI) (Eyberg, 1998); and on the Arnold Parenting Scale for parents/carers (Arnold et al 1993).

Strengthening program sustainability and *Got It!* outcomes

The relationships that are built up between clinicians and families through the targeted group program become the foundation for follow-up sessions, phone calls, consultations or referrals in between group sessions. However, clinicians have limited time for this individual work and it is therefore important that sessions are used to identify and link families in with other services and supports through introductions or referrals. A referral to another CAMHS clinician/service, appropriate mental health service or to a DoE Networked Specialist Centre may be appropriate. Inviting representatives from other key services to the social morning tea component of the group program can also be a useful way to familiarise parents/carers with other service providers in the local area. Again, the school counsellor is a key person for families to meet as the school counsellor will be available in the school in the future after *Got It!* program has finished.

Clinicians may also indirectly provide assistance to individual children and families by acting as a **consultant to classroom teachers** who are looking for guidance in managing behaviours of particular children or in advising parents/carers about other services and supports. Clinicians may be able to support the school and the family to access appropriate referrals. Consultation with classroom teachers is also important in relation to children in the targeted group program. The purpose of these sessions is to give teachers the chance to hear feedback from *Got It!* staff about how the child is progressing, what the child is working on and what approaches have been most effective in the group. Teachers also provide comments on how the child is going in the classroom and the strategies that have been found to be effective. Teachers are asked to identify their goals for the student, consider the context of the behaviour, discuss strategies they have tried and identify the strengths that the child may draw upon in managing problematic situations.

Adhering to policies and procedures

The delivery of the targeted intervention adheres to **clinical practice policies and procedures** in the NSW Ministry of Health and LHDs. This includes organisational and professional codes of ethical practice addressing privacy, professional responsibility and respect for diversity. The needs and best interests of the child are paramount. Therefore confidentiality agreements with families are limited by **child protection and mandatory reporting policies**, which parents/carers need to be informed about in advance. Mandatory reporting may be best done in collaboration with the school principal so that all relevant information can be provided and follow-up support for the child can be coordinated by the school.

Details on requirements for mandatory reporting to Family and Community Services are detailed **online**.

IMPLEMENTATION PRINCIPLES:

- The targeted intervention uses evidence-based programs that have been shown to reduce aggressive, defiant and disruptive behaviours
- Clinicians use therapeutic group work skills and apply professional expertise in making clinical decisions about appropriate responses to families with complex and individual needs
- Targeted interventions may be adapted so that they are culturally appropriate for participants

6. Finishing up: Referral, evaluation and follow-up

At the completion of the targeted intervention and whole-of-school interventions that are part of the *Got It!* program, strategies need to be in place to ensure that the gains made during the involvement of the clinicians in the school are supported and positive outcomes continue to be achieved. Strategies to support and sustain the progress made during the *Got It!* program should therefore be attended to from the outset. This is a key issue for consideration by the School Action Team, which may continue to meet and address this after clinicians have ended their involvement with the school.

Clinicians meet with **each family that has completed the targeted group intervention** to discuss their experiences, provide feedback on progress and to discuss potential follow-up options. A written clinical summary is provided to the parent, including observations, referrals and information on options available for the future. If families are facing difficult circumstances whilst awaiting referrals, clinicians may continue some supportive contact until referrals have been made. Alternatively, the family may be linked in with the Family Referral Service which provides information and referral for local services and support whilst awaiting referrals. It is important that referrals and post-intervention planning begins as early as possible with families so that strategies can be implemented soon after completion of the intervention program.

The post-intervention assessment measures may be completed by the parent at the post-group session. The classroom teacher is also asked to complete a post-intervention SDQ form to measure changes in behaviour from the teacher perspective. Classroom teachers and school counsellors are provided with a written report on each child with suggestions for ongoing support strategies. At the completion of the group program, parents often report that they feel more connected with the school. Therefore this is a prime time for teachers and school counsellor to foster and strengthen relationships with families. In some instances parents have established informal peer-led parent support groups following the program. The support that parents/carers gain from each other through the group intervention program could also be sustained by schools organising regular follow-up coffee and chat session. It is useful for clinicians to be available to schools for consultation in the planning of such strategies.

Sustainability of *Got It!* program gains is also considered at the school-wide level. A program report by the *Got It!* team to the school can inform future planning. The school counsellor and the teacher who has acted as the *Got It!* coordinator in the school can continue to support gains made during the *Got It!* program and contribute to the ongoing development of the school's capacity to identify and provide early assistance to children and families with disruptive behaviour difficulties. This may occur through ongoing support to teachers; individual follow-up with children; support and interventions for parents such as information sessions; tips and reminders featured in school newsletters; coffee and chat groups or more comprehensive parenting programs; and development of school child behaviour management policies. Schools are encouraged to think creatively about how they may build on what has been achieved through the *Got It!* program. In doing this, it can be useful to exchange ideas with other schools who have completed the program. Forums to bring schools together and showcase approaches can be a useful way to achieve this. Ongoing professional development for teachers in the field of social-emotional learning can also be addressed at the school level. At this point it can also be useful for schools to refer back to or link in with existing frameworks and supports including *KidsMatter* and *Positive Behaviour for Learning (PBL)*. If the SDQ data has been provided to the School Counsellor, this may be used by schools to develop a better understanding of behavioural issues amongst the school population and in establishing priorities for the future. Clinicians may agree to run further workshops for school staff on relevant mental health and wellbeing topics or to provide information on organisations that could offer such training.

IMPLEMENTATION PRINCIPLES:

- Consideration needs to be given as early as possible to ongoing strategies to support and sustain the gains made by the *Got It!* program with:
  - Referral and follow-up plans for individual families
  - School-based strategies through School Action Team

Record keeping and data management

Client files for children in the targeted clinical group program are treated and managed according to usual NSW Health policy for CAMHS. As the program is delivered by the LHD mental health service, the *Got It!* program procedures for standardised documentation of clinical interventions and outcomes are in line with the **NSW Ministry of Health Mental Health Outcomes and Assessment Tools (MH-OAT) initiative**. The Strengths and Difficulties Questionnaire (SDQ) used for screening for the targeted *Got It!* intervention is a MH-OAT outcome measure. The administration of this measure at the initial screening stage of the program and again at the end of the targeted intervention generates useful outcome data. Clinical files are opened for children participating in the targeted group program and files are managed in the same manner as for all CAMHS clients. Informed consent for the establishment of mental health files is required from parents participating in the targeted group intervention. Screening interview and family interview assessment notes are generally recorded with clinical files as a "MH Progress Note" under "Documentation".

The partnership nature of the *Got It!* program can present some particular data management and usage challenges. Schools, rather than the CAMHS clinicians, have ongoing involvement with families. Clinical reports on families in the targeted program are therefore likely to be of benefit to school support teams and school counsellors in their ongoing involvement with children and families. With parental consent, screening results, progress reports and referral information for targeted students can be provided to school counsellors for inclusion in student counselling files which are stored securely at the school.

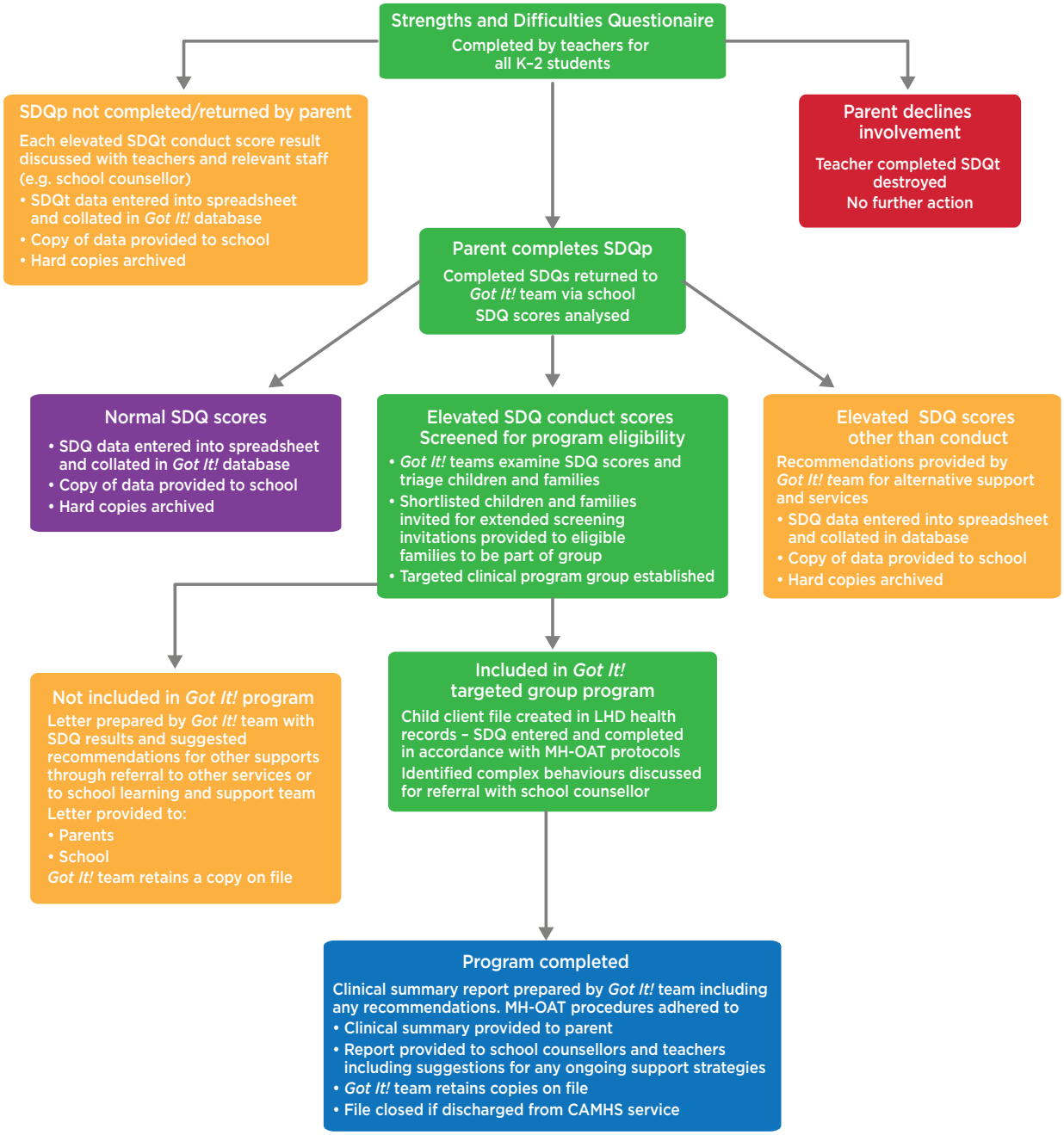
Physical copies of SDQs are to be stored securely with CAMHS teams. A standalone database with embedded formulas has been developed for *Got It!* teams for the entry of a number of scales including the SDQp, SDQt, demographics and the option for input of other measures. SDQ questionnaires for all K-2 children who participate in the screening but are not selected for the targeted intervention will also need to be stored and archived with the CAMHS team. This screening data may be of benefit to schools in the ongoing support for children with elevated conduct scores and their families.

A summary copy of the schools SDQ results should be provided to the school to ensure families are able to gain results if requested. For some students and their families this data may suggest the need for alternate supports to be provided by the school and/or other agencies. It is important that parents/carers provide informed, signed consent regarding how information relating to themselves or their child is to be used and how it will be shared between the school and the mental health service. Confidentiality and Exchange of information agreement relating to data use are provided as examples in **Part 3** of these guidelines.

Progress notes are taken by *Got It!* team members for each group program and end-of-program reports are generated for each child and family. Detailed individual reports are provided to families and teachers/school counsellors are provided with an adapted version with information relevant for classroom settings. These reports are to be attached to the child's clinical CAMHS file. An overall report of the program is also provided to the school. An example report can be found in **Part 3**: Resources.

Each of the existing *Got It!* teams has negotiated data and clinical record management arrangements between Educational Services and the LHD for their area. Whilst local practices may still vary somewhat between sites, guidance for a recommended standardised approach to screening, data collection and data management has been developed at state level by the Ministry of Health and DoE. See **Data Management and Record Keeping procedures** below.

Data management and record keeping



Summary of preparatory steps and implementation principles

PREPARATORY STEPS

STEP 1:

Liaise with DoE staff and school principals to determine interest in and commitment to the *Got It!* program in the local area.

STEP 2:

Form a *Got It!* steering committee with Department of Education and Mental Health representatives to oversee program implementation in the area.

STEP 3:

Create an Expression of Interest process for schools interested in running *Got It!* program and establish a timeline for implementation.

STEP 4:

Establish and train core *Got It!* team, comprising mental health clinicians, to deliver the program in partnership with schools.

STEP 5:

Identify a School Action Team in each school in which *Got It!* is to be delivered, where mental health clinicians can meet with school staff to coordinate the implementation of the program, such as the K–2 staff group meeting.

IMPLEMENTATION PRINCIPLES:

- Attention to the partnership approach with DoE to the delivery of *Got It!* through collaborative decision making in the school, information dissemination and utilisation of existing school processes and structures will support wider engagement with families
- Early information and contacts with families should include positive parenting messages together with clear, engaging information on *Got It!* and how the different components, including SDQ screening, fit together
- Universal whole-of-school interventions build capacities within the whole school community: teachers and families
- Universal whole-of-school interventions provide a positive setting to engage families who may benefit from the targeted interventions
- Use creative approaches to teacher professional development and parent education that build existing strengths and processes within the school
- Professional development for teachers during the engagement phase with schools provides a foundation to support the goals and processes of the *Got It!* program
- Advance information on the SDQ and its purpose within *Got It!* will encourage both teachers and parents to participate in screening
- Having classroom teachers on board with creative strategies to maximise the number of SDQ forms returned by parents will improve return rate (e.g. prizes, competitions, personal contacts)
- Drawing on assessment information gathered from a range of sources, clinician decisions are made about the group of 8 families who are most likely to benefit from being offered a place in the targeted group intervention program
- Families of children with elevated conduct scores who are not included in the targeted group program are provided with information on parenting programs, support services and resources, with referrals to specialised services as required
- The targeted intervention uses evidence-based programs that have been shown to reduce aggressive, defiant and disruptive behaviours
- Clinicians use therapeutic group work skills and professional expertise in making clinical decisions about appropriate responses to families with complex and individual needs
- Targeted interventions may be adapted so that they are culturally appropriate for participants
- Consideration needs to be given as early as possible to ongoing strategies to support and sustain the gains made by the *Got It!* program with:
  - Referral and follow-up plans for individual families
  - School based strategies determined through the School Action Team

PART THREE

Resources

This section provides a selection of the promotional material, program documents and educational resources developed by the existing *Got It!* teams. These can be used as examples for teams in developing their own resources. Resources should be adapted to suit the LHD and each *Got It!* team.

Getting on Track in Time – *Got It!* Logo Style Guide

This guide has been produced to assist agencies in the proper and consistent use of the Getting on Track in Time – *Got It!* logo and should be used in conjunction with the overarching NSW Health Branding Styleguide found at: http://internal.health.nsw.gov.au/communications/wps/forms/nsw_health_branding_style_guide.pdf

The *Got It!* Logo does not replace the NSW Health or NSW Education logos but is a branding device used to establish a universal corporate identity for the Getting on Track in Time - *Got It!* Program.

The *Got It!* logo is the primary branding for all agencies conducting business as part of the Getting on Track in Time – *Got It!* program. The logo is to replace existing *Got It!* branding on all communications materials.

Use

The logo is intended for use on communication and publications developed as part of the NSW *Got It!* Program. This includes but is not limited to flyers, PowerPoint presentations and brochures.

Format

The Getting on Track in Time – *Got It!* logo includes a train on a track image and the words "*Got It!* Getting on Track in Time Program". The logo must be used in its entirety and reproduced from original digital images provided by MH-Children and Young People (MH-CYP).

Position

The logo must have a prominent position on agency communications. The logo should appear as the lead branding supported by relevant Government branding (see below).

Size

The minimum size for reproduction of the logo is 10mm in height or 28 pixels.

Scaling and Proportion

The logo should not be distorted in any way, either by stretching vertically or horizontally. The logo must always be reproduced to the correct proportions and be uniformly scaled.


Got It!
Getting on Track in Time
Program


Got It!
Getting on Track in Time
Program

"This program has made such a difference in our lives. Our home is more settled and no-one yells at each other."
Parent feedback

"It has allowed me to develop better relationships with children and families in my class."
Teacher feedback

Funded by
NSW GOVERNMENT Health

What is the *Got It!* Program?

Children may display disruptive behaviours as a normal part of development. When disruptive behaviours occur regularly they can negatively influence children's academic, emotional and social development. Working with parents, carers, teachers and children to develop a consistent approach at home and school will help to create positive and sustained changes.

Getting on Track in Time - Got It! is an early intervention mental health program for children in Kindergarten to Year 2 and their parents and carers. The program helps parents and schools to identify children's social and emotional difficulties and supports them to respond to difficult behaviours.

Got It! is a school-based program delivered by specialist Child and Adolescent Mental Health teams in partnership with school staff. ***Got It!*** teams work collaboratively with education staff, parents/carers and children to provide an evidence-informed approach to address these problems early and get on track in time.

Contact details

Got It! is a School-based early intervention program provided by Specialist Child and Adolescent Mental Health teams in partnership with Schools.

Funded by NSW GOVERNMENT Health

The *Got It!* program in your School

Here are some terrific tips that help kids have fun with friends, learn a lot at school and get along with their families.

Notice your feelings

It's okay to have lots of different feelings. They can help you to think about what to do next.

Take care of your feelings

When you have strong feelings, try doing things that will help you to feel better.

You can:

- Go somewhere quiet to calm down
- Stop and think before you act
- Spend time with family and friends
- Do something that you like

Think about how others are feeling

Listen to others, even if they have different ideas to you. Imagine how they might feel.

Make helpful choices

I can work on controlling my behaviour. Even if you make an unhelpful choice, the next one you make can improve things.

Talk to a grown up if you need help

You can talk to a grown up, like a parent or a teacher, about how you are feeling. Ask for help if you need to.

Be kind to yourself

Think of all the good things about you. What do you like? What are you good at? Who is important to you? What makes you one-of-a-kind?

Give new things a try

Try new things even if they seem hard at first. You might even have fun!

Keeping on track is easier to do with help. Find a friend or grown up, like a parent or teacher, and stay on track together.

Got It! is a school-based early intervention program provided by Specialist Child and Adolescent Mental Health teams in partnership with schools.

Funded by NSW GOVERNMENT Health

The *Got It!* program in your school

Here are some tips that families may find helpful in learning to cooperate, relate and have fun together.

Notice your feelings

Being aware of your own feelings can help you respond to your child in more helpful ways. Take time, respond when you're calm.

Remember you are a role model

To help your child learn to manage different feelings, when appropriate:

- Name your feeling/s
- Describe and model helpful ways to cope.

Show empathy

Let your child know all feelings are okay. Help your child to name their feelings.

Use consistent rules and consequences

Family rules work best when children are involved in establishing them with you. Give clear instructions and ensure your child understands them. Consequences work well when they are simple and immediate.

Spend quality time together

Play and have fun together. Spend time with your child doing activities that you both enjoy. Show love and affection. Talk to your child and make time to listen to each other.

Look after yourself

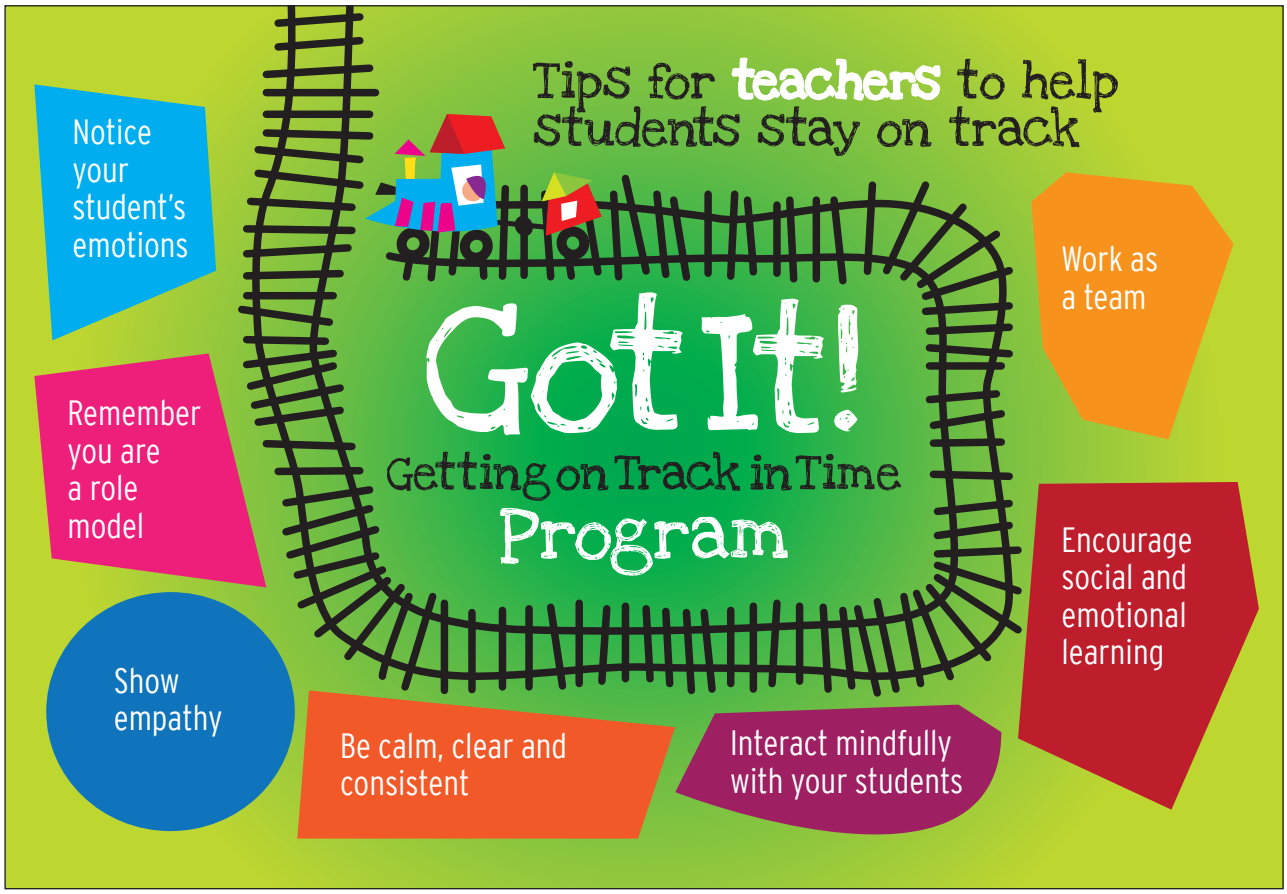
Make time to do things that you enjoy. Spend time with people who support you. Create, notice and enjoy calm times.

Use praise, it's powerful

Reward your child for trying as well as succeeding. Tell your child specifically what you are pleased about. Give lots of positive attention.

Keeping on track is easier to do with help.

Talk to school staff if you have any questions about these tips or the *Got It!* program.



Got It! is a school-based early intervention program provided by Specialist Child and Adolescent Mental Health teams in partnership with schools.

Funded by
NSW GOVERNMENT Health

The *Got It!* program in your school

Here are some tips that teachers may find helpful to encourage students to cooperate, learn and have fun together.

Notice your student's emotions

Identify the student's emotion. Reflect on the function of the accompanying behaviour.

Remember you are a role model

Children's social and emotional development is highly influenced by the school environment. Teachers are significant role models.

Show empathy

Recognise and validate your students' feelings and help them to name their feelings.

Be calm, clear and consistent

Have an appropriate behaviour management plan that is consistent and predictable. Provide clear instructions and ensure your students understand them.

Interact mindfully with your students

Recognise every interaction with your student as an opportunity to:

- strengthen your relationship
- build the student's resilience
- enhance their wellbeing.

Encourage social and emotional learning

Academic progress is linked to social and emotional learning.

Work as a team

Work collaboratively with other school staff to support each other. Developing a consistent approach at home and school, by working with parents, carers and students, will help to create positive and sustained changes.

Keeping on track is easier to do with help. Contact your local *Got It!* team or school representative to find out more about these tips or the program.

Example: General newsletter information

[Insert school logo and or letterhead]

Getting on Track in Time – *Got It!*

Got It! is a new program led by the NSW Ministry of Health in partnership with the NSW Department of Education. [School name] has been offered a place in this exciting new program.

The Got It! team will be running a 10 week program for children in Kindergarten to Year 2, aged 5-8 years (Early Stage One and Stage One) and their parents, who are having problems with challenging and disruptive behaviour – at home or at school. The program will give families the opportunity to be part of a fun and supportive group that can improve child behaviour and family relationships and help parents deal with difficult behaviours.

Challenging and disruptive behaviour often causes problems in many areas of a child's life. It can also be stressful for their family, friends and community.

Sadly, these children can often be seen as 'naughty', rather than as children who are struggling with organising their thoughts, feelings and behaviours.

Got It! aims to give support and practical help to children and their families, and also to support the school community to help children get the most out of the opportunities available to them.

The *Got It!* team is looking forward to working at [School Name], and would like to thank the whole school community for your commitment to improving the wellbeing of children and families at [School Name].

An information session will be held [date and time TBA].

ALL families will be asked to complete a questionnaire for each child in Kindergarten, Year 1 and Year 2. Please help us by returning this form ASAP.

Please direct any specific enquiries to your child's teacher.

Helping you help your kids.....

with emotions and behaviours

Got It!
Getting on Track In Time
Program

You are invited to morning tea with the Got It! team and other parents.

Got It! is a school-based early intervention program provided by a specialist health team in partnership with your child's school.
It targets disruptive and challenging behaviours and is designed to support children, parents and teachers.

All parents are invited to attend to find out how to help your kids learn about emotions. All families with children in K-2 will receive information regarding further involvement in the program.
Please RSVP to your child's classroom teacher by:

Morning Tea Date and Time:

NSW GOVERNMENT Health
Western Sydney
Local Health District

RSVP:
I will be attending the 'Helping You Help Your Kids'
Name:

Example: Program Factsheet

Getting on track in Time – *Got It!*

What is the *Got It!* program?

Getting on Track in Time – *Got It!* is an early intervention mental health program provided by specialist health teams in your Local Health District in partnership with your child's school.

The program aims to prevent the development of disruptive behaviours and emerging conduct disorders in children in Kindergarten – Year 2, aged 5-8 years old.

Children will display problem behaviours as a normal part of development because they do not yet have the social, emotional and problem solving skills to manage new challenges.

The *Got It!* team works together with education staff, children and parents to intervene early and help your children become happy and successful.

Benefits of being involved in the *Got It!* program

Getting help and support early to address children's social and emotional difficulties will achieve better outcomes for your family and community.

Got It! provides opportunities for children to:

- Manage their feelings and behaviours both at home and school
- Learn to make and maintain friendships more easily
- Develop problem solving skills
- Become more confident and resilient.

Got It! offers parents:

- Support in their parenting roles to promote a positive family environment
- New skills and activities to make a difference for their children's mental health during this important developmental period
- Additional social and support networks
- Opportunities to build on the positive relationships between you and your child's school.

Example: Letter to Parents/Carers regarding SDQ Screening 1

[Insert school logo or letterhead]

Dear Parents and Carers,

Getting on Track in Time (*Got It!)* is an exciting early intervention program for students in Kindergarten to Year 2 (Early Stage One and Stage One) that will be implemented at [Insert School name] in Terms [X & X]. *Got It!* is aimed at reducing and preventing disruptive and challenging behaviours at school and at home.

We are asking **all parents** to complete the attached questionnaire to help identify children suitable for the program and to help evaluate the effectiveness of the *Got It!* program at your school. The classroom teacher will also complete a questionnaire. **PLEASE RETURN ALL FORMS TO YOUR CHILD'S CLASSROOM TEACHER BY [DAY DATE MONTH (WEEK X)] in the envelope provided with your child's name at the front.** Based on parent and teacher questionnaires, the *Got It!* team will discuss with teachers those students who are likely to benefit from the group program and you will be contacted if your child may be suitable for inclusion.

If you have any questions or would like assistance in completing the questionnaire, please contact your child's classroom teacher. If for any reason you do not wish to complete the questionnaire, please indicate this on the form below and return it to the school. If you do not wish your child's teacher to complete a questionnaire regarding your child, please inform your child's teacher of this.

Yours sincerely,

(Insert contact person)

(please complete, detach and return with your questionnaire)

I give/do not give consent for my child to be included in the screening process for the *Got It!* program. I understand I may be contacted if my child may be suitable for inclusion in the group.

Child's name: _____ Class: _____

Parent/Carer name: _____ Contact number: _____

Signature: _____

Example: Letter to Parents/Carers regarding SDQ Screening 2

[Insert school logo or letterhead]

Dear Parents and Carers,

[Insert School name] has the opportunity to participate in an early intervention program ***Getting On Track In Time! (Got It!)*** for children in Kindergarten, Year 1, and Year 2. ***Got It!*** is run by local health professionals from the [insert location] Local Health District in collaboration with the Department of Education and your school. The ***Got It!*** Team will begin working with the school to set-up the program in Term [insert relevant term and year] and deliver it to the children in Term [insert relevant term and year].

Got It! **builds emotional resilience and enhances the development of social skills in young children that will support them to better manage their emotions and behaviours at school and at home.** Children who are emotionally and socially skilled relate better to other children, teachers and parents and are more competent in dealing with stress and school work. This assists them to learn to their full potential and maximize their life opportunities.

The program is fun and supportive for students and provides practical help to parents and teachers. All children in Kindergarten, Year 1 and Year 2 classes will be provided with whole-classroom activities delivered by their class teacher. Some children will also be invited to participate in the small group component of **Got It!** in Term [1, 2016].

Included with this letter is the blue *Strengths and Difficulties Questionnaire*, which explores the thinking, feelings and behaviour of your child. We would appreciate parents/carers and teachers of Kindergarten, Year 1 and Year 2 students to complete the short questionnaire. The questionnaire will assist in identifying which part of the program will most benefit your child and will be treated confidentially by the ***Got It!*** Team and the school.

If you do not wish to complete the *Strengths and Difficulties Questionnaire* please write your child's name on the form and return it uncompleted. If you have any concerns regarding your child's class teacher also completing this questionnaire please contact the Principal.

We kindly request that you **complete the blue form** and return it to your child's classroom teacher in the sealed envelope provided by **[Day the Date Month Year]**. If you have more than one child in Kindergarten, Year 1 or Year 2 please complete a blue form for each child. Sealed envelopes will be provided directly to the ***Got It!*** Team Health professionals.

The *Got It!* Team will be available to talk to parents and carers on [Friday the 9th of October at 8:45am in the K-2 playground] to provide further information and answer any questions. The School Newsletter will also include more information.

Kind regards,

[*Got It!* Team Leader/Senior Clinician]
on behalf of [LHD] Got It! Team

School Principal
[Insert Primary School]

Information on the SDQ (Strengths & Difficulties Questionnaire) at: www.sdqinfo.com/

Initial Teacher SDQ Form

Teacher Strengths and Difficulties Questionnaire

Child's name: _____ Male / Female

Date of birth: _____ Age: _____ Class: _____

Your Name: _____

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example pencils, books, food	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees tasks through to the end	☐	☐	☐
Do you have any other comments or concerns?			

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

	No	Yes– minor difficulties	Yes– definite difficulties	Yes– severe difficulties
	☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

■ How long have these difficulties been present?				
	Less than a month	1-5 months	6-12 months	Over a year
	☐	☐	☐	☐
■ Do the difficulties upset or distress the child?				
	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐
■ Do the difficulties interfere with the child's everyday life in the following areas?				
	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
■ Do the difficulties put a burden on you or the class as a whole?				
		Only a little	Quite a lot	A great deal
		☐	☐	☐

Signature: _____ Date: _____

Thank you very much for your help.

Initial Parent SDQ Form

Parent Strengths and Difficulties Questionnaire

Your child's name: _____ Date of Birth: _____

Aboriginal/Torres Strait Islander/Cultural background: _____

Date: _____ Male / Female Age: _____ Class: _____

Your name: _____ Mother/Father/Other (please specify): _____

Address: _____ Contact No: _____

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example pencils, books, food	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees tasks through to the end	☐	☐	☐
Do you have any other comments or concerns?			

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

	No	Yes– minor difficulties	Yes– definite difficulties	Yes– severe difficulties
	☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

■ How long have these difficulties been present?				
	Less than a month	1-5 months	6-12 months	Over a year
	☐	☐	☐	☐
■ Do the difficulties upset or distress the child?				
	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐
■ Do the difficulties interfere with the child's everyday life in the following areas?				
	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
■ Do the difficulties put a burden on you or the family as a whole?				
		Only a little	Quite a lot	A great deal
		☐	☐	☐

Signature: _____ Date: _____

Thank you very much for your help.

Post-Intervention Teacher SDQ – at completion of targeted group program

Teacher Strengths and Difficulties Questionnaire – Post Group

Child's name: _____ Male / Female

Date of birth: _____ Age: _____ Class: _____

Your Name: _____

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example pencils, books, food	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees tasks through to the end	☐	☐	☐
Do you have any other comments or concerns?			

Since coming to the service, are this child's problems:				
Much worse	A bit worse	About the same	A bit better	Much better
☐	☐	☐	☐	☐
Has coming to the service been helpful in other ways, e.g. providing information or making the problems more bearable?				
	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐
Over the last month, has the child had difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?				
	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
	☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

■ Do the difficulties upset or distress the child?				
	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐
■ Do the difficulties interfere with the child's everyday life in the following areas?				
	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
■ Do the difficulties put a burden on you or the class as a whole?				
		Only a little	Quite a lot	A great deal
		☐	☐	☐

Signature: _____ Date: _____

Thank you very much for your help.

Post-Intervention Parent SDQ – for parents completing group program

Parent Strengths and Difficulties Questionnaire – Post Group

Your child's name: _____ Date of Birth: _____

Today's date: _____ Male / Female Age: _____ Class: _____

Your name: _____ Mother/Father/Other (please specify): _____

Address: _____ Contact No: _____

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example pencils, books, food	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees tasks through to the end	☐	☐	☐
Do you have any other comments or concerns?			

Since coming to the service, are your child's problems:				
Much worse	A bit worse	About the same	A bit better	Much better
☐	☐	☐	☐	☐
Has coming to the service been helpful in other ways, e.g. providing information or making the problems more bearable?				
	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐
Over the last month, has the child had difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?				
	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
	☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

■ Do the difficulties upset or distress the child?				
	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐
■ Do the difficulties interfere with the child's everyday life in the following areas?				
	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
■ Do the difficulties put a burden on you or the family as a whole?				
		Only a little	Quite a lot	A great deal
		☐	☐	☐

Signature: _____ Date: _____

Thank you very much for your help.

Example: School-wide Screening Feedback

We would like to thank all of the parents who took the time to complete and return the Strengths and Difficulties Questionnaire that was distributed to all Kindergarten-Year 2 (Early Stage One and Stage One) students earlier this term. The results of this questionnaire helps to identify which children would benefit from being included in the Getting on Track in Time (*Got It!*) targeted groups, which will be running in our school next term.

By filling in the questionnaire you have also helped us to gain a better understanding of the needs of children and their families at [School name]. This information will contribute to helping schools and health professionals provide better services in the future.

Those families selected for involvement in the group program have already been contacted. If you have any questions or would like to discuss this further, please contact [relevant contact details].

Program forms and information

[LHD Logo]

Example: Teacher Consultation Form 1

Child Name:
Age/DOB:
Class:
Teacher:
Behaviour in class:
Academic and language difficulties:
Social problems:
Any support services involved:
Any health issues include diagnosis and medication:
Any other relevant background information:
Parent availability or commitment:

Example: Teacher Consultation Form 2

School Public School – Teacher Information sheet Term 20XX

As a guide, this should take up to 10 minutes to complete for more complex children.

Child: _____ **Year:** K, Yr1, Yr2, Yr3 **Date:** _____

Teacher: _____ **Aboriginal/Torres Strait Islander/Cultural background:** _____

In the school context, how does the child present with:	
School attendance i.e. excellent/poor? Explained/unexplained? Any issues?	
Academically Below av; Average; Above av Learning difficulties?	
Language difficulties ■ Understanding what people say/ communicating ideas ■ Receptive/expressive?	
Social Do they play well? Initiate play? Parallel play? Do they have a stable friendship groups/friends? Bullying?	
Behavioural Any reports/suspensions? General concerns: oppositional/ hyperactive/ overly compliant/ aggressive/ concentration	
Emotional Do they worry, cry a lot, present as flat in affect? How would you describe them emotionally in one word?	
Any other information:	

Family information	
Family situation Who does the child live with? Main carer? In Care? Any known difficulties at home? (Legal issues/ difficulty with police AVOS, violence, gaol, drugs) Parenting style (punitive/ passive/ inconsistent)	
Other siblings at school Younger Older How do they present? Do they present similarly?	
Any known difficulties at home (Legal issues – difficulty with police AVOS, violence, gaol, drugs) Child Protection Issues? Parenting style (punitive/ passive/inconsistent)	
Work commitments Do the parents work? Would they be likely to be able to attend groups?	
Availability or likelihood of attending groups Are they likely to attend the group if they are shortlisted? Do they communicate well with the school?	
Any Other Comments:	

Example: Confidentiality Privacy Information

[LHD Logo]

Confidentiality and Your Right to Privacy

Got It! respects your right to confidentiality and privacy. It is important that you understand what is meant by confidentiality and also the limits to confidentiality.

Confidentiality:

Information about you will not be given to anyone *without your consent* unless:

1. There are concerns that you, your child or someone else is at risk of serious harm.
2. Your information is requested by a Court Order

In this case *Got It!* has a legal obligation to provide any relevant information to appropriate agencies.

Permission:

Your permission will be sought before information is exchanged with any other agencies, including the school, which may be of assistance to you or your child.

Privacy:

Your written permission will allow us to use information about your child to help us improve this service. Any information used will have your name and any other identifying information removed to ensure your privacy.

Right to Refuse:

You have a right to refuse to sign consent to exchange of information, or withdraw your consent at any time. Your refusal may affect your participation in the Got It! program.

Recording Your Information:

If your child is selected to participate in the *Got It!* program reports will be provided at the end of the group, summarising their time in the program. This report will be stored and managed securely by the *Got It!* team and also by the school counsellor.

Example: Exchange of Information Agreement

[School Logo]

Got It! Agreement

Exchange of Information

- I have been given information about confidentiality and the limits of confidentiality.
- I give consent for the *Got It!* team and [School Name] Public School to exchange information regarding _____ (*child's name*) _____ (*birth date*) where information is relevant to the *Got It!* Program.
- I give consent for the *Got It!* team to provide appropriate feedback to school staff in regards to my child's behavioural management. This may include information collected during the assessment process and throughout participation in the *Got It!* program.
- I understand that information regarding my child's involvement in the program will be stored securely by the school counsellor.
- I understand that information collected for the *Got It!* program may be used to evaluate and improve this service. However this information will not contain any details that could be used to identify my child or myself.

Name: _____

Address: _____

_____

Signature: _____ Date: _____

Example: Participant Consent Form

[School Logo]

Got It! Participant Agreement

- I give consent for _____ (*child's name*) _____ (*birth date*) to participate in the *Got It!* Program at [School Name] Public School during Term XX 20XX.
- I understand that the program requires a weekly attendance commitment from both me and my child.
- I agree to my child participating in the assessment process for the *Got It!* Program, which may include classroom observations by the *Got It!* Team and discussions with classroom teachers.

Name: _____

Address: _____

_____

Signature: _____ Date: _____

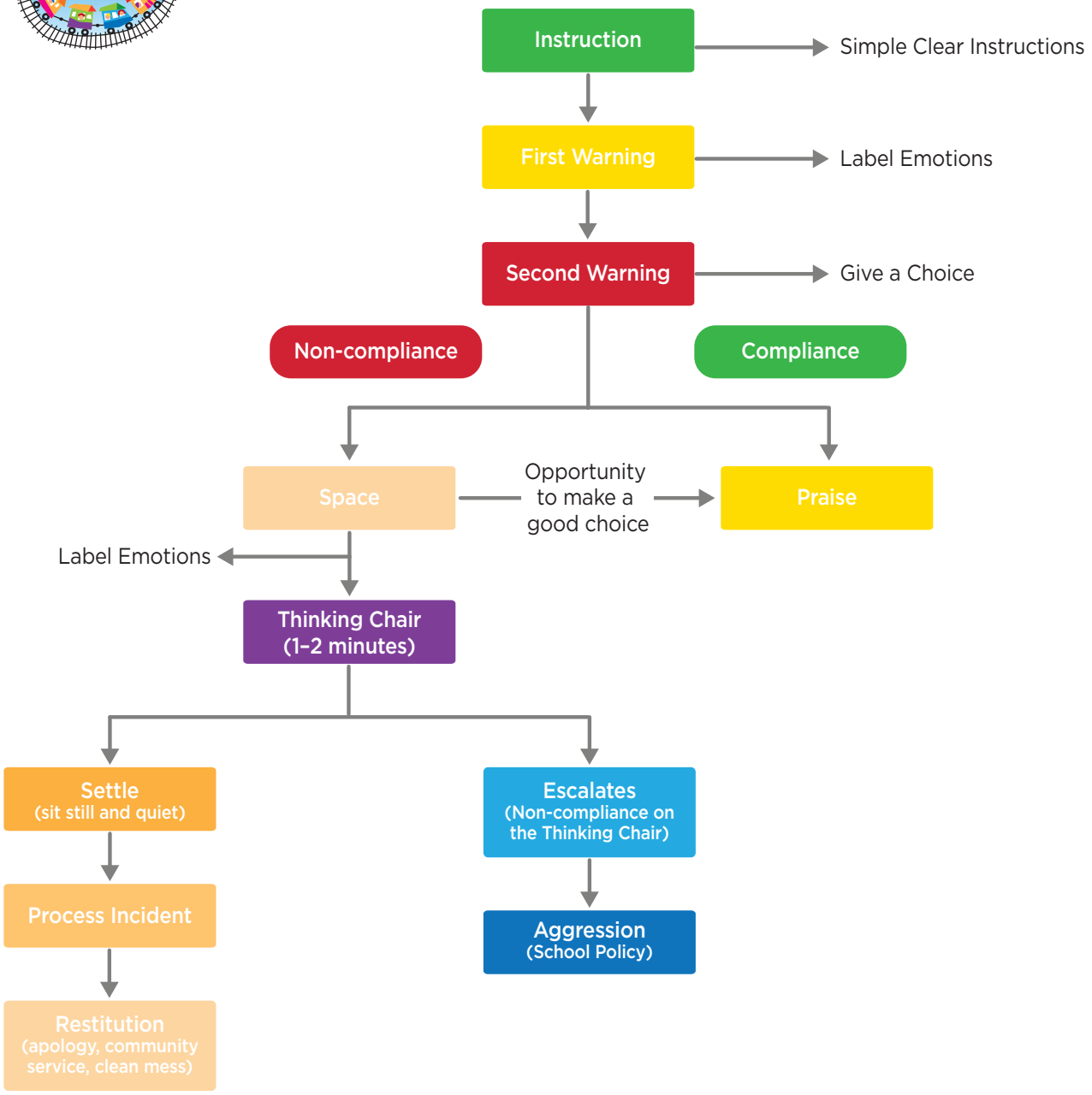
Resources for Universal Whole-of-School Program

5 Steps of Emotion Coaching

1. Be *aware* of the child's emotions, as well as your own.
2. *Recognise* the situation as an opportunity for connection and teaching.
3. *Listen empathically* and validate the child's feelings.
4. Help the child to *verbally label* emotions.
5. *Set limits* while helping the child to solve problems.

(Gottman, J., 1997, *Raising an Emotionally Intelligent Child*.)

Behaviour Management Flow Chart



Useful Resources

Online Parenting Information

- Parent Line NSW: www.parentline.org.au
- Resourcing Parents: www.resourcingparents.com
- Kids Count: www.kidscount.com.au/en
- Families NSW: http://www.families.nsw.gov.au/resources/resources-index.htm
- Raising Children Network: http://raisingchildren.net.au/school_age/school_age.html

Referral services

- Family Referral Service: 1300 403 373
- Community Health Services: 1800 600 681
- Mental Health Services: 1800 011 511
- DoE Networked Specialist Centres: Contact local DoE representatives

Emotion Coaching

- Book: Raising an emotionally intelligent child. Simon and Schuster. Gottman, J. (2011).
- Book: What Am I Feeling? Parenting Press, Inc.. Gottman, J. M. (2004).
- DVD: Emotion Coaching by the Talaris Research Institute

Resources for professionals working with children

- Kids Matter: https://www.kidsmatter.edu.au/primary
- MH-CYP CAMHS Workforce Development website which provides online CAMHS-specific professional development for NSW Health clinicians including resources and podcasts: www.camhs.nswiop.nsw.edu.au
- Stop, Think, Do: Social Skills Training: http://www.stopthinkdo.com/
- Australian Childhood Foundation: http://www.childhood.org.au/for-professionals
- Making SPACE for Learning: Trauma Informed Practice in Schools: http://www.childhood.org.au/for-professionals/resources
- Collaborative for Academic, Social, and Emotional Learning (CASEL): http://www.casel.org/
- Friendly Schools: http://friendlyschools.com.au/

Training

- Australian Mental Health Outcomes and Classification Network - Basic Outcome Measures Training: http://amhocn.nswiop.nsw.edu.au/
- Exploring Together Program: http://www.exploringtogether.com.au/
- FRIENDS Resilience Programs: http://www.friendsresilience.org/
- Turning into Kids: *Emotionally Intelligent Parenting Program*: http://www.tuningintokids.org.au/
- The Incredible Years: https://apps.aifs.gov.au/cfca/guidebook/programs/incredible-years

Targeted Group Program

Example: Parent feedback Letter/End-of-group Report

[LHD Logo]

Getting on Track in Time – *Got It!*

[Got It! Team contact details]

Got It! Program Summary for [Child Name]

[School Name] Public School, Term [X] 2015

Dear [Parent/Carer Name] & [Child Name],

It has been a pleasure to have you both participate in the *Got It!* Program at [School Name].

As you have made it to the end of the program, we wanted to write to you to summarise some of the achievements you made and the challenges that you came across over the course of the group.

You can use this letter to remind you of the great work you did and to help you think about where you would like to go from here and what other things you might like to work on. You can also use this letter to show to other people, such as doctors or teachers, where it would be helpful for them to understand the things you have worked on during the group. It will also be placed in [Child Name]'s school counsellor file, as a record of [his/her] time in the group.

Assessment

[Child Name] was selected for the program as screening with the Strengths and Difficulties Questionnaire completed by both parent and teacher revealed that [he/she] was struggling with [managing his/her behaviour and relationships with others both at home and at school, and with managing his/her emotions at home].

[Parent Name], we met with you to get to know you and invited you to be a part of the *Got It!* program as we all felt that you that you and [Child Name] might benefit from our group. [Key points from assessment].

[Parent Name], you completed the Eyberg Child Behaviour Inventory at the start of the school term and your responses showed that … [Results]. You also completed the Parenting Stress Index which showed that … [Results].

When observed in the classroom, [summary of classroom observations].

[Child's Name]'s classroom teacher, [Teacher's Name], reported that … [summary of teacher feedback].

[Teacher Name] completed the Sutter-Eyberg Student Behaviour Inventory – Revised at the start of the school term and his responses showed … [Results].

Goals

[Parent/Carer Name], you said that you were interested in [goals]. [Strengths]. [Child Name], [goals].

The group

[Parent/Carer Name] and [Child Name], [summary of observations from interactive group].

[Parent/Carer Name], [summary of observations from parent group].

[Child Name], [summary of observations from child group].

The children's group focused on helping children to: identify feelings in themselves and others; manage strong feelings; solve social problems using the *Stop Think Do* approach; practise conversation skills; and work cooperatively with others. [Summary of child's grasp of group content].

Outcomes

[Parent/Carer Name], at the end of the term, you said that ... [summary of parent/carer feedback]. [Child Name] said that he had learned about [summary of child feedback].

[Parent/carer Name], you completed the Strengths and Difficulties Questionnaire, the Eyberg Child Behaviour Inventory and the Parenting Stress Index again after the group. Your responses showed that... [results].

At the end of the term, [Teacher Name] completed the Sutter Eyberg Student Behaviour Inventory again and this showed that ... [Results]. [He/she] reported that... [Summary of teacher feedback].

Recommendations

We considered how you might continue to maintain the changes you have made and what other things you may like to continue to work on. Here are some ideas that might be useful:

-
-

We hope you found the group helpful and enjoyable. Please feel free to give us a call and let us know how you are going, or if there are any other supports or referrals that we can help you with.

Wishing you all the best in the future,

[Clinician Name] ([Clinician Designation]) and the *Got It!* team

Example: Parent feedback letter/end-of-group report

[LHD Logo]

[Child Name]
Date of Birth:
Got It! Program [School Name]
Term ( ), Year ( )

Dear [Parent],

Thank you for your and [Child Name]'s participation in the *Got It!* small group Program. [Child Name] was identified for participation in *Got It!* by yourself in collaboration with the *Got It!* clinicians through completion of the Strengths and Difficulties questionnaires. The *Got It!* program aims to develop social and emotional resilience in children, assist them to problem solve and manage their emotions and support the parent/carer-child relationship.

This letter is a final report from the *Got It!* Program. It aims to tell you about some of the things we observed throughout the group process, and reinforce some of the things you and [Child Name] learnt. It also identifies where you can obtain support if you still need it.

It was excellent that both you and [Child Name] attended all of the eight group sessions. It was obvious that [Child Name] enjoyed having you participate in the program with [her/him].

Goals

At the beginning of the program you identified that your main behavioural goals for [Child Name] were for [her/him] to [argue less with her brother and to be more open to collaborative play with other children – rather than predominately seeking to lead and control play]. You also identified that you would like to have more quality time with [Child Name] and currently find this hard with work commitments.

Observations, Strengths and Assessment

One of the things we initially noticed about yourself and [Child Name] was the [warm attachment that you share]. We often observed you [interacting warmly over breakfast and sharing physical affection during the interactive groups]. [Child Name] [looked to you when receiving [her/his] sticker rewards and you provided [her/him] with praise and positive body language]. You also provided [her/him] with [appropriate encouragement in the interactive group when [he/she] was sharing her homework]. In the child centred play activities you [were able to allow [Child Name] to take the lead, whilst remaining involved and acknowledging [Child Name]'s efforts].

During the interactive and child groups, [Child Name] presented as [bright and reactive]. [Child Name] participated [willingly and enthusiastically in nearly all of the child group activities and regularly contributed to discussion – offering answers and suggestions with minimal prompting required]. [Child Name] particularly enjoyed [playful and animated activities such as role-plays and acting]. [Child Name] also displayed an aptitude for [craft and demonstrated the ability to stay on task, however at times [Child Name] could become perfectionistic]. For example [during the THINK sign activity when [Child Name] was struggling to cut out a cloud shape, [he/she] verbalised that [he/she] feels angry when she can't do something right]. With support and encouragement from clinicians, [Child Name]'s confidence in her ability increased and she was able to complete these tasks independently.

At times during the child group [Child Name] had difficulty [sitting still]. She would often become [quite restless, moving from position to position, lying on her tummy or side, kneeling and sitting on her knees, and sometimes crawling away from the group]. [Child Name] verbalised to clinicians that [he/she] found it hard [to sit still]. Despite this, [Child Name] engaged well in most of the child group activities and was able to respond appropriately when asked a question. With regards to concentration and attention, [Child Name] [utilised a number of different sensory aids throughout the program which will be discussed further in the recommendations].

[Child Name]'s contribution to group discussion indicated that [he/she] had a sound understanding of [emotions and an ability to recognise feelings in [himself/herself] and others – including comfortable and uncomfortable feelings]. She was also able to correctly [link body clues to an emotion, being an excellent 'feelings detective']. [Child Name] was also able to [regularly share her knowledge of STOP, THINK, DO concepts with the group. Specifically], [Child Name] was able to identify [times when she can use STOP, and THINK of how to better manage the situation]. It was clear that [Child Name] understood the concepts as [he/she] would [often engage in conversation with clinicians about the strategies that she has learnt in group and how she is implementing them at home and at school].

[Child Name] was often [distracted by objects within the child group environment and would often push boundaries that were set by clinicians]. At times [Child Name] [refused to follow instructions and required reminders and escalation through the consequences to manage [his/her] behaviour]. However, this was not a significant issue and [Child Name] predominantly responded well to [redirection, clear, calm instructions and consistent consequences].

Parent, you may recall completing some questionnaires at the beginning and end of the Got It! Program. With regards to the Kansas Parental Satisfaction Scale, your pre and post group responses indicated [change] – with you remaining somewhat [satisfied] with [Child Name]'s behaviour and yourself as a parent, and [satisfied] with regards to your relationship with [Child Name].

Scores from the Eyberg Child Behaviour Inventory (ECBI) questionnaire indicate the impact and intensity [Child Name]'s behaviour has on your family. Scores from the measures you have provided indicate that there has been [a slight improvement with regards to the intensity of Child's behaviour – specifically with regards to following instructions, lying, concentration and fighting with siblings]. The level to which [Child Name]'s behaviour is a problem for you [also decreased, specifically with regards to yelling and screaming, and physically fighting with siblings]. The Strengths and Difficulties Questionnaire indicated [increased concerns with regards to [Child Name]'s behaviour, specifically in relation to conduct and hyperactivity]. Hopefully the group has given you some ideas and strategies that you are able to implement to continue to improve [Child Name]'s behaviour and emotional resilience.

With regards to your Depression, Anxiety and Stress Scales – [although no significant concerns were noted, scoring indicated moderate levels of anxiety]. [If you feel that this is having a significant impact on your parenting capacity and emotional well-being we recommend that you seek support which will be discussed further below].

[Parent name], you were a committed and enthusiastic group member and demonstrated [a heightened ability to reflect on your parenting practices and take new ideas and strategies on board]. You were a [hardworking and determined group member and made a significant effort each week to complete the homework and try the strategies introduced]. You were [open and generous in sharing your own personal experiences and made yourself available to offer suggestions and support to other group participants]. Your presence in the group was highly valued and we want to thank you for your hard work and commitment to the group process. At the end of the group [Child Name] advised that [he/she] is now more able to identify when [he/she] is [angry and think of things to do to calm down]. [Child Name] also identified that the Got-It! group has helped [him/her] to think about [how other people are feeling as well as how she is feeling]. This is very insightful for a child of [Child Name]'s age and we believe that this positive change is in part due to the significant effort you put in to revise the group content with [Child Name] and complete the homework with her each week.

Ongoing goals and things to build on:

- Continue to practice the strategies which you have learned with [Child Name], and have one on one time with her on a regular basis.
- Catch [Child Name] being good, giving attention to her positive behaviour as she responds well to specific verbal praise and acknowledgement.
- [Child Name] can be re-directed to appropriate behaviour, assisted to recognise and manage her emotions and/or problem solve in difficult situations if an issue is addressed quickly using STOP, THINK, DO principals. We recommend continued use of these.

- Continue to apply consistent rules and consequences for misbehaviour as consistency is important across home, school and other environments.
- Encourage [Child Name] to continue to use her 'feelings detective' skills to identify feelings in herself and others.
- Role model appropriate displays of emotion as well as problem solving so that [Child Name] is encouraged to continue applying the learning and concepts covered in the group.
- Continue to build [Child Name]'s capacity to identify and verbalise [his/her] feelings, and to actively practice healthy ways of managing them.
- Continue to practise personal self-care by taking time out for yourself to recharge your batteries, making you better able to meet the needs of your family.

Recommendations:

At the conclusion of the group program, we recommend that your family take some time to put some of the strategies into practice and allow things to settle. If you observe changes or have further concerns about [Child Name]'s behaviour, [his/her] social/emotional wellbeing or mental health, you might consider engaging with an individualised service to build on the skills and strategies [he/she] has learnt in the GOT IT! Program. Below are some suggested support services:

- [Child Name]'s **school counsellor** may be able to assess [his/her] psychological wellbeing if necessary. You will need to discuss referral to the school counsellor with your School Principal.
- Throughout the group [Child Name] utilised [sensory aides such as the Weighted Vest]. This appeared to have a positive affect and increased [Child Name]'s ability to [maintain concentration in activities such as story time]. Due to the time limited nature of our program it is difficult to fully assess [Child Name]'s sensory issues – however [he/she] [responded well to targeted sensory input]. [As such, we recommend for you to follow up with an Occupational Therapist to fully assess [Child Name] and further explore the relevance of sensory strategies and aides. Some suggested **Occupational Therapists** for you to contact include:]

List of services

- As discussed above, your DASS post group questionnaire indicated [moderate] levels of anxiety. Content discussed and explored throughout the group can also elicit strong emotional responses and we recommend that you seek support from your GP if you feel that this is having a significant impact on your emotional wellbeing.

The *GOT IT!* Team wishes [Child Name] and your family all the best for the future. Your dedication to the program demonstrates your desire to help [Child Name] manage [his/her] emotions and behaviours, both at home and at school, thus enabling her to learn to her full potential and maximise life opportunities.

Kind regards,

(Clinician Name)
Mental Health Clinician/(Role)On behalf of the ***GOT IT!*** **Team**

End-of-Program Reports to School

Example: School Summary Report

[LHD Logo]

Getting on Track in Time (*Got It!*)
[Got It! team contact details]

Got It! Program Summary
[School name] School
Terms [X] & [X], 20[XX]

Got It! is a school-based early intervention program for young children with emerging challenging or disruptive behaviour. The program consists of a universal whole-of-school component, to assist all parents and teachers at the school to enhance their management of children's behaviour problems, as well as a targeted component, for families with children who are experiencing difficulties with disruptive or challenging behaviour.

Universal Whole-of-School Program

The *Got It!* team provided a universal whole-of-school program focusing on emotion coaching strategies to provide support in the classroom and assist in managing children's difficult behaviours.

School Staff

Teaching staff participated in a series of professional learning sessions focussed on emotion coaching, which aimed to complement existing behaviour management systems already in place in the school. Staff had the opportunity to learn about strategies used in the *Got It!* program, and discuss how these could be adapted for use in the classroom. They learned about the steps of emotion coaching in detail and also had the opportunity to workshop examples of challenging scenarios from their own classrooms in small groups with *Got It!* staff. Teachers were provided with weekly summaries of concepts covered in the targeted group program and suggested classroom activities around these themes. Teachers also had the opportunity to attend the *Got It!* showcase held twice a year, which allows schools who have participated in the *Got It!* program to network and share ideas about sustainability, in order to begin thinking about how to sustain strategies and outcomes from the *Got It!* program at [school name].

Parents

A presentation on emotion coaching was opened to all parents to attend. [Number] parents attended and engaged in discussions regarding the ideas presented and how they might apply these to their parenting. Parents took away resources (e.g., *Got It!* postcards and emotion coaching posters) with ideas for parents and children about how to manage behaviour and strong feelings and emotions at home. [Number] of the parents who attended the presentation were invited to join the group program with the results gain from the Strengths and Difficulties Questionnaire. All parents also had the opportunity to learn about emotion coaching via weekly *Got It!* tips in the school newsletter during Term [X].

Targeted Program

Participants

Participants in the *Got It!* targeted group program were selected based on the results of the Strengths and Difficulties Questionnaire (SDQ) which was completed by all teachers for students in Early Stage One and Stage One (Kindergarten – Year 2). Parents were also requested to fill out a questionnaire and [Number] parent SDQ's ([Number]%) were returned. If Parent SDQ's were not returned, the child was not considered for inclusion in the program.

Discussions with classroom teachers assisted the selection process in order to gain information about how children were going at school and to exclude those who may not be able to participate, including children who may require extra support and would not be conducive to a group setting. [Number] students were shortlisted for teacher consultation.

Assessment interviews were offered to [Number] families. [Number] parents declined this offer and [Number] parents were unable to be contacted. [Number] parents attended a meeting, while [Number] parents failed to attend. [Number] families were considered suitable for inclusion in the group, with the other [Number] families being considered more suitable for individual support and services. Of the [Number] families, [reasons for not participating]. The remaining [Number] families were invited to join the group.

Families who were unable to participate in the group were offered information about alternative supports and services that could be accessed. Families who did not participate in the group were also able to seek further support if needed via the school counsellor or via the Family Referral Service. To assist with follow up by the school, an electronic database containing all students' parent and teacher SDQ scores was provided for the school counsellor records. The school counsellor was also advised of the referral recommendations for all families who did not participate in the program should follow up be required.

Assessment

In addition to meeting with parents and children to get to know them and assess suitability for participation in the group program, *classroom observations* were conducted by *Got It!* staff to obtain further information about how the children were going at school.

Teachers of children participating in the group program were also asked to complete the Sutter-Eyberg Student Behaviour Inventory-Revised (SESBI-R) to identify problem behaviours in the school setting. Responses indicated that… [Results].

Parents were asked to complete the Eyberg Child Behaviour Inventory (ECBI), to identify problem behaviours at home, and the Parenting Stress Index (PSI), to assess their stress levels with regards to parenting, child behaviour, and the parent-child relationship. [Number] parents completed these measures. [Results]

Groups

A multigroup research-based early intervention program, Exploring Together was run over ten weeks. [Number] families completed the group. [Information about drop-outs]. Of the families who completed the program, all attended at least [Number] sessions, with most families attending at least [Number] sessions.

The *interactive group* focused on: enhancing parent-child relationships; modelling for and coaching parents in behaviour management strategies; and reinforcing content from the children's group, so that parents could practise these skills at home with their child.

The *children's group* focused on: recognising and expressing emotions; developing social skills; and using the Stop Think Do method to help manage strong emotions problem-solve in difficult social situations. This was presented in a fun and interactive way through the use of stories, games, role play, puppets and craft.

The *parent/carer group* focused on: emotion coaching skills; the importance of the parent-child relationship; enhancing parenting skills and strategies through education and the development of behaviour management plans; helping parents/carers to understand their child's behaviour and needs better; emphasising the importance of support in parenting and working together with other carers to manage child behaviour; self-care for parents/carers; increasing understanding of the influence of one's family of origin on parenting; and considering how to maintain the gains made during the group.

Partners and other support people were invited to attend a *parent evening* held twice during the term to involve them in the behaviour change process. [Number] partners from [number] families attended the first evening, and [Number] couples attended the second evening.

[Teacher name], [teacher role], participated in the *Got It!* group as a *co-facilitator*, assisting in the running of the child group, as well as joining the interactive group. This allowed them to observe the *Got It!* behaviour management strategies, including emotion coaching, in practice. [Teacher name] said that … [teacher feedback].

[Teacher name] participated in a *teacher training day for group co-facilitators* prior to the group program, along with [other teacher names & roles]. During these sessions, they discovered the aims of the group program, research base, theories underlying the approaches used in the groups, the importance of attachment for child development and learning, managing escalation of child behaviour, the role of the teacher in co-facilitating the groups, and the importance of self-care when working with children with challenging behaviour.

Teachers of children in the targeted group attended *fortnightly consultation sessions* with *Got It!* staff during [Term 2]. The purpose of these sessions was to assist teachers to reflect on and better understand the child's behaviour and their responses to these behaviours; workshop approaches to responding to the child's challenging behaviours; and support a consistent and collaborative approach to managing these children's behaviour both at home and at school.

Outcomes

Targeted Group | Questionnaires

Follow up SDQ and SESBI-R measures were returned by *teachers* for [Number] children who completed the group program. There were a variety of changes in these questionnaire results over the course of the group for each child. [Results].

[Number] parents/carers completed post-group SDQ, ECBI and PSI questionnaires. There was a variety of changes in parents' SDQ scores over the course of the group for each child. [Results]

Targeted Group | Feedback

Both written and verbal feedback from parents indicated many positive outcomes from the group. These included:

- [Feedback]
-
-

Teachers reported that changes in children's behaviour have also been reflected in the classroom, with outcomes for students including:

- [Feedback]
-
-

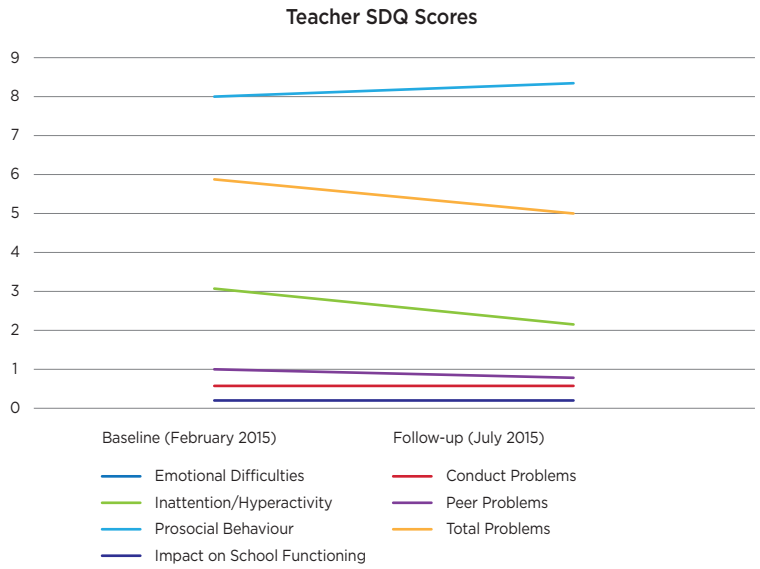
For some children in the group, parents/carers and teachers reported that the child was still struggling with their behaviour following the group. For these families, the *Got It!* group was an great opportunity for the team to observe the child, gain a better understanding of their needs, and provide recommendations for follow-up services and support.

Universal Whole-of-School Program | Feedback

The feedback from the universal program was positive, with teachers reporting that [summary of written and verbal feedback from teachers].

Universal Whole-of-School Program | Questionnaires [if universal follow-up was conducted]

Follow up Teacher SDQ's were returned for all Kindergarten to Year 2 classes to evaluate the universal component of the program. [Results] (see graph below).



Follow-up

Reports for each of the participants were provided to families and the school counsellor, as a record of the children's time in the group, and to assist future intervention where needed. Parents were provided with recommendations as to how to maintain and build on positive changes the children had made and were encouraged to continue communicating with classroom teachers where relevant.

Recommendations were also made regarding further follow-up where relevant. These included: [summary of recommendations]. Families were encouraged to contact the *Got It!* team or the Family Referral Service in future, if further support with referrals is required.

Teachers were also provided with a summary of the teacher consultation sessions for each student, including recommendations to continue to support the child in the classroom.

Program Follow Up

Strategies to sustain and build on the gains made during the *Got It!* program and to support ongoing plans to respond to students with disruptive behaviour problems at the school were discussed with school staff involved with the program.

It was a pleasure working with [School name] School staff this year. Feel free to contact the *Got It!* and/or PBL teams if you would like further support with sustaining ideas from the program. We would also love to hear some of the ways that you have used ideas from the *Got It!* program at your school at our next showcase.

Wishing you all the best for the future!

[Team Leader staff name] ([Lead staff designation]) and the *Got It!* team

Example: Teacher Summary Report

[LHD Logo]

Getting on Track in Time (*Got It!*)

[Got It! Team contact details]
Got It! Program Summary for [Child Name]
[School Name] Public School, Term [X] 2015

Dear [Teacher Name],

Thank you for participating in the *Got It!* Program at [School Name] School.

This is a summary of our meetings regarding [Child Name] that may be useful in the classroom as a reminder of some of the approaches for managing [Child Name]'s behaviour that we have previously discussed.

Assessment

In Term [X], you completed a Strengths and Difficulties Questionnaire for [Child Name] which showed that … [Results]. At the start of Term [X], you completed the Sutter-Eyberg Student Behaviour Inventory (Revised) which showed that you rated [Child Name]'s problem behaviours as … [Results].

You reported that… [summary of teacher feedback].

When observed in the classroom, … [summary of classroom observation].

Goals

You said that you would like [Child Name] to work on… [goals].

The group

The group focused on helping children to: identify feelings in themselves and others; manage strong feelings; solve social problems using the Stop Think Do approach; practise conversation skills; and work cooperatively with others.

[Summary of observations from child group and relevant observations from interactive group]

Outcomes

[Summary of outcomes from group].

[Teacher Name], at the end of the term, you completed the Sutter Eyberg Student Behaviour Inventory again and this showed that [Child Name]'s [Results].

You reported that [Summary of teacher feedback].

Recommendations

Here are some ideas we had that might be useful to help [Child Name] to build on the things that [he/she] has been working on in the *Got It!* group and in the classroom:

-
-

We hope you found the *Got It!* program helpful and enjoyable. Feel free to contact us if you would like to talk about this summary or if you have any other feedback about the program and how we could make it more useful for other teachers.

Wishing you all the best in the future,

The *Got It!* Team
[LHD]

Got It! Evaluation

Summary of Key Findings (2014) Factsheet

Got It! Evaluation - Summary of key findings

Getting on Track in Time – *Got It!* is an early intervention program, delivered by Child and Adolescent Mental Health (CAMHS) clinicians in schools. The program is directed toward children from Kindergarten to Year 2 (K–2) and their parents/carers. *Got It!* is designed to reduce the frequency and severity of disruptive behaviours and ultimately to reduce the incidence of conduct disorder amongst children. A *Got It!* team is involved with each school for 6 months, engaging in behaviour screening, universal interventions, a targeted clinical group intervention (including information for parents and teachers), a targeted group and school capacity building to sustain program outcomes.

Evaluation approach

NSW Ministry of Health commissioned a comprehensive two year independent evaluation (June 2012-June 2014) of the *Got It!* pilot program*. A mixed-method approach was used to evaluate the program across three pilot sites (Dubbo, Mt Druitt and Newcastle). A variety of standardised measures and purpose-designed data collection instruments were used to generate qualitative and quantitative data. The data was further informed by a review of international research literature. Information was gathered on the experiences, impact and outcomes of the Got It! program for the range of stakeholder groups: parents, children, teachers, clinicians, management, referral organisations and government departments.

Key findings

- Significant improvements in child behaviour scores after the Got It! targeted intervention on the scales that most directly measure disruptive behaviours in children.
- Significant improvements in parenting practices with a majority of parents continuing to improve at 6-8 months after participating in the Got It! targeted intervention.
- Additional benefits to schools and parents such as; increased connections with the school and local community and improved help seeking by parents for assistance with other health and social needs.
- Economic evaluation results indicate that Got It! would provide value for money in the long term, through diverting children from the costly behaviours associated with conduct disorder.

Got It! program components and principles are supported by published research evidence

* The Getting on Track in Time - *Got It!* Program is one of the pilot initiatives originally funded under the Keep Them Safe Initiative as part of the NSW Government's commitment to improving child wellbeing, health and safety.

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