

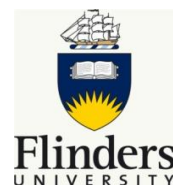
# Quality Assurance for KidsMatter Primary

## A Scoping Paper

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This Scoping Paper reviews and details options for the ongoing quality assurance of KidsMatter Primary





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# Executive Summary

## The KidsMatter Initiative

...widespread implementation of effective educational innovations requires thoughtful realism about how it is simultaneously important, difficult, and possible. (Elias, Zins, Graczyk & Weissberg, 2003, p.305)

KidsMatter Primary is an Australian national primary school mental health promotion, prevention and early intervention initiative. KidsMatter was developed in collaboration with the Australian Government Department of Health and Ageing, *beyondblue: the national depression initiative*, the Australian Psychological Society, and Principals Australia, and was supported by the Australian Rotary Health Research Fund.

KidsMatter Primary uses a whole-school approach. It provides schools with a framework, an implementation process, and key resources to develop and implement evidence-based mental health promotion, prevention and early intervention strategies. The KidsMatter framework consists of four key areas, designated as the KidsMatter components:

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

KidsMatter aims to:

- improve the mental health and well-being of primary school students,
- reduce mental health difficulties amongst students, and
- achieve greater support for students experiencing mental health difficulties.

## Background to the Scoping Paper: The KidsMatter Primary Evaluation

A consortium based in the Flinders Centre for Student Wellbeing and the Prevention of Violence undertook an evaluation of the two-year pilot of KidsMatter in 100<sup>1</sup> schools across Australia during 2007-2008. The evaluation examined the impact of KidsMatter on student mental health, engagement and implementation of KidsMatter, and influences on schools, teachers, parents and students, primarily through questionnaires. The questionnaires were gathered on four occasions from teachers and on three occasions from parents, for up to 76 students (target age of 10 years) per school. The first survey was completed by the parents and teachers of 4980 students.

As reported in Slee et al. (2009) KidsMatter impacted upon schools in multiple ways, and was associated with a systematic pattern of change to schools, teachers, parents and students. These included changes associated with school culture and approaches to mental health difficulties, as well changes that served to strengthen protective factors within the

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<sup>1</sup> The trial of KM was originally intended for 101 schools, but one school did not participate in the evaluation due to the challenges of a high proportion of transient students in a longitudinal study.

school, family and child. Importantly, KidsMatter was associated with improvements in students' measured mental health, especially for students with higher existing levels of mental health difficulties.

The KidsMatter evaluation supports a recent large scale meta-analysis of the Social Emotional Learning (SEL) literature conducted by Durlak et al. (2011) who reported that SEL programs were effective in (i) significantly improving social and emotional competencies by reducing conduct and internalizing behaviours along with increasing pro-social behaviours, (ii) classroom teachers effectively conducting SEL programs as part of routine educational practices, and (iii) improving the academic performance of students.

In growing recognition of the importance of wellbeing as an essential component in students' positive development, socially, emotionally and academically, the Australian Government allocated federal funding of \$12.2 million towards the national rollout of KidsMatter Primary (Graetz, 2009). The extension of KidsMatter is bringing about changes in the way KidsMatter is being disseminated post pilot, particularly with the training of external staff to deliver KidsMatter to schools. All KidsMatter stakeholders have an interest in ensuring that KidsMatter continues to be implemented in the manner that optimises the mental health and wellbeing of students, as well as achieving positive outcomes for parents and teachers.

## The Importance of Quality Assurance

The development of a quality assurance system that can provide an ongoing evidence-base to inform schools and State, Territory and Commonwealth stakeholders, has been seen as one way of maintaining and assessing quality outcomes.

The development of evaluation standards is one part of a move toward 'evidence-based' practice. The focus on quality is also evident in attempts to define, describe, and improve meta-evaluation. Overall, improving, ensuring, and monitoring evaluation quality are significant concerns (Schwandt, 1990). The focus for this paper is the challenging task of scoping the complex matter of quality assurance for KidsMatter in relation to the expansion and up-scaling of this successful initiative in the field of school mental health and student wellbeing.

## Defining Quality Assurance

In this paper we have regarded the matter of quality assurance as challenging to define but argue that its essential elements have been captured by Murgatroyd and Morgan (1993, p.45) who define it as "the determination of standards, appropriate methods and quality requirements by an expert body, accompanied by a process of inspection or evaluation that examines the extent to which practice meets the standards". Their definition captures significant elements pertinent to the current paper.

This paper outlines a dissemination model and a framework for developing a national quality assurance system that is cost-effective, school friendly, informative and sustainable. The effective navigation of the complex tasks needed for implementing quality assurance requires cycles of ongoing, systematic evaluative research that is responsive to many competing needs. Our recommendations are based on this understanding.

## Recommendations

Establishing a quality assurance framework is an imperative for KidsMatter Primary as part of its emphasis on ensuring there is an evidence base upon which the dissemination of the initiative Australia-wide can be founded.

Recommendations resulting from the consultation process are:

1. Develop a designated working group within KidsMatter Primary to address matters relating to quality assurance.
2. Consider adopting the 'KidsMatter Dissemination Model' and 'KidsMatter QA Framework' to guide the process of quality assurance.
3. Revise the framework, guidelines and the procedures for evaluating and reviewing the 'programs' that are recommended to schools as part of the mental health initiatives they undertake. Particular attention should be paid to their evidence base along with fidelity, dosage and delivery aspects of the recommended programs.
4. Develop a centrally administered secure online interface that allows
  - a. School leadership and staff to provide data about their school, themselves and their students,
  - b. KidsMatter Coordinators to enter information about a school, and
  - c. School leadership to have access to and be able to retrieve their own data that contains:
    - identifiable student-level data, for the purpose of identifying at risk students,
    - de-identified teacher-level data that schools can use for their own purposes, and
    - a school-level report emailed to school leadership containing aggregated data for quick information access.
5. Consider the issue of ethics relating especially to informing key stakeholders and protecting their anonymity and confidentiality.
6. Develop a protocol for informing caregivers of any concerns regarding the mental health of their child(ren) identified as part of KidsMatter.
7. Collect online data from school leadership and teachers annually at a time convenient for the school, e.g. coinciding with other annual reporting processes and integrated as part of the reflective process.
8. Provide support (e.g. online or phone) when required from a region-based KidsMatter Coordinator, in addition to an annual or bi-annual site visit to provide support and undertake aspects of quality assurance
9. Develop a 'Mental Health Map', for a school that can be identified at the review process to formally track progress.



10. Develop suitable screening tools or checklists to identify 'students at risk' for mental health issues. These tools should be designed to avoid the need for teachers to make decisions they do not feel qualified to make.
11. Develop simple tools to independently assess and benchmark progress on the Four Components, with clear guidelines as to the resources available for improvement.
12. Develop an online network system and annual gatherings to facilitate communication between KidsMatter schools – sharing 'best practice'.
13. Develop 'hand-over' procedures so that when there is a change in KidsMatter coordination/leadership, schools are aware of the change and the new coordinator is sufficiently informed. The procedures should aim to minimise disruption to the quality of support provided.
14. Develop a certification system based on levels or standards or benchmarks (eg. bronze, silver, gold) that are independently achievable in the four component areas.
15. Develop an accredited (e.g. university) delivered course to maintain the quality of pre-service and in-service teacher professional learning related to KidsMatter.
16. Monitor the quality assurance system through long-term case-study research (e.g. in selected school sites).
17. Review existing national data sets pertaining to those collected on children and young people (e.g. NAPLAN) that might inform the KidsMatter initiative
18. Consider the matter of the sustainability of KidsMatter, especially in relation to its resourcing, as it is implemented in Australian schools.
19. Consider the role of students/young people in the KidsMatter Initiative - their engagement with and enjoyment of the initiative and in this regard establish a KidsMatter student consultative group of young people to consult around matters of mental health.
20. Consider developing procedures and measures for monitoring the quality of implementation.
21. Develop a menu of incentives that could be used as part of an accreditation process for schools wishing to become a KidsMatter school.

The research completed for this paper highlights the imperative for consultation amongst the agencies responsible for the KidsMatter suite of projects and, importantly, amongst the Federal Departments of Education (DOHA) and Health (DEEWR).

*"No matter how good the intervention or the science behind it, no matter how good the implementation strategy, efforts to promote change in any complex system are very likely to fail unless the change effort has the support and active involvement of the people who live in that system." (Backer, 1994, p.4)*

# Quality Assurance

## KIDSMATTER PRIMARY

This report is provided in fulfilment of an agreement between *beyondblue* and Flinders University to develop a scoping paper for the ongoing quality assurance of KidsMatter Primary. This paper aims to provide a mechanism for facilitating further discussion and consultation with key stakeholders about the development of a quality assurance system that is cost-effective, school-friendly, and informs a culture of ongoing school improvement.

## INTRODUCTION

In growing recognition of the importance of wellbeing as an essential component in students' positive development, socially, emotionally and academically, the Australian Government allocated federal funding of \$12.2 million towards the national rollout of KidsMatter Primary (Graetz, 2009). KidsMatter Primary is an Australian initiative that uses a whole-school approach to improve the mental health and well-being of primary school students, reduce mental health difficulties amongst students, and achieve greater support for students experiencing mental health difficulties. It provides schools with a framework, an implementation process, and key resources to develop and implement evidence-based mental health promotion, prevention and early intervention strategies. The KidsMatter framework consists of four key areas, designated as the KidsMatter components:

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

KidsMatter was piloted and independently evaluated during 2007-2008 in 100 primary schools across Australia (Slee et al., 2009). The initiative is now moving toward broader dissemination with an anticipated involvement of 2100 schools by 2014, and quality assurance has been identified as a key issue. The extension of KidsMatter is bringing about changes in the way KidsMatter is being disseminated post pilot, particularly with the training of external staff to deliver KidsMatter to schools. All KidsMatter stakeholders have an interest in ensuring that KidsMatter continues to be implemented in the manner that optimises the mental health and wellbeing of students, as well as achieving positive outcomes for parents and teachers. The development of a quality assurance system that can provide an ongoing evidence-base to inform schools and State, Territory and Commonwealth stakeholders, has been seen as one way of maintaining and assessing quality outcomes.

As Murray-Harvey and Slee (2010, p.271) have noted "...it is important that schools provide an environment that makes it possible for their students to thrive and to achieve, not only academically but in all ways that relate to their overall well-being". It is well accepted that education is positively related to health, and that schools play a key role in promoting healthy behaviours and attitudes. However, "improved understanding of the relationship between education and health will help to identify where intervention is most appropriate and effective in improving both individual and population health" (Higgins et al., 2008,

p.5). KidsMatter, as an intervention, acts to make this relationship explicit. KidsMatter provides an educative framework to promote mental health and wellbeing, which further facilitates a cycle of improved educational and health outcomes for students. The evaluation of the pilot implementation of KidsMatter (Slee et al., 2009) provided evidence that the intervention was appropriate and effective. Ensuring that the intervention remains effective as it is extended is the next crucial step.

### Schools as Sites for Mental Health Promotion

Increasingly in Australia and overseas, attention is being given to the possibility of working through schools to improve the mental health of children. Schools have ready-made populations of students that can be targeted for general, as well as specific, mental health promotion initiatives (Giesen et al., 2007; CASEL, 2008). Sawyer et al. (2007) noted that counselling at school was the most frequently attended service by students identified as having mental health difficulties. Effective intervention in early stages of the development of a mental health difficulty is considered to be a key strategy for achieving successful mental health outcomes (Littlefield, 2008). As noted by various researchers schools are ideal entry points for the delivery of universal and preventative services that address children's physical and mental health (Meyers & Swerdlik, 2003).

There is a growing body of evidence that indicates that school–community partnerships do positively influence outcomes for students, showing increases in attendance rates, decreases in cases of recurrent absenteeism (e.g., Epstein & Sheldon, 2002), improvements in educational success (e.g., Mastro et al., 2006), resilience, behaviour and attitude. It has been proposed that partnerships between school and community are critical in enabling students to achieve the best life outcomes, (see for example, Anderson-Butcher, et al., 2006; Cohen, et al., 2007; Mastro, et al., 2006; Sheldon, 2007). School–community partnerships are an essential component of the Health Promoting School model (Manchester, 2004; Marshall et al., 2000; Rissel & Rowling, 2000; Stewart et al., 2000).

Research from Australia, the United Kingdom and the United States has indicated that these partnerships are particularly advantageous for schools in low socio-economic, socially excluded communities, to aid in addressing social and educational inequalities. Schools alone lack the capacity and resources needed to both educate and counteract the numerous barriers to learning experienced by many socially disadvantaged students. Partnerships with parents, families and communities can provide needed resources, support and assistance to schools to help address the complexity of student needs (Sanders, 2001; Sanders & Harvey, 2002; Tett, et al., 2003; Anderson-Butcher & Ashton, 2004; Martinez, et al., 2004; Tett, 2005; Warren, 2005; Cohen, et al., 2006; Mastro, et al., 2006; Dix et al., 2011). Such partnerships have been shown to be protective for students, promoting positive mental health and helping to alleviate environmental learning and social barriers, thereby enhancing academic and social competencies.

In a large scale meta-analysis of the SEL literature Durlak et al. (2011) reported that SEL programs were effective in (i) significantly improving social and emotional competencies by reducing conduct and internalizing behaviours along with increasing pro-social behaviours, (ii) classroom teachers were effective in conducting the SEL programs as part of routine educational practices, and (iii) improving the academic performance of students. Moreover, they cautioned that “Developing an evidence-based intervention is an essential but

insufficient condition for success; the program must be well executed.” (Durlak et al., 2011, p.418)

## School Intervention and the Role of Quality Assurance

“If we keep on doing what we have been doing, we will keep on getting what we have been getting” (Wandersman et al., 2008, p.171).

The gap between research and practice has been a longstanding concern. The increasing demand for evidence-based practice means an increasing need for more practice-based evidence. As Durlak and DuPre (2008, p.327) note:

Social scientists recognize that developing effective interventions is only the first step toward improving the health and well-being of populations. Transferring effective programs into real world settings and maintaining them there is a complicated, long-term process that requires dealing effectively with the successive, complex phases of program diffusion.

## Translational Research

There is a growing body of research, referred to as translational research that addresses how best to transfer effective programs into real-world settings. One common translational framework used is the five-phase model initially put forward by Greenwald and Cullen (1985) and more recently discussed by Reynolds and Spruijt-Metz (2006). In this model, presented in Table 1, the five phases include (a) basic research, (b) methods development, (c) efficacy trials, (d) effectiveness trials, and (e) dissemination trials.

Table 1. Translational model for KidsMatter

<b>Translational Model</b>	<b>Definition</b>	<b>Relating to KidsMatter</b>
<i>Phase 1: Basic research</i>	<i>The generation of etiological models to explain and predict phenomena of interest.</i>	<i>KidsMatter is the culmination of all previous research into the school, family and child risk and protective factors that influence the mental health and wellbeing outcomes of a child.</i>
<i>Phase 2: Methods development</i>	<i>The specification of technology, research methods, and intervention methods needed to apply basic research concepts to an applied setting.</i>	<i>An evaluation research framework was initially developed to ensure that all aspects of the KidsMatter conceptual model were represented and guided the design of the evaluation tools.</i>
<i>Phase 3: Efficacy trials</i>	<i>Efficacy trials are conducted that involve the evaluation of tools under ideal conditions and typically involve a high degree of control over research operations to maximize internal validity.</i>	<i>Research instruments were piloted in small groups with teachers, parents, leadership, and project officers to ensure internal validity - that we were actually going to evaluate what we wanted to evaluate.</i>
<i>Phase 4: Effectiveness trial</i>	<i>The implementation and testing of the intervention under real-world conditions with substantially reduced control by investigators, bolster confidence that the program can be widely disseminated and retain its ability to produce change.</i>	<i>The KidsMatter pilot took place during 2007 and 2008 and was evaluated in 100 Primary Schools around Australia with a representative sample of 4980 students.</i>
<i>Phase 5: Dissemination trials</i>	<i>The evaluation of conditions that facilitate or impede the widespread distribution, adoption, and maintenance of an effective intervention by government or organisations responsible for delivering and managing the intervention.</i>	<i>Developing a national quality assurance system that is cost-effective, school friendly, informative and sustainable is, in itself, a complex task and will require a cycle of ongoing evaluative research that is responsive to many competing needs.</i>

Phases 1 to 4 in Table 1 outline the process involved in developing intervention programs. It is Phase 5 of this model that is the focus of this scoping paper.

## Objectives of the Scoping Paper

It has long been recognised that best practice in quality assurance involves a focus on process. However, it is rare for educational initiatives to be designed so that they are assessed in a continuous cycle in the way that quality assurance requires. Resnick (2010, p.187) argues that there is a need for “an organisational management system that is closer to systems engineering, one that examines ‘processes’ along a chain of linked policies and actions”. Accordingly, the purpose of this scoping paper is to explore the options involved in systematic monitoring and evaluation of key aspects in the dissemination and implementation of KidsMatter to ensure that standards of quality are being met.

The objectives of this project were to:

1. Review literature in the areas of:
  - a) quality assurance systems and frameworks;
  - b) assessment of implementation quality;
  - c) assessments of appropriate outcomes measures (mental health, social & emotional competencies, parent engagement and student achievement);
  - d) mechanisms for reviewing and addressing feedback; and
  - e) what gets assessed and who does the assessing;
2. Investigate discrete aspects of quality assurance guidelines, such as:
  - a) what data could schools be reasonably expected to gather;
  - b) how would they do it (online, paper-based);
  - c) who would participate (teachers, parents, school leadership);
  - d) how would it be analysed, by whom, and where would the data be kept;
  - e) how is it reported and how would findings be disseminated;
  - f) processes for responding to feedback from quality assurance;
  - g) ethics at the national, state, jurisdiction and school level;
  - h) availability and access to existing databases; and
  - i) possibility of accreditation/recognition for schools;
3. Report on the following elements:
  - a) identification of options and provision of recommendations for the KidsMatter Primary process and outcome measures (including specific scales and items) for schools undertaking KidsMatter Primary, giving consideration to existing or emerging school data sets being collected at State/Territory or National level;
  - b) scoping cost-effective approaches for collecting, processing and analysing National data;
  - c) suggestions and recommendations for the reporting of aggregate data to key stakeholders (including the KidsMatter Partners and participating schools);
  - d) identification of the resources required;
  - e) identification of the key issues the KidsMatter Partners should consider in establishing and sustaining a national model for quality assurance including:
    - costings
    - jurisdiction issues and ethics consent
    - data safeguards; and
  - f) identification of the barriers and facilitators to undertake the development and review processes of the quality assurance system.

To provide a context for the paper it is important to consider the various terms and concepts commonly used in the field.

## Quality Assurance: Definition

As the field of evaluation has matured and developed the call for quality assurance has grown stronger. The development of evaluation standards is one part of a move toward 'evidence-based' practice. The focus on quality is also evident in attempts to define, describe, and improve meta-evaluation. Overall, improving, ensuring, and monitoring evaluation quality are significant concerns (Schwandt, 1990). This same author identifies three approaches to quality assurance including a 'Product-based' focus, which urges consideration of the objective characteristics or features of evaluation products, 'Manufacturing-based' views that emphasize conformance to requirements, and 'User-based' definitions that stress the importance of designing and delivering services that fit client needs. Each of the three approaches has advantages and disadvantages and ultimately and as Schwandt, (1990, p.187) notes, "At the strategic level, quality has to do with articulating a vision for clients of what the profession promotes as quality service"

Other literature indicates that defining the term 'quality assurance' is not a straightforward matter (Cuttance, 1995; Herselman & Hay, 2002; Sallis, 2002). Cuttance (1995) drew a useful distinction between 'quality control', 'quality assurance' and 'quality management'. Cuttance defines 'quality control' as a means of comparing output with defined standards such as standardised testing. 'Quality assurance' seeks to prevent issues before they arise and is concerned with processes rather than outcomes, processes which address the need for accountability and quality improvement. 'Quality management' complements quality assurance through a continuous review of the needs of a school's clients, however defined, and a continuing ability to meet them. An integrative management approach is required to build an ethos of continuous review and improvement of all aspects of a school's work.

Murgatroyd and Morgan (1993, p.45) define quality assurance as "the determination of standards, appropriate methods and quality requirements by an expert body, accompanied by a process of inspection or evaluation that examines the extent to which practice meets the standards". Their definition captures significant elements pertinent to the current paper.

In summary, while there is a need to consider quality control and quality management, quality assurance with its focus on process is beginning to be seen as a necessary component of interventions. In particular, the intention of quality assurance is to monitor and assess the practice and process of program implementation in order to ensure that the effective standards of the program are being maintained. In doing so it is this focus on 'process' aspects of quality assurance that will be emphasised in this paper.

## KIDSMATTER THEN AND NOW

Before a quality assurance system can be appropriately scoped and developed, reviewing the essential elements, and how these features may change as KidsMatter is extended must first be considered.

### KidsMatter Then (Pilot Implementation)

For the purpose of informing this scoping paper, a follow-up of the 100 primary schools that were involved in the pilot of KidsMatter during 2007 and 2008 was made and the question, asked: *Is your school still involved with KidsMatter?* (SBREC Project 3744 ethics

approved, 15 Sept 2010). Twenty of the 100 pilot schools reported that they did not identify themselves as a KidsMatter school. The retention of 80% of the original schools two years beyond the pilot with very little ongoing support from state-based KidsMatter Coordinator, suggests that the KidsMatter Framework provides a way of supporting the priority that schools are giving to student mental health and wellbeing.

Schools were also asked to explain why they did or did not continue with KidsMatter. The central themes are listed here and the full summary of responses by principals, deputy principals and school counsellors are available in Appendix 4.

Aspects of KidsMatter valued by schools included:

- Philosophy of the KidsMatter Framework
- Importance of school community and parent engagement
- Strong focus on SEL curriculum
- Early intervention and linking with external agencies
- Supporting student academic outcomes
- Financial support and useful resources to implement the initiative
- Display posters to raise the visibility of mental health as focus in the school
- Making time in meetings and fostering support
- Ongoing professional learning
- Maintaining whole-school focus, even after staff changes.

Issues that challenged the continued implementation of KidsMatter included:

- Changing and competing priorities in the school
- Leadership change impacting on continuity and sustainability
- Structural change through school mergers
- No longer labelling various activities as KidsMatter
- Change in KidsMatter Coordinator and lack of continued external support
- Insufficient ongoing promotion of the KidsMatter brand at the state level.

However, understanding the positive result of an 80% continuance is not as simple as it initially seems. A number of schools indicated that they were a KidsMatter school, and yet admitted that they were only implementing some of the components and only using the resources they “found useful”. On the other hand, some schools indicated that they were not a KidsMatter school, yet said they were still embedding SEL throughout the curriculum, just not calling it KidsMatter. Even the schools that indicated they had not continued KidsMatter were, to varying extents, continuing to embed social and emotional learning in the curriculum.

These issues of ‘labelling’ and ‘selective use’ present multiple challenges for quality assurance, as does the impact of expanding the initiative.

### **KidsMatter Now (Current Implementation)**

As noted previously the Federal Government is committed to a national rollout of KidsMatter. As such, its development is in a state of flux. Clearly, a quality assurance system will need to be **flexible** and **responsive**, but also **sensitive**, to the diverse contexts that will

undoubtedly become evident as schools nation-wide adopt and adapt KidsMatter to best suit their needs.

Findings of the KidsMatter Working Group (8 October 2010) parallel insights from the original KidsMatter schools: It was noted in the Introduction that the four-component KidsMatter framework includes - Positive school community; Social and emotional learning for students; Parenting support and education; and Early intervention for students experiencing mental health difficulties. As it is developing, the initiative is identifying additional features seen as critical for inclusion in the KidsMatter dissemination model going forward:

1. Whole-school approach
2. Commitment from school leadership
3. School Action Team managing the implementation process
4. Professional learning for teachers
5. Implementation support available to the school
6. Skilled KidsMatter Coordinators to support schools.

More recently, at the SA Roundtable meeting (31 March 2011), further clarification of the KidsMatter approach was presented as containing the following essential concepts:

1. KidsMatter Guiding Principles are:
  - The best interests of children are paramount
  - Respectful relationships are foundational
  - Diversity is respected and valued
  - Parents and carers are the most important people in children's lives
  - Parents and teachers support children best by working together
  - Students need to be active participants.
2. KidsMatter Whole-School Approach
  - It is recognised that when school staff have a shared understanding and focus, and schools, health, and community agencies work together with families, there will be better outcomes for children. As each school is unique, the ways they implement KidsMatter needs to suit their local context.
  - The KidsMatter framework provides a process that systematically guides whole-school planning to address student mental health and wellbeing.
3. KidsMatter Components, Target Areas and Goals
  - Schools focus their learning, planning and action for addressing children's mental health around the four KidsMatter Components.
  - Target areas and goals are provided under each of the components to help guide school action in these areas.

## Summary

The international literature particularly pertaining to knowledge transfer (e.g., Shonkoff & Bales, 2011) highlighted the need for inter-departmental collaboration at the Federal level.



This recommendation is strongly supported by research highlighting the mutuality of health and wellbeing and outcomes such as academic improvement (eg Dix et al., 2011). In summary, this review of KidsMatter 'Then & Now' highlights that KidsMatter, including the pilot and its intended expansion into Australian primary schools, is an on-going process of knowledge transfer. Matters relating to that of implementation and quality assurance should be considered in that light.

## KIDSMATTER PRIMARY & QUALITY ASSURANCE

A review of literature about implementing and administering quality assurance highlights three essential aspects of a quality assurance system:

- Standards that focus on process
- Standards that are valid
- An emphasis on continual quality improvement.

In order to develop valid standards that focus on process, outcomes that result from these processes must also be considered. The current development and implementation of KidsMatter Primary is expected, at the local level, to result in schools examining and enhancing:

- School strategic plans, policies, practices and procedures,
- Curriculum and physical environment of the school,
- Student outcomes,
- Staff knowledge, attitudes and behaviours through ongoing professional development and support,
- Two-way communication and greater involvement of parents and carers with the school community, and
- Referral pathways and involvement of health and community agencies with the school.

At the national and state levels, consideration will need to be given to:

- Enhancing partnerships between education and health, particularly the referral pathways for children experiencing mental health difficulties, and their families
- Seeking support from education and health sectors for schools implementing KidsMatter.

The above points represent the key features of KidsMatter seen as critical for inclusion in the KidsMatter dissemination model and which relate to matters of quality assurance.

## METHODS

Assessing Quality Assurance in relation to KidsMatter for the scoping paper has been undertaken by: (1) extensively reviewing the literature; (2) consulting practitioners and stakeholders; and, (3) drawing on KidsMatter evaluation data.

## Literature Review

A national and international review of research literature was undertaken that included relevant educational evaluation frameworks and policies into quality assurance of whole-

school initiatives and student wellbeing programs. The full literature review is included in Appendix 1. The literature review informed the development of a model of quality assurance, in addition to identifying possible assessment tools.

## Consultation

A number of different strategies were used to gather information on the views of practitioners and stakeholders in the field, at the school, state, and national levels.

At the school level, principals from the 100 KidsMatter pilot schools were followed-up and invited to participate in the consultation process through a two-stage procedure. The first stage involved a screening email sent to all schools in order to determine if they were still continuing to implement KidsMatter. The second stage involved only those schools that were continuing, and received an email inviting them to participate in an online questionnaire about the quality assurance of KidsMatter in their school. Details of the procedures and instruments used are presented in Appendix 3. The outcomes of this consultation process with school leadership are outlined in the report.

At the state and national level, interviews with representative organisations and experts in the field of national assessment and evaluation were conducted in order to gain insights from stakeholders and industry providers. Interviews were conducted either face-to-face or by phone with *beyondblue*, Principals Australia, Australian Psychological Society, South Australian Department of Education and Children's Services (DECS), Australian Council Education Research (ACER), and Australian Curriculum Assessment & Reporting Authority (ACARA).

## KidsMatter Evaluation Data

Access to the KidsMatter Primary Evaluation database afforded the opportunity to undertake post-implementation analysis for the specific purpose of identifying important relationships or specific items that would be good indicators of quality, fidelity or dosage. In addition, within the available KidsMatter Resources instruments were identified that, with modification, could prove appropriate for quality assurance.

These three sources of data provide the basis for the assessment of quality assurance for KidsMatter Primary along with recommendations for its implementation. Drawing on the data, a KidsMatter Dissemination Model was developed to highlight the key elements that need to be considered in addressing quality assurance for KidsMatter.

## STEPS TO DEVELOPING A QUALITY ASSURANCE SYSTEM

Developing a quality assurance system for a complex intervention, such as KidsMatter, is a challenging task. However, there is a reasonably well defined set of steps identified in the literature that underpin the development of any quality assurance system. In relation to KidsMatter, quality assurance feeds directly into many of these steps.

### **Step 1: The Working Group: Define/Redefine the Critical Success Factors**

The first step in developing a quality assurance system is to identify a working group (WG), composed of key stakeholders and personnel with analytic and management expertise, to work through the quality assurance process. Together, the team can identify goals, define

intended outcomes, and assign tasks to individuals to achieve the desired outcomes of the intervention or program.

The WG needs to define what constitutes successful outcomes for the school in regards to KidsMatter with particular attention being given to quality assurance. To facilitate the process, some important questions to answer may be:

- Why is the school engaging with KidsMatter?
- Who is going to be involved in the program, and to what degree?
- What outcomes are identified for the various stakeholders?
- When will the first steps be taken to monitor for quality, and how often?
- How will success be measured?

### **Step 2: Observe best practice**

Identify and map out the common critical features demonstrated by schools that have successfully implemented KidsMatter. Slee et al. (2009) identified and developed an Implementation Index as part of the evaluation of KidsMatter.

### **Step 3: Create a school trajectory model**

Next, the WG outlines the typical trajectory a school will take. The KidsMatter Dissemination Model, presented in Figure 1, is an example of a trajectory. Within that structure, key elements need to be identified in the form of observable and measurable evidence that will form the basis of quality assurance.

### **Step 4: Create quality indicators**

Using the structure defined in the previous step, the WG creates a quality assurance framework that aligns the key elements and evidence with possible measures, rating methods, participants, and timelines. These measures should be ones that are proven, through previous research, to be effective indicators of success.

### **Step 5: Create the quality assurance process**

In this step, answers are gathered to the questions identified in Step 1 to create the process flow for the quality assurance system. The WG documents exactly who will be doing what, and what tools and techniques will be used. Process and procedures will be identified around how data is collected, managed, analysed and reported.

### **Step 6: Train and Pilot**

A pilot could be conducted in which to rollout the new quality assurance system with a beta version of the interface to a smaller group of schools, providing an opportunity to test the new processes. Training and support is an important part of this step, as participants need to familiarise themselves with new processes. After the pilot has run for a specified period, the WG should assess what went well and what didn't, and review the process accordingly, before widespread implementation.

### **Step 7: Implement**

Finalise all processes and infrastructure, and commence conducting the training for all schools during the Implementation phase. A quality assurance system and its processes

should be reviewed and improved periodically via feedback loops within the management infrastructure, in a continuous cycle of improvement.

## Dissemination of KidsMatter and Quality Assurance

As noted in the introduction and highlighted in Table 1 this scoping paper is developed to inform Phase 5 of the translational model and focuses on developing a quality assurance model that supports widespread dissemination and diffusion of KidsMatter.

Durlak and DuPre (2008) expand upon Phase 5 of the translational model and posit four sub-phases, which include dissemination, adoption, implementation and sustainability. In a review of the literature, Stith et al. (2006) recommended that effective school-based prevention programming should also consider the issue of school readiness. The literature also mentioned additional important factors for success, including ongoing monitoring and feedback (Greenhalgh et al., 2005; Fixsen et al., 2005), and an incentives system responsive to implementation (Fixsen et al., 2005).

## KIDSMATTER DISSEMINATION MODEL

The 7-step model outlined here informs the development of the KidsMatter Quality Assurance Framework presented in Table 14 later in the paper.

Figure 1 presents the KidsMatter Dissemination Model and provides the foundation for a quality assurance system. It are these seven key aspects that provide the structure for the discussion in this report.

The seven phases of the KidsMatter Dissemination Model, informed by current KidsMatter developments (e.g., SA Roundtable), reflect the trajectory new KidsMatter schools are embarking upon.

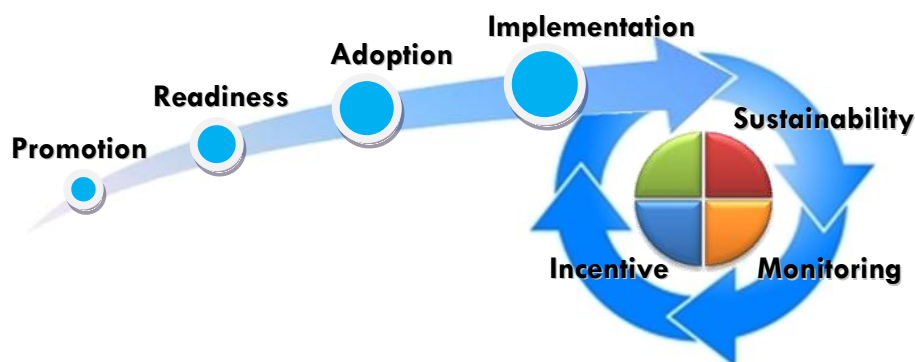


Figure 1. KidsMatter Dissemination Model

**1. Promotion:** Here, the question to consider is how well information about the existence and value of KidsMatter is promoted to new schools and the broader service community. The planned delivery of a letter endorsing KidsMatter to every primary school in Australia from the Minister for Mental Health and Aging may be regarded as the first step of the dissemination model. Being able to meet demand is a consideration in promoting

KidsMatter. It is strongly recommended that such promotion will may make demands upon the resources of community agencies and education authorities.

**2. Readiness:** In reviewing the literature and talking to key stakeholders it is clear that school 'readiness' to undertake the initiative is a significant step. It refers to the extent to which the school recognises there is a problem to be addressed, is willing to address it, and importantly has the capacity to do so. While it is likely that a school will drive this stage, in some cases it may be community agencies that perceive the need and approach their local school to implement KidsMatter. Either way, the school principal must understand the time and resources involved in implementing all four components of the KidsMatter framework and assess if the school is ready.

**3. Adoption:** The literature indicates that a key person such as the school principal may take the initiative to drive the adoption of an intervention. This may be undertaken through a whole-school decision-making process. With the support of the staff, parents and carers, the principal/other commits to implementing KidsMatter on behalf of the school community. This stage may also be informed by the local community agency.

**4. Implementation:** How well KidsMatter is conducted during the start-up period. The initiative must meet the local needs of the community in which the intervention is taking place and must be responsive to local conditions. Central to this stage is the establishment and resourcing of a school Action Team that plans and drives the implementation of the KidsMatter Framework. Local parenting and mental health professionals and services ideally work in partnership with the Action Team. Implementation may be well supported by engaging with a 'critical friend' experienced in whole-school change. Online support and a phone help hotline could be also available to schools, along with a skilled state-based KidsMatter Coordinator.

**5. Sustainability:** This refers to whether the fidelity, dosage and quality of KidsMatter are maintained over time across the four KidsMatter Components in the manner intended.

**6. Monitoring:** An accurate monitoring and feedback system should be integrated into the operation of KidsMatter. This aspect is central to quality assurance.

**7. Incentive:** Infrastructure that provides incentives or recognition to schools and individuals within schools for achieving implementation milestones is an important step in the implementation process.

Drawing on the national and international mental health literature it is clear that effective quality assurance should accommodate each of these key aspects. It should monitor the processes by which information about KidsMatter is promoted to schools, provide resources for schools to assess their readiness and decision to adopt KidsMatter, monitor the initial implementation process, and then move into a cycle of sustained monitored implementation with incentives for achieving pre-determined milestones.

## DISSEMINATION PHASE 1: PROMOTION

A Quality Assurance system should consider monitoring the types of promotional activities and their timing to ascertain the effectiveness of the various approaches. It is useful to know which of the promotional efforts are leading to the adoption stage and there are ways of

obtaining this information as suggested in the following discussion. Such monitoring is pervasive in the retail and service industry.

### How did you hear about KidsMatter?

One consideration the review identified is how a school came to hear about KidsMatter. Given that the national rollout of KidsMatter is in the early stage, and promotion has been limited, it may be best to simply ask prospective principals: *How did you hear about KidsMatter?* (an open-ended question). Providing a list of possibilities, which may not be complete, may introduce error for the reasons indicated by Stirtz (2005) who determined that people are very inaccurate in recalling how they heard about an intervention. This simple question could be included on a school *KidsMatter Application Form*. This information feeds back into identifying the most cost-effective and efficient marketing and promotion methods. Monitoring the impact of the federally endorsed mail-out will be one such activity that should be identified in monitoring.

### Meeting demand

The first stage of quality assurance is that supply is able to meet demand. If promotion is successful then many more schools will be keen to implement KidsMatter and systems must be in place to keep up with increased demand. Being able to meet demand may be an initial challenge for KidsMatter.

This demand does not only pertain to KidsMatter, but there is the possibility of a significant flow-on to the possible increase on the demand for community-based parenting and mental health services. Again this highlights the need for cooperation amongst Government departments. Results from the evaluation of KidsMatter during 2007/08, shown in Figure 2, suggest that there may not be a significant increase over time. Project Officers were asked on four occasions for each of their schools: *How many external referrals have been made for students experiencing social or emotional or behavioural problems?* The number of referrals tended to peak in the second half of the year, but that these referrals typically took longer - a month or more to access.

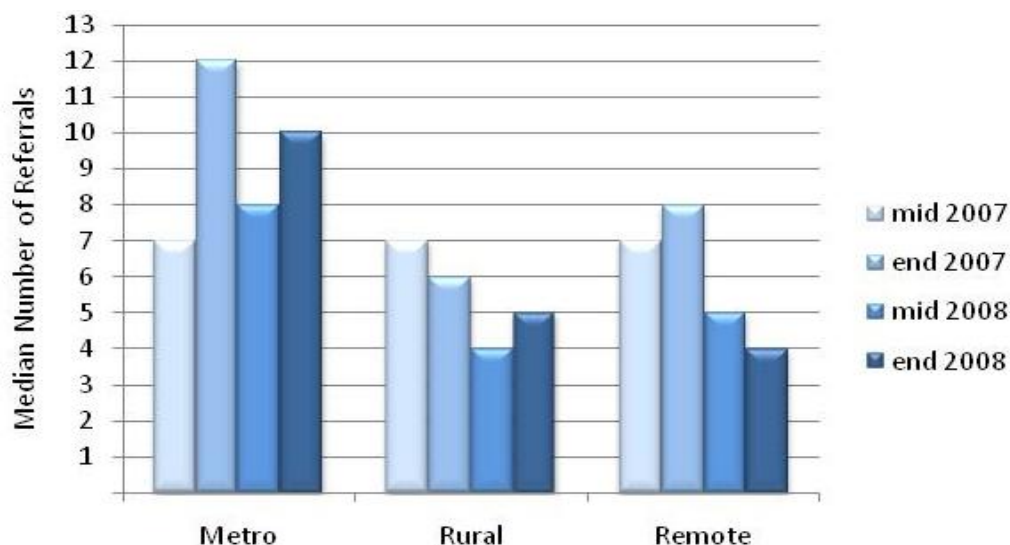


Figure 2. Median number of referrals in metropolitan, rural and remote schools

Despite the apparent decline in rural and remote referrals, the larger number of metropolitan schools gave an overall increase of 8% in the number of referrals from 2007 to 2008. From anecdotal evidence, the lack of access to external services in rural and remote communities was an issue and impacted upon referral rates. Alternative access to support agencies in rural and remote communities may need to be considered. In addition, further support may need to be given to agencies to reduce waiting times so that early intervention can occur for more than just the critical cases.

It is recommended that quality assurance should involve collaboration between agencies and the school in order to maintain an accurate record of the number of referrals and the waiting time to access those referrals. Moreover, a national directory of external agencies should be developed and maintained and made available to schools in order to better facilitate the referral pathway process.

### **Sending the right message**

It became clear in the course of this scoping exercise that schools will not take on something perceived as being 'extra' if they do not recognise there is a problem to be addressed and that there is a product that can address it. This very pragmatic decision is driven by the sheer number of programs that schools are required to deliver quite apart from their 'core' business. Consideration should be given to how KidsMatter is promoted and marketed in order to shift possible negative perceptions and raise positive awareness. In particular it should be emphasised that:

- Rather than being perceived as being 'extra', KidsMatter is perceived as being 'essential' to the academic and social-emotional development of young people
- KidsMatter helps schools to work smarter, not harder to achieve their goals.
- The benefits of implementing KidsMatter go beyond addressing the main aims.
- KidsMatter is a framework, not a program, which enables it to be context and time adaptable.
- The KidsMatter approach and philosophy complement in significant ways other frameworks such as the National Safe Schools Framework and the Melbourne Declaration on Educational Goals for Young Australians.

In their study of 'Families at Risk', Slee (2006, p.ix) drew attention to the need for 'intersectoral action' in light of the "growing recognition that employment, social supports, physical environments, and education have been all linked with the health outcomes of communities". It was further noted that "It is vital that all sectors are engaged in strong partnerships and collaborative work on a range of policy inputs and services to address the social determinants of health and subsequent inequalities, and to solve issues where the solutions fall across multiple sectors"(p.ix).

To this end it is strongly recommended that government departments including Health and Education should work together in a coordinated way to maximise the effective delivery of KidsMatter.

## DISSEMINATION PHASE 2: READINESS

### The impact of context

Interventions are increasingly being recognised as influenced by ecological factors such as the socioeconomic and cultural environment in which they are situated (Jaycox et al., 2006; Slee & Murray-Harvey, 2007). These ecological factors affect people's responses to an intervention and ultimately its success. Domitrovich et al. (2008, p.21) described contextual factors influencing the implementation of new programs at three levels: policy, school, and individual and argued that these factors have a significant impact on the quality with which evidence-based interventions are implemented in schools. In relation to the evaluation of the KidsMatter, the findings suggested that schools in remote locations were twice as likely to experience difficulties implementing KidsMatter compared to metropolitan and rural schools (Slee et al., 2009).

One way to accommodate the influence of contextual factors on the implementation of interventions is to collect qualitative information. Domitrovich and Greenberg (2000, p.208) urge that when schools consider program adoption, they should talk with other schools already using the program to gain local insights into the practical issues associated with its implementation. In planning to adopt KidsMatter, it may be useful for schools in remote communities to be mentored by other schools in remote or rural communities that have successfully engaged with KidsMatter. While it is likely that a particular school will drive its own implementation, in some cases it may be a community agency that perceives the need and approaches their local school to implement KidsMatter. The school principal will understand the time and resources involved in implementing all four components of the KidsMatter framework and assess if the school is ready.

### The process of readiness

Shortt, Fealy and Toumbourou (2006) reported on the implementation of a school-based program called *Risk Assessment and Management Process (RAMP)* and the need for schools to assess their readiness to undertake RAMP. In their program, staff attended an information evening and were asked to consider the following questions as an indication of readiness to implement RAMP:

1. Is your leadership supportive of trialling RAMP?
2. Which school staff members have been consulted about RAMP?
3. Can school staff commit to weekly (or fortnightly in secondary schools) RAMP meetings?
4. Is there a suitable time and place at the school for the RAMP team to meet?
5. Will staff be able to find some time to follow through with the implementation of student management plans?
6. Who will take administrative responsibility for the project?
7. What are the current practices and processes at your school for identifying and supporting at-risk students?
8. What are the strengths and weaknesses of the current approach?
9. Is your school prepared to review processes and aspects of the student wellbeing program as they relate to at-risk students?



10. The project requires partnership with Child Adolescent Mental Health Services CAMHS and schools. What factors contribute to effective partnerships? Please give an example of a successful partnership your school has had with an external organisation.

Domitrovich et al. (2008) looked at the impact of ‘pre-implementation’ training designed to improve schools’ and implementers’ readiness for implementation. In order to inform a principal’s decision about adopting KidsMatter, a half-day professional development event called *Overview of KidsMatter Primary*, has been developed and Principals are encouraged to register online. Registration, attendance and the numbers of those deciding to proceed should also be monitored through the Quality Assurance system.

Quality Assurance can also support the process a school uses to assess its capacity to adopt KidsMatter. The process of assessing readiness should require the involvement of the principal, the leadership team, the staff and the parent body, and involve consultation with the State/Territory KidsMatter Coordinator. The following example statements, presented in Table 2, are based on what is known about the elements of successful KidsMatter implementation and could be rated on a five-point scale of ‘strongly disagree’ (1) to ‘strongly agree’ (5). The process of addressing each of the requirements and providing evidence that they have been achieved to a satisfactory extent would provide an indicator of readiness.

### DISSEMINATION PHASE 3: ADOPTION

Achieving at least a score of 4 on each statement (see Table 2), accompanied by supporting evidence, theoretically indicates a high level of readiness and strong intention to commence implementing KidsMatter. However, further evaluative research is necessary to determine how well this proposed readiness assessment tool and the indicative score of 4 for each statement predict successful implementation of KidsMatter.

#### Formalising Registration

On the basis of the whole-school decision-making process to assess a school’s readiness to adopt KidsMatter, the school principal provides confirmation on whether to implement KidsMatter. With the support of the staff and parent body, the principal would commit to implementing KidsMatter on behalf of the school community. A Quality Assurance system should incorporate a formalised method allowing the Principal to register the school’s intent to become a KidsMatter school. An example of an online registration procedure is presented in Table 3 and includes “How did you hear about KidsMatter?” and provision to submit the Readiness Form.

Table 2. Readiness to become a KidsMatter School Form

<b>Are you ready to become a KidsMatter school?</b> Rate the following statements on a scale of 1 = 'strongly disagree to 5 = 'strongly agree'	<b>Rate</b> 1-5	<b>Supporting Evidence</b> Please ensure appropriate evidence is provided.
1. Student mental health and wellbeing is an identified whole-of-school priority.		e.g. school policy
2. The school principal and leadership team understand and support the aims and guiding principles of KidsMatter.		We would like to become a KidsMatter school because ...
3. The principal and leadership team are able to actively engage with and play a key role in implementing the KidsMatter framework and processes in the school community.		We agree to make KidsMatter a priority in this school.
4. Staff have been briefed about KidsMatter and the majority are committed to becoming a KidsMatter school.		As staff delegate, I confirm that staff were involved and support the decision. Name..... Signed.....
5. The parent body or governing council have been briefed about KidsMatter and the majority are supportive of proceeding.		As parent delegate, I confirm that the parent body were involved and support the decision to proceed. Name..... Signed.....
6. The school has the capacity to establish and resource a School Action Team to plan and drive whole-school change.		
7. The Action Team has nominated a contact and liaison person.		Name:..... Email..... Phone .....
8. School leadership are able to support the Action Team by committing to 12 hours of whole-staff professional learning for the four framework component areas.		
9. An external educator or mental health professional has been identified for the role of 'critical friend' that can assist in the implementation of KidsMatter at your school.		Name:..... Email..... Phone .....
10. The school principal and Action Team acknowledge the importance of providing information and feedback for the purposes of quality assurance.		
/50 After consideration, our school community is ready to begin the process of implementing the KidsMatter framework.  Principal's Name:..... Signature: ..... Date: ..... NAME OF SCHOOL: ..... ADDRESS: ..... PHONE: .....		

Table 3. Online Registration Form

Please complete the following details to register your interest in implementing KidsMatter.

1. School Details:
  - School Name .....
  - Total number of staff ..... Estimated number of students .....
2. Contact details:
  - Name .....
  - Position at School .....
  - Postal Address .....
  - Email..... Telephone .....
3. How did you hear about KidsMatter? .....
4. Nature of interest:  General enquiry  Interested in commencing KidsMatter
5. If interested in commencing KidsMatter Primary, please submit your completed KidsMatter School Readiness form here [ ..... ]
6. When would you like to start:
  - mid year  early next year  mid next year  in 2 years
  - (Please note that meeting your preference may depend on initial demand)

### Assessing Quality of Briefing Sessions

Domitrovich and Greenberg (2000, p.210) recommend that when new programs are adopted and implemented, consideration should be given to assessing the clarity of the program’s theory and how this directly relates to how staff should be trained and supported in the initial stages. Pre-implementation training through briefings should include developing skills the participants will need to be able to carry out the program. Domitrovich and Greenberg (2000, p.210) also advocate gathering information on the quality of the delivery of the briefing (efficacy, affective quality, and responsiveness) ideally rated by an impartial observer, or by using a participant satisfaction survey administered at the end of the briefing. Typical items on a participant satisfaction survey are presented in Table 4.

Table 4. Briefing Satisfaction Survey

	Strongly Disagree				Strongly Agree
This session was relevant to my school's needs.	(1)	(2)	(3)	(4)	(5)
This session provided me with useful ideas for my role at the school.	(1)	(2)	(3)	(4)	(5)
The information was presented at an appropriate and well-structured pace.	(1)	(2)	(3)	(4)	(5)
This session was culturally inclusive.	(1)	(2)	(3)	(4)	(5)
I have a better understanding of KidsMatter and how it promotes students' mental health.	(1)	(2)	(3)	(4)	(5)
I would recommend KidsMatter to another teacher or mental health professional.	(1)	(2)	(3)	(4)	(5)
Overall, what rating would you give the session	Very poor (1)	Poor (2)	Average (3)	Good (4)	Very Good (5)
Please provide any suggestions you might have to improve this session.					

## DISSEMINATION PHASE 4: IMPLEMENTATION

Durlak and DuPre (2008) in reviewing the literature on published mental health prevention studies found that only a minority of the studies reported on their implementation process (5%-24%). The same authors, in a meta-analytic review of the literature, concluded that “the magnitude of mean effect sizes are at least two to three times higher when programs are carefully implemented and free from serious implementation problems than when these circumstances are not present” (Durlak & DuPre, 2008, p.340). This suggests that the comprehensive nature of the trial phase of KidsMatter in 100 schools Australia-wide during 2007/08 has provided a solid foundation for its dissemination, with implementation being one major aspect.

### **KidsMatter – A Framework not a Program**

As already noted KidsMatter Primary is a framework and not a specific program. There is a diverse range of mental health programs available for use in Australian schools and it can be difficult and confusing for schools to know which programs to choose. As such a ‘programs guide’ was initially developed to assist schools in selecting an appropriate program. It was noted that it has been designed to assist schools that are working on their KidsMatter component plans to make informed choices when selecting school mental health programs. The school mental health programs that are available in Australia were reviewed for this Programs Guide, with the aim of assisting schools to choose appropriate and effective mental health programs that will meet their particular needs. Programs were grouped according to their relevance to the four components of KidsMatter.

Criteria used for categorising programs included factors such as whether programs target the skills that will enhance children’s social and emotional learning, whether the programs have been shown to be effective through research, whether programs have been particularly designed for special student groups, and the availability of staff training.

It is strongly recommended that particular attention will need to be given to reviewing, revising and selecting the suite of programs that were initially chosen.

Durlak and DuPre (2008) also concluded that in relation to implementation of specific programs there are eight different aspects that could be addressed in relation to Quality Assurance:

1. Fidelity - the extent to which the innovation corresponds to the originally intended program (adherence, compliance, integrity, faithful replication)
2. Dosage - how much of the original program has been delivered (quantity, intervention strength)
3. Quality - how well different program components have been conducted (are the main program elements delivered clearly and correctly?)
4. Participant responsiveness - the degree to which the program stimulates the interest or holds the attention of participants (e.g., are staff attentive during PL?)
5. Program differentiation - the extent to which a program’s theory and practices can be distinguished from other programs (program uniqueness)
6. Control monitoring - involves comparing differences to non-participating schools and their outcomes.

7. Program reach - (participation rates, program scope) refers to the rate of involvement and representativeness of program participants.
8. Adaptation - refers to changes made in the original program during implementation (program modification, reinvention).

Based on the evidence provided by Durlak and DuPre (2008) it is recommended that the framework, guidelines and procedure for identifying programs be reviewed. It is also important that procedures be set in place for a regular cycle and updating of the programs to keep pace with developments in the field.

## The Influence of Contextual Factors on Implementation Quality of School-Based Interventions

In the same way as context has been identified as important in assessing readiness (Phase 1), successful implementation (Phase 4) of interventions (such as KidsMatter) must also meet the local needs of the community in which that intervention is taking place and be adaptable and responsive to local conditions. Domitrovich et al. (2008) outlined a multilevel model for considering contextual factors that may either directly or indirectly affect the implementation quality of school-based interventions. The framework includes macro-level factors of federal, state, and district level policies; school-level factors including organisational functioning, school climate and characteristics of the school; and individual-level factors including teacher and student characteristics.

For example, if teachers are actively involved in determining how KidsMatter fits into the context of the existing educational program and the instructional day they will be more motivated and committed to high quality implementation of the program. Domitrovich et al. (2008, p.12) stressed that when a new program is being implemented, consideration should be given to how it will fit into the school's instructional day. If this is not done teachers may experience burden and stress that may negatively affect program implementation.

## KidsMatter Implementation

Consultation with the KidsMatter pilot schools, as part of the method for this paper, provided insight into the kind of information they would find useful for informing school decisions regarding improving student mental health and wellbeing. The main priorities included indicators of:

- Progress on the Four Components through an annual review, similar to the KidsMatter Component Surveys, with example items presented here.

**KidsMatter Component Surveys** (selected items)

Completed by staff on a scale of 'totally disagree = 1 to 'total agree' = 5

*Component 1: A positive school community*

1. Taking the time to build caring and supportive relationships with staff, students and parents/families is a priority for me.
2. Our school has specific policies and practices that emphasise and promote the inclusion of all members of our school community.
3. Parents/families coming into our school are made to feel welcome by staff.
4. Our school environment (e.g., displays, artwork, facilities etc.) reflects the varied cultures, family-types and needs of our school families.
5. Our school provides opportunities for all members of the school community to share their views and contribute to school decisions.

*Component 2: Social and emotional learning for students*

1. Students' social and emotional competence influences their academic learning.
2. Our school has a coordinated and supportive approach to teaching SEL curriculum throughout the school.
3. I am confident I have the knowledge and skills to effectively teach SEL curriculum.
4. Teaching SEL curriculum will make a positive difference to students.
5. Our school provides students with regular opportunities to generalise their SEL skills (e.g., through community service, sharing learning with other students, taking on responsibilities in the classroom etc.)

*Component 3: parenting education and support*

1. Taking the time to build collaborative relationships with the parents/families of my students is a priority for me.
2. I feel confident working with parents/families from different cultural backgrounds.
3. Our school regularly provides parents/families with effective parenting information ( e.g., on parenting skills, child development and children's mental health).
4. If our school offered parenting information and resources, I think many parents /families would use them.
5. If a parent/family member raises a concern about parenting with me, I have the confidence to help them to seek further assistance.

*Component 4: Early intervention for students who are at risk or experiencing mental health difficulties*

1. Early intervention can make a real difference to students with mental health difficulties.
2. Assisting in identifying students who are at risk or experiencing mental health difficulties should be part of my job.
3. There is a positive attitude to seeking help for mental health problems in our school community.
4. I am confident I have the knowledge and skills to identify when a student is at risk or experiencing mental health difficulties.
5. Our school has a process for identifying students who are at risk of or experiencing mental health problems.

- Progress on staff professional development and training in the areas of student mental health and wellbeing,
- Student referral rates, and
- Assessment of school mental health. For example, a questionnaire similar to the KidsMatter Mental Health Mapping tool, which makes use of the averaged responses to the Four-Component items (examples listed above), could be implemented at the review process to track progress formally.

The implementation process and intended outcomes involve many aspects considered central

to successful intervention, and include:

*KidsMatter Processes*

- KidsMatter Action Team
- Professional training of a key person on the Action Team
- Whole-staff professional learning delivered by the key person,
- Professional learning resources
- Online resources and support
- A ‘critical friend’
- Phone help hotline
- Skilled KidsMatter Coordinator

*KidsMatter Outcomes*

- School strategic plans, policies, practices and procedures
- Curriculum and physical environment
- Staff knowledge, attitudes and behaviours
- Greater involvement of parents and carers with the school community
- Pathways and involvement of health and community agencies with the school
- Student outcomes

In order to ascertain whether KidsMatter is being successfully implemented, requires that each of these aspects be monitored as part of the Quality Assurance of KidsMatter. Each aspect is discussed in the following sections.

**The KidsMatter Action Team**

Central to the implementation phase is the establishment and resourcing of a school Action Team that plans and drives the implementation of the KidsMatter Framework. This team is pivotal in maintaining fidelity, dosage and quality. The KidsMatter Action Team should be representative of the school community (Weist, Ambrose & Lewis, 2006) and may consist of three or more members representing the principal or deputy, teachers, parents and student welfare. The Action Team would meet regularly and work in a strategic and planned way to drive implementation, consulting with and reporting to the whole staff and school community on a regular basis. Local parenting and mental health professionals and services work in partnership with the Action Team. In addition, the Action Team identifies an internal or external person to attend KidsMatter training and then deliver professional learning in each of the four components to the whole staff. The Action Team is well placed to facilitate the Quality Assurance process in schools, maintain information, collect data, and manage the online interface. In terms of monitoring the Action Team, information should be maintained about the membership profile of the Action Team, the frequency and duration of meetings, and the frequency and type of ‘service’ provided to the school community e.g. promotion, training, data collection.

**Teacher Professional Learning**

***Professional training of a key person on the Action Team and whole-staff professional learning***

Standards of delivery and standards of learning need to be considered as part of the Quality Assurance process. Table 5 presents example indicators of teachers’ social-emotional learning knowledge and involves five items in the assessment of teacher views about their knowledge and ability to help students to develop social and emotional awareness and skills.

**Table 5. Teacher SEL Knowledge (self-efficacy) items**

22. I know how to help students to:	Strongly Disagree	Strongly Agree
a) Develop an awareness of their own feelings	(1) (2) (3) (4) (5) (6) (7)	
b) Develop an awareness of the thoughts and feelings of other people	(1) (2) (3) (4) (5) (6) (7)	
c) Develop skills to manage their own emotional or social or behaviour difficulties	(1) (2) (3) (4) (5) (6) (7)	
d) Develop skills to make responsible decisions	(1) (2) (3) (4) (5) (6) (7)	
e) Develop skills to establish healthy relationships with other children	(1) (2) (3) (4) (5) (6) (7)	

Table 6 presents example indicators of teachers' social-emotional learning behaviours and actions with five items involved in assessing teacher views about their teaching program and resources to help students to develop social and emotional awareness and skills.

**Table 6. Teacher SEL Behaviour items**

23. My teaching programs and resources help students to:	Strongly Disagree	Strongly Agree
a) Develop an awareness of their own feelings	(1) (2) (3) (4) (5) (6) (7)	
b) Develop an awareness of the thoughts and feelings of other people	(1) (2) (3) (4) (5) (6) (7)	
c) Develop skills to manage their own emotional or social or behaviour difficulties	(1) (2) (3) (4) (5) (6) (7)	
d) Develop skills to make responsible decisions	(1) (2) (3) (4) (5) (6) (7)	
e) Develop skills to establish healthy relationships with other children	(1) (2) (3) (4) (5) (6) (7)	

### **Professional learning sessions**

In order to gain an understanding about the impact that KidsMatter has on school and teacher processes, nine example items are presented in Table 7 to assess the perceived impact of the KidsMatter professional development on teacher and school capacities.



Table 7. Quality of professional Learning Items

	Strongly Disagree						Strongly Agree
78. The Professional Development related to the KidsMatter Initiative has:							
a) Enhanced my knowledge about students' mental health	①	②	③	④	⑤	⑥ ⑦	
b) Improved the ways that I interact with students	①	②	③	④	⑤	⑥ ⑦	
c) Increased my level of commitment to promoting student wellbeing	①	②	③	④	⑤	⑥ ⑦	
d) Helped me to foster student wellbeing through my practices as a teacher	①	②	③	④	⑤	⑥ ⑦	
79. The Professional Development related to the KidsMatter Initiative has better equipped the school to:							
a) Develop a positive school community	①	②	③	④	⑤	⑥ ⑦	
b) Provide social and emotional learning for all students	①	②	③	④	⑤	⑥ ⑦	
c) Provide parent information and support	①	②	③	④	⑤	⑥ ⑦	
d) Facilitate early intervention and support for students at risk	①	②	③	④	⑤	⑥ ⑦	
	Poor			Excellent			
80. In general, the quality of the Professional Development for the KidsMatter Initiative has been	①	②	③	④	⑤	⑥ ⑦	

### Accredited training models

Research on the type and quality of professional learning, and monitoring its effectiveness is inconclusive about best practice training models. According to Joyce and Showers (2002) effective training proceeds according to (a) presenting information (geared to knowledge acquisition and understanding); (b) providing demonstrations of key features of the program to impart skills and abilities relevant to carrying out the program components (live or taped); and (c) assuring opportunities to practice key skills in situ (behaviour rehearsal) and receive feedback on the practice (Fixsen et al., 2005, p.93).

A number of important points reported by Fixsen et al. (2005, p.20) about what does and does not work in relation to effecting change in practitioner behaviour when implementing a new initiative include:

- Access to information alone appears to have little impact on performance
- Passive approaches such as mailings and educational presentations are ineffective
- Dissemination of information does not result in positive implementation outcomes (changes in practitioner behaviour) or intervention outcomes.
- Little change has been observed in classroom practice as a result of teacher training on its own or in combination with feedback on performance.

There is evidence that:

- Teachers who are trained will be more likely to use more of the curriculum, and modify less of it, compared to control teachers, and

- Instructions plus practice plus feedback on practice will be most effective in teaching skills.

The research (Fixsen et al., 2005 p.42) is nevertheless clear that: “practitioners must be motivated to adopt new practices, know what actions constitute the practices; have the tools to perform those actions, and have the ability and confidence to perform those actions (self-efficacy)”.

The development of an accredited in-service course for teachers, specifically designed (but not necessarily badged) around KidsMatter content could address some training needs. Such a course could be designed using a distance model of online learning.

In considering a model for teacher professional learning options may include:

1. Short courses to up-date teachers
2. Certificate courses for teachers in Mental Health Promotion.

Regardless of the option taken, teacher professional learning should:

- Describe normal child development;
- Undertake a basic assessment of a child's mental health taking into account socio-cultural factors;
- Describe common child mental health problems and conditions;
- Outline basic treatment/management strategies employed in child mental health;
- Recognise the multidisciplinary teamwork that is usually indicated in the assessment and treatment of child mental health problems.

Above all, the course content would be designed in consultation with KidsMatter partners to ensure that it met the requirements to ensure that KidsMatter was implemented appropriately in schools. A good example of an online educational resource developed by a university is “Come into my world” designed for external delivery of a training program for nurses. It examines the matter of dementia and how best to understand and interact with a person who has dementia. <<http://nursing.flinders.edu.au/comeintomyworld/>>

### **Online resources**

Quality Assurance could also consider the quality of online resources. A simple online questionnaire at the bottom of web pages with links to these resources is an efficient solution. Users of the resources can freely choose to complete the questionnaire, which does mean the possibility of biased results, something that can not easily be controlled for. Online survey hosting services such as SurveyGizmo or SurveyMonkey would be viable.

Please rate the value of this resource for education and learning using the following:  
Poor – Developing – Satisfactory – Good – Excellent

- Overall value of resource to provide information
- Overall value of the resource to promote learning
- The ability of the resource to stimulate discussion and reflection
- How did you find out about this resource?

Do you believe your understanding of mental health has increased because of using this educational resource? Yes/No

### A 'critical friend'

Implementation is likely to be well supported by a 'critical friend' experienced in whole-school change. Indication that a school had a 'critical friend' and the professional capacity of that person could be recorded for Quality Assurance purposes.

### Phone help hotline

Online support and a phone help hotline are also an option suitable for schools. This cost-effective form of support would be particularly suited to ameliorating the issue of isolation for rural and remote communities. The methods for quality assurance in industry could be adopted.

### KidsMatter Coordinators as external observers

Domitrovich and Greenberg (2000) advocate gathering information on the quality of the implementation, ideally rated by an impartial observer. KidsMatter Coordinators could continue to act as skilled external observers and informants, as they did in the pilot.

### School strategic plans, policies, practices and procedures

Evidence provided by the Action team in an annual report to demonstrate that strategic plans, policies and procedures have been developed that adhere to the KidsMatter Guiding Principles.

### Curriculum and staff attitude

Given that teachers are involved in teaching social-emotional curricula to students, it is important to understand their attitudes towards teaching social-emotional learning (SEL) skills to students. Three example items are presented in Table 8 that include items which examine teachers' views about their attitude to teaching social and emotional learning skills.

Table 8. Teacher attitude towards social-emotional learning

	Strongly Disagree						Strongly Agree
12. Staff believe it is important to teach social and emotional skills to students	①	②	③	④	⑤	⑥	⑦
13. Students can be taught social and emotional skills	①	②	③	④	⑤	⑥	⑦
14. Students who are socially and emotionally competent learn more at school	①	②	③	④	⑤	⑥	⑦

### Involvement of parents and carers

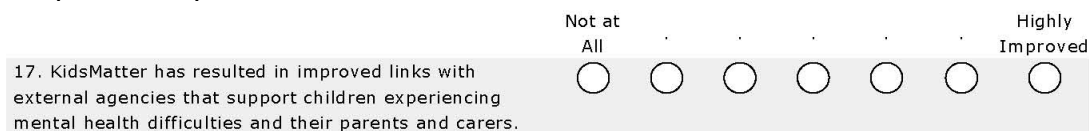
In order to assess aspects of Component 3: Parenting Support and Education, example items are presented in Table 9. Parenting Support by School involved seven items that gauged teacher views about information and support provided by the school for parents.

Table 9. Parenting support by school

	Strongly Disagree						Strongly Agree
12. The school provides parents/caregivers with opportunities to meet with other families/caregivers to develop support networks	①	②	③	④	⑤	⑥	⑦
13. Information about parenting practices is available at school	①	②	③	④	⑤	⑥	⑦
14. Information about child development is available at school	①	②	③	④	⑤	⑥	⑦
15. The school identifies and promotes parenting resources to parents/caregivers	①	②	③	④	⑤	⑥	⑦
16. The school provides parents/caregivers with help to access parenting courses/programs	①	②	③	④	⑤	⑥	⑦
17. Information about parenting education courses and programs is available at school	①	②	③	④	⑤	⑥	⑦
18. Information is available at the school on how to help children with emotional (eg. sad or anxious), social or behaviour difficulties	①	②	③	④	⑤	⑥	⑦

### Involvement of health and community agencies

The Action Team would be well placed to monitor various aspects of school outreach. An example item is provided.



### Student outcomes

The process of identifying options for appropriate outcome measures (including specific scales and items) for schools undertaking KidsMatter Primary, was informed by consultation with school leadership, reviewing the literature, and from the KidsMatter Evaluation.

#### Early identification

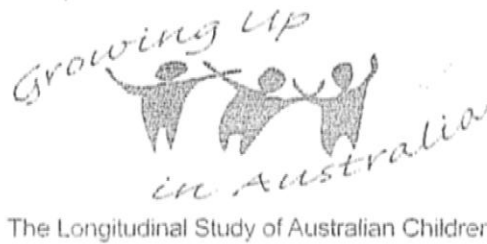
Teachers are professionals who are involved with children on a daily basis, but who do not have specialist training in mental health. As such, teachers have a role in terms of problem recognition and early intervention. This limits inappropriate referrals to specialist secondary and tertiary services, minimising ‘congestion’ of these services, and limiting the potential stigmatisation for families of referral. Schools are expected to both prevent mental illness by combating factors that contribute to it (for example, by teaching emotional literacy) and to provide interventions to alleviate mental health problems.

The existing literature regarding teachers’ ability to recognise and seek help for their pupils’ mental health problems is limited. Rothi, Leavey, and Best (2008) found that teachers often felt unable to identify mental health problems and felt confused by the terminology used by CAMHS. Teachers were concerned that they had no specific training on mental health matters. Teachers’ sense of inadequacy around issues of student mental health was also reported by secondary school teachers involved in teaching a MindMatters mental health module that many non-health, physical education and pastoral care teachers feel unprepared and lacking in knowledge for teaching about, and dealing with, mental health. (Askell-Williams, Lawson, & Murray-Harvey, 2007).

Through consultation with the original KidsMatter pilot schools similar concerns were raised around *Component 4: Identification and Early Intervention*. One school reported: “Identification is still an areas where staff do not feel qualified to comment on”, and another wanted, “any updated information on identifying students (and parents) at risk”. Nevertheless, Dix et al. (2008) found significant associations between an assessment of a student’s mental health using Goodman’s SDQ and a non-clinical nomination of the student. This suggests that the non-clinical ratings by teachers and school leadership can provide one means of identifying students ‘at risk’, with correct identification in 75% of cases. Furthermore, schools have structures and systems already in place to identify students ‘at risk’, and may include monitoring of late arrival to school, reasons for non-attendance (e.g. sick days, school refusal), unexpected change in academic performance, inappropriate behaviour, and detention. Through support from KidsMatter and the Quality Assurance system, managing and standardising this information could better facilitate the early identification of students ‘at risk’.

***Existing student data: NAPLAN***

There is growing evidence that schools that implement effectively whole-school strategies to improve social-emotional health and wellbeing, will also experience improved numeracy and literacy outcomes for students. There are a number of existing and emerging school data sets being collected at State/Territory or National level, which could provide assessment of student development and academic achievement. One, in particular, is the Australian National Assessment Program - Literacy and Numeracy (NAPLAN). A recent Australian study using NAPLAN results found that “schools that implemented KidsMatter well also had improved learning outcomes for students, equivalent to 6 months more schooling by Year 7, over and above any influence of socioeconomic background” (Dix et al., 2011). Access to NAPLAN at the student level should be possible. An example of the LSAC consent form to parents is provided in Figure 3 and Figure 4.



## NAPLAN and AEDI Results Information Sheet

Literacy and numeracy assessments are conducted with students across Australia in Years 3, 5, 7 and 9. This is known as the National Assessment Program - Literacy and Numeracy (NAPLAN).

The Australian Early Development Index (AEDI) is a measure of children's development as they enter school. Based on scores from a teacher completed checklist, the AEDI measures areas of early childhood development.

We are seeking your signed consent for the release of results from NAPLAN and AEDI for your *Growing Up in Australia* study child until the end of the study. If you agree, this information will be obtained from the relevant education agency in your state.

The inclusion of this information, along with the other information we are gathering in the study, will allow us to gain further insight into your child's learning and development.

With regard to the release of data:

- Your details and your child's details, as given on the consent form, will be provided to the relevant education agency for the purpose of providing the required information.
- This information will be collected, stored and analysed only for the purposes of the *Growing Up in Australia* study.
- During and after the *Growing Up in Australia* study, the *Growing Up in Australia* management team will ensure that it is not possible to identify your child from the data.
- All identifying information will be removed from the data before the data are released to researchers for statistical analysis.
- Data from the *Growing Up in Australia* study are published in a way that does not enable you or your child to be identified.
- If you decide to withdraw from the study or withdraw your consent for the data release, your agreement for the release of the data ceases from the date of your withdrawal.

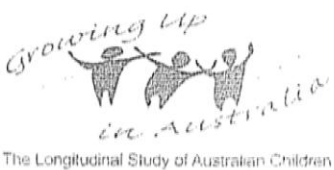
You will receive summary results of your child's NAPLAN assessments from your child's school. If you would like further information on these, please contact your child's school or visit the website <http://www.naplan.edu.au/>

For more information on AEDI visit the website [www.rch.org.au/australianedi](http://www.rch.org.au/australianedi)

**If at any stage you have queries about the release of your child's results to *Growing Up in Australia*, please call on 1800 005 508 freecall (excluding mobile phones).**

Figure 3. Page 1 of the LSAC Consent for to access NAPLAN data

GROWING UP IN AUSTRALIA



**NAPLAN and AEDI Results  
Consent Form**

**I give my consent for:**

1. The release of my child's results from the National Assessment Program - Literacy and Numeracy (NAPLAN) when they are in Years 3, 5, 7 and 9; and
2. My child's results from the Australian Early Development Index (AEDI) completed in his/her first year of full-time school.

**I understand that:**

1. My details and my child's details on this consent form will be provided to the relevant agencies for the purpose of providing the required information.
2. This information will be collected, stored and analysed only for the purposes of the *Growing Up in Australia* study.
3. During and after the *Growing Up in Australia* study, the *Growing Up in Australia* management team will ensure that it is not possible to identify my child from the data.
4. All identifying information will be removed from the data before the data are released to researchers for statistical analysis.
5. When data on the *Growing Up in Australia* study are published, these will be in a way that does not enable me or my child to be identified.
6. If I decide to withdraw from the study or withdraw my consent for the data release, my agreement for the release of the data ceases from the date of my withdrawal.


**Please complete the following in BLOCK LETTERS:**

Full name of child: JEMINNA LOUISE DIX

Name of school: WOODCROFT PRIMARY SCHOOL

Child's date of birth: 19/9/2008 Child's sex:  Male  Female

Parent's name: KATHERINE DIX

Parent's signature:  Date: 4/9

Witness' name: GUDRUN SCHMIED


Witness' signature:  Date: 4/9

Figure 4. Page 2 of the LSAC Consent for to access NAPLAN data

**Existing student outcome measures**

Through the review of literature and experience in undertaking the evaluation of KidsMatter, the following list of potential outcome measures, relevant to a school context is

provided. Although in some cases, self-assessment tools were available, the focus here is on teacher-rated.

- Mental health: The Strengths and Difficulties Questionnaire (Goodman, 2001) is presented in Figure 5, with further information available on the website <http://www.sdqinfo.org/>
- Student wellbeing: ACER Social-Emotional Wellbeing. The questionnaire is presented in Figure 6 - Figure 9. For further information about the SEWB, go to <http://www.acer.edu.au/tests/sewb>
- Flinders Social and Emotional Competencies Scale (based on CASEL items). The questionnaire is presented in Figure 10.
- Academic: Brief Academic Competence Evaluation Screening System (Kettler & Elliott, 2010). The BACCESS is a teacher-rated assessment developed to facilitate efficient universal screening of young primary students' academic and social functioning. It is intended for use in identifying students who are likely to have academic difficulty and uses three sequential phases of (a) nomination, (b) brief ratings, and (c) comprehensive assessment using the ACES scale. Figure 11 presents an example of the Phase 1: Nomination screening process for reading.



**Strengths and Difficulties Questionnaire**

**P or T<sup>11-17</sup>**

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

Young person's name .....

Male/Female

Date of birth .....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature ..... Date .....

Parent / Teacher / Other (Please specify:)

**Thank you very much for your help**

© Robert Goodman, 2000

Figure 5. Goodman's Strengths and Difficulties Questionnaire



## Wellbeing Survey (Teacher Form - Primary and Secondary)

**Hello Teacher,**

This survey is designed to provide detailed information concerning student social-emotional well-being. As you see students in action on a regular basis, you are in a prime position to make some judgments concerning their social-emotional competencies.

For some of the following statements, it may be difficult for you to evaluate the development of a specific element of a student's social-emotional well-being. We do not expect you to be an "expert" in this area, however, please make an on-balance judgment for every statement.

The results of this survey are confidential. No one at the school will know how you evaluated individual students.

You have been asked to complete a survey on a number (or all) of the students in your class(es). It is vital that you know the students you are evaluating well enough to answer fairly in-depth statements about their character, attitude, and disposition.

You will need to complete a different survey for each student you are evaluating. There is no need to enter the student's name on the survey. You merely need to indicate the student's school, year level, gender, age and ethnicity.

Student's School \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Office use only</b>									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0

**INSTRUCTIONS:**

- Use pencil only, preferably 2B
- Do **not** use any pens or ball-point pens
- Erase mistakes fully
- Make no stray marks

**USE 2B PENCIL ONLY**

*Please MARK LIKE THIS ONLY:*

<p>The student is currently in year/grade</p> <table style="width: 100%; text-align: center;"> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 11</td></tr> <tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 12</td></tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<p>How old is the student?</p> <table style="width: 100%; text-align: center;"> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 15</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 16</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 17</td></tr> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 13</td><td><input type="checkbox"/> 18</td></tr> <tr><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 14</td><td></td></tr> </table>	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 6	<input type="checkbox"/> 11	<input type="checkbox"/> 16	<input type="checkbox"/> 7	<input type="checkbox"/> 12	<input type="checkbox"/> 17	<input type="checkbox"/> 8	<input type="checkbox"/> 13	<input type="checkbox"/> 18	<input type="checkbox"/> 9	<input type="checkbox"/> 14		<p>How long has the child been at this school?</p> <table style="width: 100%; text-align: center;"> <tr><td><input type="checkbox"/> Less than 1 year</td><td><input type="checkbox"/> 3 years</td></tr> <tr><td><input type="checkbox"/> 1 year</td><td><input type="checkbox"/> 4 years</td></tr> <tr><td><input type="checkbox"/> 2 years</td><td><input type="checkbox"/> 5 years +</td></tr> </table>	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 3 years	<input type="checkbox"/> 1 year	<input type="checkbox"/> 4 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years +
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<input type="checkbox"/> 9	<input type="checkbox"/> 14																																		
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 3 years																																		
<input type="checkbox"/> 1 year	<input type="checkbox"/> 4 years																																		
<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years +																																		
<p>Is the child male or female?</p> <p style="text-align: center;">Male                  Female</p> <p style="text-align: center;"><input type="checkbox"/>                                  <input type="checkbox"/></p>	<p>Main language spoken at home by child:</p> <table style="width: 100%; text-align: center;"> <tr><td><input type="checkbox"/> English</td><td><input type="checkbox"/> European</td></tr> <tr><td><input type="checkbox"/> African</td><td><input type="checkbox"/> Indian</td></tr> <tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> Other Asian</td></tr> <tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Other</td></tr> </table> <p style="text-align: right;">..... (Please specify)</p>	<input type="checkbox"/> English	<input type="checkbox"/> European	<input type="checkbox"/> African	<input type="checkbox"/> Indian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other																										
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<input type="checkbox"/> Arabic	<input type="checkbox"/> Other Asian																																		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other																																		

**Please make your evaluations of this student's characteristics based on what is normally expected of students within the age/grade range of this student.**

Figure 6. ACER Wellbeing Survey for teachers, page 1

- You are now ready to begin completing the survey.
- Fill in the bubble on the survey below that indicates how strongly you agree or disagree with a number of statements that may or may not apply to the student you are surveying. Fill in the appropriate bubble to indicate the extent of your agreement.

In your booklet:

- Fill in (1) if you **strongly disagree** with the description.
- Fill in (2) if you **disagree** with the description.
- Fill in (3) if you **agree** with the description.
- Fill in (4) if you **strongly agree** with the description.

You may now begin.

- Fill in the bubble that indicates how closely the following statements describe the student you are evaluating.

**Part 1**

<i>Student appears to:</i>		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	be happy (e.g., smiles a lot).	(1)	(2)	(3)	(4)
2.	talk disrespectfully when having a disagreement with an adult.	(1)	(2)	(3)	(4)
3.	lose his/her temper a lot.	(1)	(2)	(3)	(4)
4.	disrupt class lessons.	(1)	(2)	(3)	(4)
5.	have positive self-esteem.	(1)	(2)	(3)	(4)
6.	be popular with classmates.	(1)	(2)	(3)	(4)
7.	have very few friends.	(1)	(2)	(3)	(4)
8.	have trouble getting along with some of his/her teachers.	(1)	(2)	(3)	(4)
9.	worry too much about schoolwork or what others think of him/her.	(1)	(2)	(3)	(4)
10.	get into trouble a lot.	(1)	(2)	(3)	(4)
11.	volunteer to do things to make his/her school and community a safer and better place.	(1)	(2)	(3)	(4)
12.	physically bully or verbally taunt other students.	(1)	(2)	(3)	(4)
13.	feel like he/she belongs and likes being in school.	(1)	(2)	(3)	(4)
14.	under-achieve in much of his/her schoolwork.	(1)	(2)	(3)	(4)
15.	go out of his/her way to help someone who seems unhappy or needs help.	(1)	(2)	(3)	(4)
16.	participate in many different activities inside and outside of school (e.g., clubs, sport, music, drama, community).	(1)	(2)	(3)	(4)

Figure 7. ACER Wellbeing Survey for teachers, page 2

**Part 1 continued**

<i>Student appears to:</i>		Strongly Disagree	Disagree	Agree	Strongly Agree
17.	be calm, not stressed.	(1)	(2)	(3)	(4)
18.	relate well to classmates who are different (e.g., different cultural-economic background, gender, with a "handicap").	(1)	(2)	(3)	(4)
19.	have gone through a week or more of feeling so unhappy that he/she has stopped doing his/her usual activities.	(1)	(2)	(3)	(4)
20.	be someone who loves to learn	(1)	(2)	(3)	(4)

**Part 2**

<i>Student appears to:</i>		Strongly Disagree	Disagree	Agree	Strongly Agree
21.	seem positive and hopeful about the future	(1)	(2)	(3)	(4)
22.	seem very curious about why things are the way they are	(1)	(2)	(3)	(4)
23.	be very enthusiastic and have lots of energy.	(1)	(2)	(3)	(4)
24.	show real confidence about doing difficult schoolwork, including answering difficult questions in class.	(1)	(2)	(3)	(4)
25.	put in extra effort in subjects/classes he/she finds difficult.	(1)	(2)	(3)	(4)
26.	be disorganised (forgets material needed for class, messy papers, does not write down homework assignments clearly).	(1)	(2)	(3)	(4)
27.	demonstrate good friendship-making skills (e.g., sharing, waiting turns, listening/conversation skills).	(1)	(2)	(3)	(4)
28.	control how nervous he/she gets in pressure situations.	(1)	(2)	(3)	(4)
29.	be dishonest a lot (lies, cheats or steals).	(1)	(2)	(3)	(4)
30.	respect others, including classmates from different cultural backgrounds.	(1)	(2)	(3)	(4)
31.	be able to be trusted to follow rules and act responsibly.	(1)	(2)	(3)	(4)
32.	believe that being criticised or disapproved of by peers is the worst thing in the world.	(1)	(2)	(3)	(4)
33.	care about the environment (parks, waterways, animals, does not litter).	(1)	(2)	(3)	(4)
34.	give up easily when he/she does not understand something.	(1)	(2)	(3)	(4)
35.	plan his/her time so that he/she gets all his/her work done when due.	(1)	(2)	(3)	(4)
36.	be good at working cooperatively with others on projects.	(1)	(2)	(3)	(4)
37.	calm down when very upset.	(1)	(2)	(3)	(4)

Figure 8. ACER Wellbeing Survey for teachers, page 3

**Part 2 continued**

<i>Student appears to:</i>		Strongly Disagree	Disagree	Agree	Strongly Agree
38.	be able to be trusted to do what he/she says he/she is going to do.	1	2	3	4
39.	care about other people's feelings.	1	2	3	4
40.	act without thinking when angry.	1	2	3	4
41.	listen to others who have a different opinion from his/her own.	1	2	3	4
42.	control himself/herself when very angry.	1	2	3	4
43.	think rules are stupid and that he/she shouldn't have to obey them.	1	2	3	4
44.	put him/herself down when he/she does not do well on a piece of work.	1	2	3	4
45.	think that everything he/she does at school should be fun and exciting and, if it isn't, he/she shouldn't have to do it.	1	2	3	4
46.	want to do his/her very best in his/her schoolwork.	1	2	3	4
47.	condemn others for perceived slights and believes that retaliation is deserved.	1	2	3	4
48.	have good empathy skills (understands how other people feel).	1	2	3	4
49.	use bad language and have bad manners.	1	2	3	4
50.	express feelings easily.	1	2	3	4
51.	make sure that everyone has a fair chance to win, even if it means that he/she will lose.	1	2	3	4
52.	like to make his/her school and community a better place to live.	1	2	3	4
53.	understand that mistakes are a natural part of learning and is not afraid to make mistakes.	1	2	3	4
54.	control how "down" he/she gets when someone teases him/her, when he/she is not included by classmates, or when receiving a poor grade.	1	2	3	4
55.	check work when completed to make sure it is correct.	1	2	3	4
56.	make sure he/she understands the teacher's instructions and records what he/she has to do before beginning an assignment.	1	2	3	4
57.	put himself/herself down when he/she is teased or rejected by peers.	1	2	3	4
58.	believe he/she has what it takes to be successful, even in his/her most difficult subjects or classes.	1	2	3	4
59.	have good conflict resolution skills.	1	2	3	4
60.	try hard <i>not</i> to say or do things that hurt other people's feelings.	1	2	3	4

**Thank you.**

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Figure 9. ACER Wellbeing Survey for teachers, page 4

## Flinders Student Competency Scale

For each item, please indicate the extent to which you agree or disagree.  
Please answer all items as best as you can.

**Student's Name:** \_\_\_\_\_

**Gender:** Male  Female  **Age:** \_\_\_\_\_



On average over the last month, this student has shown that he/she:	Strongly Disagree	← →	Strongly Agree				
1. Is happy about his/her relationships with other children	①	②	③	④	⑤	⑥	⑦
2. Is happy about his/her family relationships	①	②	③	④	⑤	⑥	⑦
3. Can solve personal and social problems	①	②	③	④	⑤	⑥	⑦
4. Can manage his/her feelings	①	②	③	④	⑤	⑥	⑦
5. Recognises his/her strong points	①	②	③	④	⑤	⑥	⑦
6. Takes account of the feelings of others	①	②	③	④	⑤	⑥	⑦
7. Can make responsible decisions	①	②	③	④	⑤	⑥	⑦
8. Generally thinks that things are going to work out well	①	②	③	④	⑤	⑥	⑦
9. Feels good about himself/herself	①	②	③	④	⑤	⑥	⑦
10. Is able to cope with life overall	①	②	③	④	⑤	⑥	⑦

Signature ..... Date .....

Parent  Teacher  Other  (please specify)

*Thank you very much for your help*

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Figure 10. Flinders Student Competency Scale

**TABLE 1** Phase 1 Reading Criterion-Referenced Nomination Guide

	Description	Examples
Level 1	Student attends to reading instruction and participates in learning activities with extensive support from teacher. Student demonstrates limited reading skills with materials developmentally several grades below expected level.	<ul style="list-style-type: none"> <li>• Demonstrates a limited understanding of most reading concepts and skills.</li> <li>• Can name most letters and read some simple words.</li> <li>• Is only beginning to make correct sounds for letter symbols.</li> </ul>
Level 2	Student demonstrates an emerging ability to read simple textual material with some support from a peer or teacher. The student's fluency is inconsistent even with easy material. The student's ability to comprehend what he/she is reading is limited to basic factual information.	<ul style="list-style-type: none"> <li>• Demonstrates a limited understanding of most concepts and skills.</li> <li>• Can read simple and some compound words.</li> <li>• Can correctly produce most sounds for common letter symbol combinations.</li> <li>• Reads at a slow and uneven pace even with material that is developmentally below grade level expectations.</li> <li>• Comprehension is inconsistent and limited to basic facts.</li> </ul>
Level 3	Student demonstrates a consistent understanding of the reading process and can read most one and two syllable words correctly. Reading rate is uneven with grade level material and comprehension is poor to average without support. This student does some self-correcting and is able to use basic context clues to facilitate understanding of material that is developmentally below grade level expectations.	<ul style="list-style-type: none"> <li>• Demonstrates an understanding of the reading process and has the ability to decode some new words.</li> <li>• Reading fluency is good with material below grade level expectations.</li> <li>• Is beginning to demonstrate the ability to answer inferential comprehension questions.</li> </ul>
Level 4	Student demonstrates a consistent understanding of the reading process and can read almost all words correctly in grade level material. Reading rate is fluent and comprehension is good with minimal or no support. This student self-corrects and is able to use context clues to facilitate understanding of material that is developmentally at or slightly above grade level expectations.	<ul style="list-style-type: none"> <li>• Demonstrates an understanding of the reading process and has the ability to decode new and irregular words accurately.</li> <li>• Reading fluency is good and can read with appropriate expression.</li> <li>• Is able to answer most inferential comprehension questions correctly.</li> </ul>
Level 5	Student demonstrates an advanced ability to read and comprehend textual material that is written at a developmental level clearly above grade level expectations. The student often reads during free time and can function independently with materials that typically are for the most advanced students at his or her grade level.	<ul style="list-style-type: none"> <li>• Demonstrates a strong interest in reading and does so as part of leisure time activities.</li> <li>• Demonstrates a strong command of all aspects of the reading and comprehension process.</li> <li>• Is able to help other students with reading related difficulties or concerns.</li> </ul>

Figure 11. BACESS Phase 1 example (source, Kettler &amp; Elliott, 2010, p.289)

## DISSEMINATION PHASE 5: SUSTAINABILITY

Sustainability addresses whether the fidelity, dosage and quality of KidsMatter are maintained over time across the four KidsMatter Components in the manner intended. There are, of course, resource implications referred to by Backer (2005, p.2) as an emerging issue for funders and implementers alike. Backer notes that "...a major factor in sustainability is the continued availability of resources."

### Cost-effective Approaches for National Data Collection

Advice gleaned from the consultation process indicated that a web-based method of data gathering was the most cost-effective approach for collecting school data nation-wide. There are a number of such online interfaces currently being used in the education sector in Australia such as the Australian Early Development Index (AEDI), the Evaluation Service for Effective schools (ESEF), and Numeracy and Literacy (NAPLAN). It is envisaged that the online interface would be designed so that school leadership and staff, along with KidsMatter Coordinators, could securely upload information on a particular school.

Moreover, consultation with KidsMatter schools resulted in agreement that:

- Of the choices (paper, online, interview, observation), online collection was the preferred method
- Schools are most supportive of school personnel (teachers) collecting the data but are open to having an external assessor, most likely the KidsMatter Coordinator, observe and collect information, possibly with a specified focus. Ranked third was leadership, followed by parents, with students being identified as the least important contributors to the collection of KidsMatter information
- An external national organisation was in the best position to maintain and analyse the data collected from schools, compared with the other option of school personnel
- Annual reporting was the preferred frequency, undertaken at a time when other annual reporting was occurring so that it could be embedded in the existing reflective process.

Agencies in Australia with extensive experience in developing and operating online data collection and reporting services, including services for benchmarking performance against quality indicators include:

- ACER has recently developed a benchmarking service for RTOs on results from the RTO Quality Indicator (QI) survey data. This is a private service which allows an RTO to determine how they compare with other RTOs in terms of the Quality Indicator framework
- Education Services Australia (formally Curriculum Corporation) operates as a legitimate ministerial company and has conducted projects such as MindMatters. They have a strong curriculum training base and understand the workings of school infrastructure
- ACARA, which have expertise in national data collection to monitor student achievement and school progress, and provide My School website interface. Through the consultation process ACARA indicated that support the idea of facilitating access to appropriate



outcome measures, such as NAPLAN, and the School Satisfaction Survey, which is still being developed and is likely to be included as an additional assessment of schools on *My School*.

A similar data collection and benchmarking service based on either school self-reports, externally validated audits (or both) of school implementation of KidsMatter could be developed to facilitate the collection and reporting of data at both school and program-wide levels. This data could be used both for monitoring implementation of the program and for provision of school level comparisons.

The development of an online interface needs to consider:

1. Policy development:

- The development of a policy framework to guide and support usage of the interface.
- A clearly articulated purpose (ie the main objectives in setting up the interface)

2. Instrument development:

- Once key process and outcomes are identified then appropriate instruments are designed.
- An understanding of how the interface will fit in with other national wellbeing initiatives and frameworks (eg could its design potentially reduce duplication of information gathering?) and other national assessments of student and school outcomes.
- Recognition of the kind of data to be collected and how these will be used (eg will schools have access to these data?)

3. Interface development and Service provider:

- The benefits/advantages to schools in using the interface (e.g. why should they enter data?)
- Users of the interface (e.g. who will enter the data?)
- Functionality of the interface (e.g. will there be pre-populated fields for schools or will they start from scratch? Will there be a help desk? FAQs?)
- Enablers of usage (e.g. professional training, resources, other supports)
- Likely barriers to usage and how these will be addressed
- Maintenance and sustainability (e.g. where will it be located and how will it be maintained? How will it be funded? How sustainable is the model?)
- Monitoring and evaluation of the interface (What will success look like? What data will be collected to show the interface has served its purpose?)
- Identifying an organisation that can provide the online service to collect data and report to stakeholders.

## Identification of Resource Requirements

The specific identification of key resources required for a national quality assurance system depends on the mode of delivery and personnel involved. For example, an online data collection and dissemination interface would require that KidsMatter, school leadership and staff have ready access to high-speed broadband. If data were being collected using paper-based methods, there would need to be a school-based questionnaire administrator. Both methods are viable, but the biggest issue is availability of human resource.

### Online interface: Palnet

The current development of Palnet (<http://www.palnet.edu.au>), Principals Australia's online professional learning resource for Australian principals, would provide an ideal interface to collect and disseminate findings in a quality assurance system that supported not only KidsMatter, but other mental health initiatives, such as MindMatters, and Dare to Lead. Reporting of information could be delivered and accessed using methods similar to ACARA's My School website (<http://www.myschool.edu.au>).

### Online questionnaires

The use of online data collection through interactive web-based forms is now a well-established research method in the social and behavioural sciences. There are many reputable questionnaire service providers widely used in the Australian Higher Education sector, such as

- Qualtrics: <http://www.qualtrics.com>
- SurveyGizmo: <http://www.surveygizmo.com>
- SurveyMonkey: <http://www.surveymonkey.com>

Alternatively, online questionnaires and data management systems can be custom build, but would be more costly. A combination of both systems would be optimal.

### Paper-based questionnaires

In the cases where it is not practical to use online methods of data collection, paper-based assessments can be cost-effective if survey-scanning software is used, and reduces or avoids the need for manual data entry. An example of this situation might be at the completion of a KidsMatter Professional Learning session where participants are asked to evaluate the quality of the session, and ready access for each participant to a computer is not possible.

Form handling software that has the capacity for optical mark recognition (least expensive) and optical character recognition (most expensive) is a widely used method of data extraction. Software can be purchased, along with a high-speed duplex A3 scanner, and systems developed 'in house' to collect and manage data. The KidsMatter Primary Evaluation is a strong example of this method, and made use of the forms-processing software:

- Remark Office OMR: <http://www.gravic.com/remark/officeomr>

The alternative, as was used in the KidsMatter Early Childhood Evaluation, is to prepare questionnaires in accordance with specified forms-processing software, but outsource the scanning to an information logistics service provider such as:

- SALMAT: <http://www.salmat.com.au>
- Australia Post: <http://auspost.com.au>

### Statistical analysis software

Data management and analysis software is a further resource consideration. The world's leading statistical and qualitative software packages for business, government, research and academic organisations include:

- IBM SPSS: <http://www.spss.com/au>
- NVivo: <http://www.qsrinternational.com>

### Reporting to key stakeholders

Consultation with experts suggests that online methods of reporting aggregate data to key stakeholders (including the KidsMatter Partners and participating schools) would be the most cost-effective and accessible method. A centralised website that school leadership could login and securely access their school's results in real-time for immediate feedback was proposed. Palnet may provide an appropriate interface.

In addition, the need was raised for the development and dissemination of national-level results in the form of an annual downloadable web report (PDF document) suitable for reporting to government stakeholders and funding bodies.

Leadership of the original KidsMatter schools were asked how the information should be made available to their school. Figure 12 shows that the majority of schools selected that an email report containing aggregated data for quick information access would be most useful, but were also interested in other forms of access to the information.

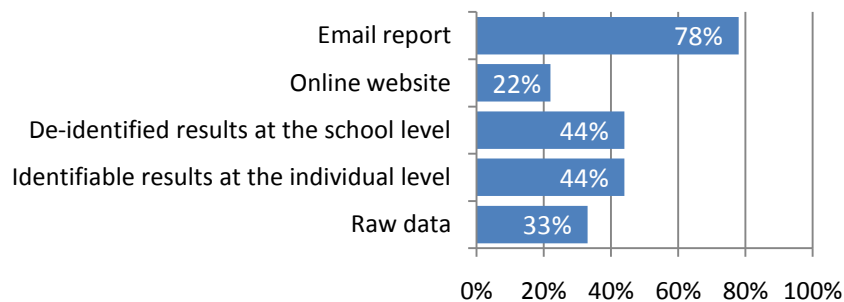


Figure 12. Reporting to key stakeholders

### Informing decisions at district, region and state levels

An example of providing feedback to schools is presented in the School-wide Positive Behavioral Interventions and Support (SWPBIS) Evaluation Blueprint that was designed to provide those developing Evaluation Plans and Evaluation Reports for SWPBIS with a framework for: addressing useful evaluation questions for SWPBIS; selecting evaluation measures and measurement schedules that practically meet the needs of local decision-makers. It is also intended that the Evaluation Blueprint be used to inform active decision-making at the school, district, region, and state levels. Within the Evaluation Blueprint, Algozzine et al. (2010) propose that the evaluation questions could be asked about the

implementing SWPBS in school contexts, input in terms of professional development, and fidelity related to whether the program was implemented as designed, and the impact or extent the SWPBIS was associated with changes in student outcomes? Replication, Sustainability, and Improvement was also covered by questions regarding whether the implementation of the SWPBS program affected systemic educational practice (Algozzine et al., 2010).

## Barriers to Sustainability

Several barriers to sustainability in the implementation of educational programs were identified in the literature for this paper and these are summarised below.

### **Implementers may 'drift' from the implementation model or from support systems**

Mukoma and Flisher (2004) noted that programs are seldom delivered exactly as designed and planned. They argued that descriptions of what was done, and why, not only provide evidence that the activities did take place, but also inform the evaluation outcomes. Such accountability can identify whether an intervention failed due to poor implementation or whether the intervention itself was weak or flawed (Mukoma & Flisher, 2004).

Domitrovich et al. (2008) discussed the need to promote and improve on the quality of implementation of preventive interventions in schools and argued that two types of 'drift' often occur when evidence-based interventions are implemented in school settings; deviation from the implementation model and deviation from the corresponding support system. It is recommended that consideration be given to evidence of this 'drift'.

### **When key program components are modified or deleted there are likely to be inconsistencies in program delivery**

Lee et al. (2008) argued that it is important to understand the effects of implementation fidelity on program outcomes because when implementations are carried out in real settings key program components are often modified or deleted. Poor implementation fidelity (Lee et al. 2008) in terms of modifications and deletions results in weakened program effects and could lead to the community becoming disillusioned with program and withdrawing their support for the initiative.

### **Teachers**

School staff implementing a new intervention need to understand the intervention itself and see it as valuable (Domitrovich et al., 2008; Fixsen et al., 2005). If some activities in the intervention are not seen as valuable, teachers are more likely to skip those activities. Domitrovich et al. (2008) stress that the quality of teachers' engagement during training, and their satisfaction with the content and how it should be delivered, are likely to be important predictors of the quality with which they deliver the intervention. Fixsen et al. (2005) note an additional problem for teachers in securing release time to participate in training. As such, professional development needs to be cognizant of teachers' attitudes toward interventions.

### **School characteristics influence implementation quality**

School-based researchers generally acknowledge that school-level characteristics, such as school size and student mobility, can influence both the outcomes of interventions and quality of implementation (Domitrovich et al., 2008, p.15). It seems that schools that are disorganized or have large numbers of at-risk students are likely to encounter more problems in implementing interventions with high fidelity (Domitrovich et al., 2008). Factors such as high student mobility or absenteeism potentially result in students having less exposure to critical components of the intervention. Schools in disadvantaged neighbourhoods may also have higher levels of staff mobility that could undermine the schools' ability to sustain a workforce trained to implement the preventive intervention (Domitrovich et al., 2008). Consideration could be given to the nature and level of support provided to individual schools.

### **Facilitators to Sustainability**

Several facilitators for sustainability in the implementation of educational programs were identified in the literature and these are summarised below.

#### **A well-respected champion and district level support**

Domitrovich et al. (2008) described a number of factors that support high quality sustainable implementation of programs in schools. These include availability of qualified professionals in a community to implement a new program; availability of trainers or coaches to support implementation in schools; allocation of professional development days across the school year that can be used for professional development. They also emphasised the importance of having a well-respected 'champion' of a program in a school and that there should be district-level administrative support as well.

#### **Resources, funds, materials, knowledge, skills, equipment, staff time**

Domitrovich et al. (2008) described the resources needed for a school to be able to implement an intervention as including funds, materials, knowledge, skills, equipment, dedicated staff time, space, and equipment.

#### **Need for qualified coaches and professional learning days in schools**

Instructional workshops for staff are generally used to help them carry out new interventions but Domitrovich et al. (2008) propose that mentoring that includes in-classroom coaching and out-of-classroom consultation is emerging as a promising professional development strategy for school-based interventions. They suggest that mentors and coaches can provide support and encouragement and that such performance feedback may be the critical element contributing to the success of this professional development strategy (Domitrovich et al., 2008).

#### **Document the effectiveness of an intervention in a school**

Rathvon (2008, p.12) described criteria that should be used to select interventions and some of these could also assist sustainability in the implementation of an educational program. The relevant criteria are that there should be documented evidence of effectiveness of the program; there should be an emphasis on a pro-active approach to classroom problems; it should be capable of class-wide application; it should be capable of implementation using

regular classroom resources, and it should be capable of being evaluated by reliable, valid, and practical methods.

### **Keep intervention costs low if you want to ensure continuation of intervention**

Mukoma and Flisher (2004) described funding as a potential barrier to implementing and sustaining interventions. This means that it is important to keep intervention costs low to ensure the continuation of the intervention. Consideration should be given also to the school resources available to sustain the intervention.

### **Program implementation is facilitated when an intervention is integrated into school policy**

In a study on implementation quality Shek et al. (2009) found that embedding the intervention within school policy facilitated program implementation.

### **Student enjoyment of the intervention**

Shek et al. (2009) described the 'student' as a factor in implementation success because a positive learning environment is created when students enjoy the program activities. The process evaluation carried out in the study by Shek et al. (2009) showed aspects of the program delivery perceived to be positive were student interest and involvement; instructors' efforts; classroom management skills and teaching strategies; and instructors' relationships with the students.

### **Sensitivity to schools' culture**

Jaycox et al. (2006) advised that in order to conduct successful programs and evaluations in schools it is important to become familiar with schools' environment and culture.

### **Teachers give students a chance to reflect on what has been learned and how it could be applied to life**

Shek et al. (2009) found that effective instructors were able to deliver the program in an interactive manner, and provide positive and supportive feedback, while engaging students' participation and stimulating their learning. Importantly these instructors created space for students to reflect on what had been learned and how they could apply their learning to their daily lives.

### **Interventions need to be linked to mid or long-term goals of schools and can involve the community**

When a new program is implemented it is important to accommodate the needs and concerns of various stakeholders while responding to local needs within an acceptable cultural framework (Mukoma & Flisher, 2004). The school community should be involved in the planning, implementation and evaluation of the program. These authors found also that interventions need to be linked to the mid- or long-term goals of schools (Mukoma & Flisher, 2004).

### **Need engagement of top administrators and burden on schools must be small; 'Leadership Matters'**

Jaycox et al. (2006) stressed the need for engagement from top administration when new programs are implemented and argued that the implementation burden on schools must be

small. With regard to KidsMatter, which is only one of many initiatives the school may be undertaking, this is a critical consideration.

## DISSEMINATION PHASE 6: MONITORING

### Assessing Implementation Quality

Cohen, Kincaid and Childs (2007) reported a lack of implementation measures available in the field, and argued a possible reason for this lack was that there had been a general paucity of implementation assessment instruments available. In order to begin to develop implementation assessment instruments, it is important to consider what has been done already about quality assurance in terms of specific procedures and instruments. Several examples of quality assurance instruments were identified in the educational literature and these are discussed.

Schools need to be able to measure, reliably and validly, the quality of implementation of educational initiatives in terms of process, content and context. Leadership need information that informs them about: (a) whether KidsMatter is meeting their needs, and (b) whether the school is meeting the benchmarking standards at a national level. The elements of an initiative should be monitored so that informed decisions are made in a cycle of continual improvement addressing the quality of the implementation of the content and the process of implementing the program. The process should include support for teachers to be able to implement the initiative as intended.

Domitrovich et al. (2008) advocated that the quality of an intervention and its support system should include assessments of 'adherence' in terms of fidelity or the degree to which an intervention and its support system are conducted as planned; dosage which means the specific units of an intervention and its support system, as well as quality of delivery of the initiative by school staff. Adherence is an important consideration when new programs are being implemented because it has been found that teachers tend to alter programs to make them more conducive to their immediate needs, and that this may adversely affect program outcomes (Melde et al., 2006).

The general process of quality assurance for educational initiatives, discussed in the related literature regarding assessing the process of implementing educational programs (Goodman, 2001; Domitrovich et al., 2008; Jaycox et al., 2006; Melde et al., 2006; Shek et al., 2009), has been adapted in relation to the content of the Four KidsMatter Components. The resulting model, presented in Figure 13, conceptualises the quality assurance of KidsMatter implementation in schools and depicts the contribution of both content and process to the quality of implementation of the KidsMatter initiative.

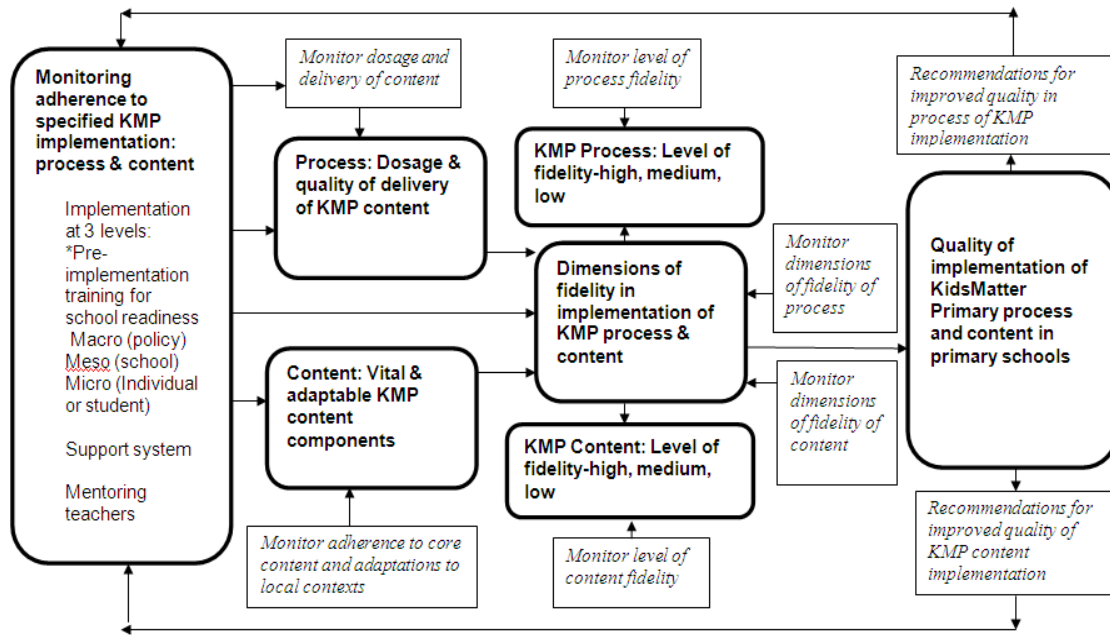


Figure 13. Quality assurance of KidsMatter implementation in schools

The model highlights the need for monitoring at all phases of the KidsMatter Initiative that will require, in many instances, the development of questionnaires to assess various aspects of the monitoring process. Thus, monitoring is initially needed of the implementation of KidsMatter, particularly with regard to the process (i.e., the Four Components and 7-Steps), in conjunction with a school’s ‘readiness’ to undertake the initiative. Durlak and DuPre (2008) also highlighted the need for careful monitoring of the delivery of content, in light of the fact that many initiatives are adapted to local circumstances. Monitoring is needed regarding the fidelity with which KidsMatter is implemented. The following discussion elaborates on the model presented in Figure 13 and describes various tools developed for monitoring purposes found in the literature.

### School-wide benchmarks of quality

Cohen, Kincaid and Childs (2007) described the *School-wide Benchmarks of Quality (BoQ)*, a tool intended to measure the implementation of the program School-wide Positive Behavior Support (SWPBS). The BoQ was developed in 2005 by Kincaid, Childs, and George in response to feedback that many schools in the USA had been implementing SWPBS without an assessment of treatment integrity and outcomes. On site assessments at schools were needed and schools needed to be able to assess their own strengths and weaknesses.

The BoQ is a 53 item rating scale that measures the degree of fidelity with which a school is implementing SWPBS. It is a self-evaluation tool to allow school teams to review their progress toward implementing critical elements of program (Cohen et al., 2007). The BoQ consists of the Coach Scoring Form, The Scoring Guide, and Team Member Rating Form. Raters indicate whether the content of each item is not in place (0), needs improvement (1), or is in place (2). Then the coach compares his/her rating with the team members’ ratings and makes a note of any discrepancies and completes a Team Summary Report. In the study carried out by Cohen et al. (2007), the BoQ for SWPBS was shown to be a reliable,



valid, efficient, and useful instrument for measuring the degree of implementation of the program in individual schools.

Barrett, Bradshaw and Lewis-Palmer (2008) described the state-wide infrastructure developed to support the large-scale implementation and sustainability of the program titled Positive Behavioral Interventions and Support (PBIS Maryland Model). The implementation fidelity measures developed to monitor school-level PBIS implementation and the coaching process include: Team Implementation Checklist; Coaches Checklist; School-wide Evaluation Tool (SET), and the Implementation Phases Inventory (IPI) (Barrett et al., 2008; Sugai et al., 2009).

### **Data submission matrix – Monitoring for self assessment**

Barrett et al. (2008) described a database that was set up to monitor and track information about a school as it implemented the program Positive Behavioral Interventions and Support (PBIS) and the related coaching process. Several evaluation forms were designed for online submission to facilitate continuous self-assessment. This is done through a data submission matrix, which describes the types of data collected, who is expected to complete the form and a timeline for submission. The data collected fall into the categories of school characteristics, implementation fidelity data, and student outcome data. The evaluation database is managed by the state's evaluation coordinator and has access for other team members. Barrett et al. (2008) argue that establishment of this state-wide schedule has increased the quality, quantity and frequency of information submitted for evaluation activities.

### **Categorising a school's overall phase of implementation**

Bradshaw et al. (2009) described a tool that was developed to categorise a school's overall phase of implementation of the School-wide Positive Behavioural Interventions and Support (SWPBIS) program and document the school's progression toward sustainability of the SWPBIS program. The study by Bradshaw et al. examined the reliability and validity of the Implementation Phases Inventory (IPI) that was developed to serve as both an instrument to monitor schools' implementation and a tool to guide coaches in helping schools to carry out activities needed to implement the program.

The IPI has 44 questions about SWPBIS critical features, routine start up activities, materials developed for the program, and formal policies and procedures related to SWPBIS program. The questions are grouped into four successive phases of preparation, implementation, initiation, and maintenance of SWPBIS. Each of the items of the IPI is marked by the participant as being: not in place (scored as 0), partially in place (1), and fully implemented (2).

The IPI yields a score on the four subscales and this can be used to determine a school's predominant implementation phase. A percentage score is calculated for each subscale and four subscale scores are averaged to yield an overall IPI score (ranging from 0% to 100%). Bradshaw et al. explain that this score indicates the extent to which the school is implementing all core features and components of SWPBIS.

### **A ratings form to record how each unit is implemented in the classroom**

Shek, Sun and Kan (2009) carried out a study to examine the implementation quality of a program in its first year of implementation. The study used a rating form that was designed

for an observer to record how each teaching unit was implemented in the classroom. The form covered the quality of program implementation, especially program adherence in accordance with the program manual; relationships among different aspects of program delivery, as well as predictors of overall implementation quality and implementation success (Shek et al., 2009).

Shek et al. proposed that identifying successful factors in program delivery indicates how further effort could be made to improve program implementation quality. They recommended that further observation could be conducted in each school across different time points so that longitudinal data would be available for testing the predictive contributions of program fidelity and curriculum delivery to the success of the program (Shek et al., 2009).

### **Monitoring the quality of an intervention and its support system**

Domitrovich et al. (2008) argued that there should be comprehensive measurement of the implementation quality of an intervention and its support system. This should include assessments of adherence in terms of: fidelity or the degree to which an intervention and its support system are conducted as planned; dosage in terms of specific units of an intervention covered or amount of time a participant is exposed to an intervention; and quality of delivery monitored in terms of both the specific intervention components and generalisation of the core concepts beyond the given framework of the intervention. Assessing generalisation would require frequent observation because such behaviour is spontaneous and dependent on specific conditions (Domitrovich et al., 2008).

### **Using measurement technology to monitor fidelity**

Lee et al. (2008) reported on a study to examine the feasibility of technology designed to assess implementation fidelity of a prevention program across 27 geographically dispersed school sites. The program assessed three dimensions of fidelity including exposure, adherence, and quality of delivery through the use of an online system of technical assistance (INSPIRE). The package is based on the view that variability in implementation fidelity across sites would help determine the degree of fidelity necessary to replicate positive outcomes and to clarify factors related to quality of implementation (Lee et al., 2008).

Lee et al. (2008) detail how teleconferences were conducted to monitor quality of implementation through the use of the semi-structured interview that was administered five times a year by telephone. During the hour long telephone calls advocates were asked a scripted set of questions related to each component of the program. The questions covered: conformity to program goals; response to participants (including level of participation); staff enthusiasm; delivery techniques, and staff preparedness. Answers were rated on a six-point Likert scale (1 = very poor, to 6 = excellent) and aggregated for a global impression score. Quality scores were created by dividing the score for each component by six (Lee et al., 2008).

A weekly fidelity data monitoring system was also developed. It used prompts to enable respondents to check off how much time was spent delivering each program component, as well as what was delivered, and how it was delivered (Lee et al., 2008). The fidelity monitoring system allowed access to implementation performance data in a time-efficient

manner from geographically remote sites. It also assessed multiple indices of fidelity including the quantity of services provided (exposure), the degree to which program delivery was conformed to the manual (adherence), and how well the advocate performed in a number of critical areas (quality of delivery) (Lee et al., 2008).

Lee et al. concluded that the fidelity monitoring system served as a form of technical assistance or 'implementation coach' because it required the advocate to regularly document the amount of services delivered, relative to the amount required, and the range of strategies utilised, relative to those recommended. They stated that the system provided a form of feedback that allowed implementers to view how their implementation compared to the recommended standard.

## Developing an Assessment of KidsMatter Implementation Quality

There are a number of examples of whole-school mental health promotion tools found in the literature. An example is the *School Mental Health Quality Assessment Questionnaire* (SMHQAQ), presented in Figure 14.

School Mental Health Quality Assessment Questionnaire (SMHQAQ)*						
Center for School Mental Health Analysis and Action October, 2006						
Part of a research grant, <i>Enhancing Quality in Expanded School Mental Health</i> . National Institute of Mental Health, U.S. Department of Health and Human Services, #1R01MH71015-01A1; 2003-2006.						
Please answer each item that follows based on your current practice in school. <i>Please select the number that best reflects the degree that the item is developed and/or implemented. Thank you.</i>						
Principle 1: All youth and families are able to access appropriate care regardless of their ability to pay.	not at all in place					fully in place
<b>ACCESS TO CARE</b>						
1) When indicated, do you provide case management assistance to students and families to assist them in obtaining health insurance or to facilitate enrollment in programs for which they are eligible?	1	2	3	4	5	6
<b>FUNDING</b>						
2) Are you engaged in activities that may bring resources or financial support into the school mental health program?	1	2	3	4	5	6
Principle 2: Programs are implemented to address needs and strengthen assets for students, families, schools, and communities.	not at all in place					fully in place
<b>NEEDS ASSESSMENT</b>						
3) Have you conducted assessments on common risk and stress factors faced by students (e.g., exposure to crime, violence, substance abuse)?	1	2	3	4	5	6
4) Have you held meetings with students, parents, and teaching staff to ask them about their needs and to ask them for their recommendations for actions by school mental health staff?	1	2	3	4	5	6
<b>ADDRESSING NEEDS AND STRENGTHS</b>						
5) Do you have services in place to help students contend with common risk and stress factors?	1	2	3	4	5	6
6) Are you matching your services to the presenting needs and strengths of students/families after initial assessment?	1	2	3	4	5	6
Principle 3: Programs and services focus on reducing barriers to development and learning, are student and family friendly, and are based on evidence of positive impact.	not at all in place					fully in place
<b>EVIDENCE-BASED PRACTICE: SCREENING, ASSESSMENT, AND INTERVENTION</b>						
7) Do you receive ongoing training and supervision on effective diagnosis, treatment planning and implementation, and subsequent clinical decision-making?	1	2	3	4	5	6
8) Do you conduct screening and follow-up assessments to assist in the identification and appropriate diagnosis of mental health problems?	1	2	3	4	5	6
9) Do you continually assess whether ongoing services provided to students are appropriate and helping to address presenting problems?	1	2	3	4	5	6
10) Is there a clear and effective protocol to assist your clinical decision making and care for more serious situations (e.g., abuse and neglect reports, self-reporting of suicidal/homicidal ideation)?	1	2	3	4	5	6
11) Are you actively using the evidence-base (practices and programs) of what works in child and adolescent mental health to guide your preventive and clinical interventions?	1	2	3	4	5	6

Quality Assurance for KidsMatter Primary

<b>Principle 4: Students, families, teachers and other important groups are actively involved in the program's development, oversight, evaluation, and continuous improvement.</b>	not at all in place					fully in place
<b>STAKEHOLDER INVOLVEMENT AND FEEDBACK</b>						
12) Have you helped your school develop an advisory board (including youth, families, administrators, educators, school health staff, community leaders) for its mental health programs?	1	2	3	4	5	6
13) Do you collaborate closely with your school administrator and offer numerous opportunities for recommendations, feedback, and involvement in program development and implementation?						
14) Do you participate in methods or activities (e.g., meetings, focus groups, surveys) to obtain feedback on an ongoing basis from key stakeholders on how the program is functioning and how it can be improved?	1	2	3	4	5	6
15) Do you engage in efforts to ensure that stakeholder ideas and recommendations are actually implemented in a timely manner?	1	2	3	4	5	6
16) Are you providing training and educational activities for families, teachers and other stakeholder groups based on their recommendations and feedback?	1	2	3	4	5	6
<b>Principle 5: Quality assessment and improvement activities continually guide and provide feedback to the program.</b>	not at all in place					fully in place
<b>QUALITY ASSESSMENT AND IMPROVEMENT</b>						
17) Are your efforts and activities being guided by an active and effective quality assessment and improvement plan that other school mental health clinicians and stakeholders (school staff, families, community) are aware of?	1	2	3	4	5	6
18) Have you been well trained in paperwork requirements for your program, and do your records clearly reflect delineated policies and procedures?	1	2	3	4	5	6
19) Are you ensuring that families are meaningfully involved in treatment planning and ongoing therapy efforts?	1	2	3	4	5	6
20) Are peer review mechanisms in place for you to receive feedback from other mental health staff on the way you handle cases and/or implement preventive and clinical interventions?	1	2	3	4	5	6
21) Are you actively using an evaluation plan that provides measurable results to and helps to improve your preventive and clinical intervention efforts?	1	2	3	4	5	6
22) Are you sharing positive and negative findings from the evaluation of your services with youth, families, school staff and other stakeholders?	1	2	3	4	5	6
<b>Principle 6: A continuum of care is provided, including school-wide mental health promotion, early intervention, and treatment.</b>	not at all in place					fully in place
<b>CONTINUUM OF CARE</b>						
23) Do you offer activities promoting school-wide mental health?	1	2	3	4	5	6
24) Are you actively involved in developing and implementing training and educational activities for educators on the identification, referral, and behavior management of social/emotional/behavioral problems in students?	1	2	3	4	5	6
25) Do you offer group, classroom, and school-wide prevention activities?	1	2	3	4	5	6
26) Do you offer intensive treatment services to youth and families including individual, group, and family therapy?	1	2	3	4	5	6
27) Are you able to continue to have mentoring relationships with students who no longer present serious problems?	1	2	3	4	5	6
<b>REFERRAL PROCESS</b>						
28) Are your referral procedures being well utilized by educators, other mental health staff, health staff, administrators, parents and students?	1	2	3	4	5	6
29) Do you promptly screen/assess all students who have been referred for services?	1	2	3	4	5	6

<b>Principle 7: Staff holds to high ethical standards, is committed to children, adolescents, and families, and displays an energetic, flexible, responsive and proactive style in delivering services.</b>	not at all in place					fully in place
<b>CLINICIAN TRAINING, SUPPORT, AND SERVICE DELIVERY</b>						
30) Do you feel sufficiently trained, supported, and supervised to handle the unique demands of school-based practice in an ethical and effective manner?	1	2	3	4	5	6
31) Are the services you provide characterized by a flexible, proactive approach that enables youth and families in need to be served as rapidly as possible?	1	2	3	4	5	6
<b>Principle 8: Staff is respectful of, and competently addresses developmental, cultural, and personal differences among students, families and staff.</b>	not at all in place					fully in place
<b>COMPETENTLY ADDRESSING DEVELOPMENTAL, CULTURAL, AND PERSONAL DIFFERENCES</b>						
32) Are you receiving regular training on effectively providing care for students and families who present diverse developmental, cultural, ethnic, and personal backgrounds?	1	2	3	4	5	6
33) Does your caseload reflect the diversity of the school population?	1	2	3	4	5	6
34) Are you making efforts to ensure that your school mental health program and services are welcoming and respect the students and families served?	1	2	3	4	5	6
35) Are key stakeholders who provide ongoing guidance to your school mental health program diverse in terms of gender, race/ethnicity, and personal/cultural background?	1	2	3	4	5	6
<b>Principle 9: Staff builds and maintains strong relationships with other mental health and health providers and educators in the school, and a theme of interdisciplinary collaboration characterizes all efforts.</b>	not at all in place					fully in place
<b>INTERDISCIPLINARY COLLABORATION AND COMMUNICATION</b>						
36) Are you helping to coordinate mental health efforts in the school to ensure that youth who need services receive them, while avoiding service duplication?	1	2	3	4	5	6
37) Are you using or helping to develop communication mechanisms to ensure that information is appropriately shared and that student and family confidentiality is protected?	1	2	3	4	5	6
38) Do you actively collaborate with other professionals in your school (other health/mental health providers, educators, administrators)?	1	2	3	4	5	6
<b>Principle 10: Mental health programs in the school are coordinated with related programs in other community settings.</b>	not at all in place					fully in place
<b>COMMUNITY COORDINATION</b>						
39) Are you knowledgeable about existing mental health and related resources for students in the school and community and is this information readily available in a directory that can be broadly shared within the school?	1	2	3	4	5	6
40) Are you working closely with other community health and mental health providers and programs to improve cross-referrals, enhance linkages, and coordinate and expand resources?	1	2	3	4	5	6

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Figure 14. School Mental Health Quality Assessment Questionnaire, page 1

However, for the evaluation of KidsMatter, the framework for the development of an Implementation Index was based on the Domitrovich et al. (2008) dimensions of fidelity, dosage and delivery, as presented in Table 10. This Index was developed specifically for the KidsMatter Evaluation (Dix et al., 2010) and was successfully used to differentiate between high and low performing schools (Dix et al., 2011).

The cells of Table 10 contain information about the indicators used to measure each dimension of the framework and further work is needed to develop an appropriate Index for the changing context of the implementation as KidsMatter is disseminated nation-wide.

Table 10. The KidsMatter Implementation Index framework

	Teacher Views	KidsMatter Coordinator Views
<b>FIDELITY</b> <i>Degree to which an intervention is conducted as planned</i>	<i>7-Step Implementation Process; Delivery of SEL curriculum</i>	<i>Site visit to assess standards</i>
<b>DOSAGE</b> <i>Specific units of an intervention and resources</i>	<i>Time for planning and implementation; Principal participation; Amount of PL</i>	<i>Site visit to assess standards</i>
<b>DELIVERY</b> <i>Engagement with the process and support responsiveness</i>	<i>Teacher Rating of PL; Parent engagement</i>	<i>Site visit to assess standards</i>

As mentioned previously, in relation to Barriers to Sustainability, when educational initiatives are implemented in a real school setting, key aspects may be modified and deleted. This can weaken the program’s objectives and strategies, as well as weakening its overall effects (Lee et al., 2008). It is important to monitor the implementation of KidsMatter and to link this monitoring to the program’s manual in order to ensure that the initiative is being implemented as intended (Jaycox et al., 2006). Monitoring can also guide improvements to the implementation of KidsMatter by identifying success factors in the quality of the initiative’s implementation (Shek et al., 2009). An example of a self-assessment tool is presented in Table 11, and is based on the Four Components of KidsMatter. It has been designed so that the results can be used by school staff to: design annual action plans, make decisions in the school, assess change over time, build staff awareness of areas of strength and weakness in the implementation of KidsMatter, and plan staff development activities. Details of the survey administration are provided in Appendix 5.

Table 11. KidsMatter self-assessment survey

Current status			Feature	Priority for improvement		
In place	Partially in place	Not in place		High	Med	Low
			<b>KidsMatter area</b>			
			<b>A positive school community</b>			
			1 There is a sense of belonging and inclusion within the school community			
			2.The school feels welcoming and friendly school			
			3. There is collaborative involvement of students, staff, families and community in school			
			<b>B. Social and emotional learning for students</b>			
			1 An effective social and emotional learning curriculum is taught to all students			
			2 There are opportunities for students to practise and generalise social and emotional skills			

C. Parenting education and support			
			1. There are effective parent and teacher relationships
			2. Parenting information and education is provided
			3. There are opportunities for families to develop support networks
D. Early intervention for students at risk			
			1. Early intervention for mental health difficulties is promoted
			2. There are accepting attitudes towards students having mental difficulties
			3. There are processes in place to address the needs of students who are at-risk of experiencing mental health difficulties.

## DISSEMINATION PHASE 7: INCENTIVE

During the consultation process for this scoping paper, schools were asked if they valued some form of certification or other visible recognition for meeting quality assurance benchmarks.

- 78% indicated, yes they would value some form of certification, with the clear message that it should have levels (eg. bronze, silver, gold) and areas (eg. The four components) of quality build into the certification.
- 22% responded, no or they were unsure.

## Developing Quality Assurance Benchmarks

Askill-Williams, Dix, Slee & Lawson (in review) established that schools that were at least 'Average' at implementing KidsMatter, had a significant albeit small impact on improving students' social and emotional competencies. Schools that were rated as 'Low' implementers on the Index, showed no significant impact. The benchmarks should then be set according to 'Average' schools, as shown in Figure 15. Schools were examined on aspects of engagement, the components, staff attitudes, etc. and according to Index Group, rated on a scale of Strongly disagree (1) to Uncertain (4) to Strongly Agree (7). Apart from teachers' attitudes to SEL (which they all report high on) there are distinct differences between school groups. The findings from the graph explain why Low performing schools did not improve students' SE competencies on the basis of the large difference for C2: SEL (Component 2). The last item (rseddecile) is an ABS measure of SES and could be interpreted to mean that high performing schools are affluent schools. In terms of the four components, engagement and professional development, a score of 5.5 (on a scale of 7) is suggested as an appropriate benchmark.

### Quality Assurance for KidsMatter Primary

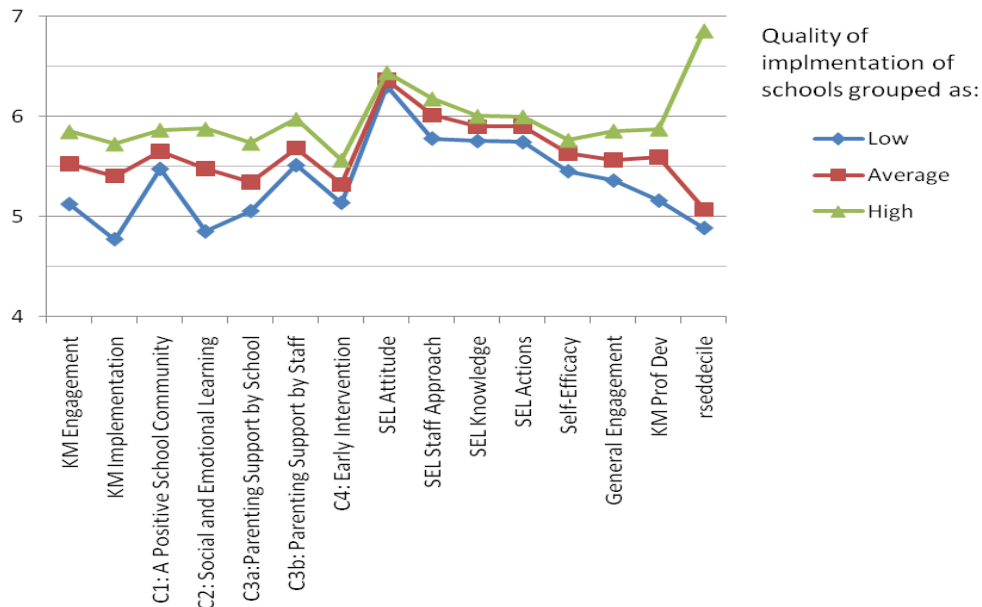


Figure 15. Assessing an appropriate benchmark for average schools

## SUMMARY: QUALITY ASSURANCE FRAMEWORK FOR KIDSMATTER PRIMARY

In the preceding sections, consideration has been given to the seven elements of the Dissemination model outlined earlier in Figure 1. Aspects of these seven steps have been identified in various parts of the literature reviewed, but in this scoping paper we have drawn the elements together to highlight the contribution that each make to effective quality assurance. These elements have been captured and summarised to form the preliminary development of a Quality Assurance Framework for KidsMatter, presented in Table 12, which aligns the key elements of the Dissemination model described earlier, including possible measures, rating methods, participants and timelines.

Table 12. KidsMatter Quality Assurance Framework (preliminary)

	Items/Tools	Respondent	Data type	Frequency	
Promotion	Event data - promotion dates, distribution, web-hits	Phone call-centre enquires	KidsMatter management	date, numeric	real-time
	Hotline	How did you hear about KidsMatter? [open ended]	Principal	text	real-time
Readiness	Demand (attendance numbers, registration)	Readiness to become a KidsMatter School Form	KidsMatter Management	numeric	real-time
	< 4 on each item, support school to better prepare	> 4 on each item, school can proceed to register	Principal	numeric, text	real-time
Adoption	Online Registration Form	School background & context data	Principal	numeric, text	real-time
	Briefing Satisfaction Survey	Program reach	Participants (School leadership)	numeric, text	real-time
	background characteristics	Participants	Participants	numeric, text	real-time
Implementation	Action Team - number and positions	Staff meetings – time in staff meetings	Action Team	numeric, text	real-time
	Teacher Professional Learning	Attendance	Teachers	numeric, date	real-time at PL
		Staff Knowledge items	Teacher	numeric	real-time at PL
		Staff Behaviour items	Teacher	numeric	real-time at PL
		Quality of professional learning items	Teacher	numeric	real-time at PL
		Parenting support and involvement	Teachers	numeric	real-time at PL
		Quality of online resources items	Public/Teachers	numeric	real-time
	'Critical friend'		Action Team	numeric, text	annually
	Implementation Index (Fidelity, Dosage, Quality)	School strategic plans, policies, and procedures	Action Team & KM Coordinators	numeric	annually
		4 Component mapping tool	Action Team	numeric	annually
		Outreach to agencies	Action Team	numeric	annually
		Curriculum	Teachers	numeric	real-time at PL
		Identifying Students 'at risk' – teacher non-clinical identification, monitoring of late arrival to school, truancy, sick days, sudden change in academic performance, misbehaviour, time-out.	Action Team – school counsellor	numeric, date	real-time
	Student outcomes (SDQ, NAPLAN, etc)	School administration records	numeric	annually	
	Teachers	Teachers	numeric	annually	
Sustainability	Fidelity, Dosage, Quality, Adaptation, Responsiveness	Action Team	numeric	annually	
Monitoring	School-wide Benchmarks of Quality	Action Team	numeric	annually	
Incentive	Implementation Index	Action Team & KM Coordinators	numeric	annually	



## OTHER KEY ISSUES IN DEVELOPING A QUALITY ASSURANCE FRAMEWORK

The identification of other key issues that should be considered in establishing and sustaining a national model for quality assurance include, accommodating schools that partially implement KidsMatter, developing a system that can be extended to accommodate Services in the early childhood context, jurisdiction issues, ethics consent and data safeguards. Other barriers and facilitators to undertake the development and review processes of the quality assurance system are also discussed.

### Accommodating quality assurance for school that partially implements KidsMatter

From our consultation with school leadership, it was clear that many schools were not implementing all aspects of the KidsMatter framework. Moreover, discussions with KidsMatter personnel estimated a three-year cycle in order to completely implement KidsMatter. Accordingly, the development of benchmarking standards should recognise different process levels of implementation, and different content areas of implementation.

### Jurisdiction issues and ethics

School leadership was asked to identify any specific challenges for their school associated with ethics procedures. This is a summary of their concerns.

- We haven't had any problems in the past, although not all participants return the information.
- Making sure parents have a clear understanding of what is being collected and for what purpose. There are still some parents who have a stigma for the words "Mental Health".
- Parental consent is an issue - parents are reluctant to respond to questionnaires etc as they don't want to fill in lengthy forms - then often as a result do not give consent for their children to participate in programs/evaluations. The original process of the completing of forms 2x a year I think put a lot of parents off.
- Photo permission for students, media permission for students to promote in newsletters, on line etc
- Gaining parent consent for surveys, protecting student and family privacy, time, apathy.
- Parental surveys are hard to collect and often we do not get good response rates. Staff are very supportive but incredibly busy and have many demands on their time. Our KidsMatter Action team is excellent but it is hard to get everyone together to meet because of other demands. Parents are also on this team so meetings need to fit around their availability
- If the request has gone through ethics central then we will undertake parent and student data collection as a matter of course.

### Data safeguarding

It would be a requirement of the service provider, that the data collection, analysis and dissemination would be managed confidentially along with appropriate measures of security and appropriate standards of ethics.

## Monitoring the Quality Assurance System

In order to ensure that quality assurance effectively identifies schools, a long-term research model should be developed as a feedback mechanism. This could take the form of case studies in selected high and low implementing schools to identify the barriers and facilitators that are consistent across settings.

## RECOMMENDATIONS

No matter how good the intervention or the science behind it, no matter how good the implementation strategy, efforts to promote change in any complex system are very likely to fail unless the change effort has the support and active involvement of the people who live in that system. (Backer, 1994, p.4)

Taking account of the extensive literature review undertaken and data gathered, both from consultation and the KidsMatter evaluation, establishing a quality assurance framework is essential for KidsMatter as part of its emphasis on ensuring there is an evidence-base upon which the dissemination of the initiative Australia-wide can be founded. The research completed for this scoping paper highlighted the imperative for consultation amongst key stakeholders, the agencies responsible for the KidsMatter suite of projects and, importantly, amongst the Federal Departments of Education (DEEWR) and Health (DOHA).

Recommendations resulting from the consultation process are:

1. Develop a designated working group within KidsMatter Primary to address matters relating to quality assurance.
2. Consider adopting the 'KidsMatter Dissemination Model' and 'KidsMatter Quality Assurance Framework' to guide the process of quality assurance.
3. Revise the framework, guidelines and the procedures for evaluating and reviewing the 'programs' that are recommended to schools as part of the mental health initiatives they undertake. Particular attention should be paid to their evidence base along with fidelity, dosage and delivery aspects of the recommended programs.
4. Develop a centrally administered secure online interface that allows
  - a. School leadership and staff to provide data about their school, themselves and their students,
  - b. KidsMatter Coordinators to enter information about a school, and
  - c. School leadership to have access to and be able to retrieve their own data that contains:
    - identifiable student-level data, for the purpose of identifying at risk students,
    - de-identified teacher-level data that schools can use for their own purposes, and
    - a school-level report emailed to school leadership containing aggregated data for quick information access.
5. Consider the issue of ethics relating especially to informing key stakeholders and protecting their anonymity and confidentiality.

6. Develop a protocol for informing caregivers of any concerns regarding the mental health of their child(ren) identified as part of KidsMatter.
7. Collect online data from school leadership and teachers annually at a time convenient for the school, e.g. coinciding with other annual reporting processes and integrated as part of the reflective process.
8. Provide support (e.g. online or phone) when required from a region-based KidsMatter Coordinator, in addition to an annual or bi-annual site visit to provide support and undertake aspects of quality assurance
9. Develop a 'Mental Health Map', for a school that can be identified at the review process to formally track progress.
10. Develop suitable screening tools or checklists to identify 'students at risk' for mental health issues. These tools should be designed to avoid the need for teachers to make decisions they do not feel qualified to make.
11. Develop simple tools to independently assess and benchmark progress on the Four Components, with clear guidelines as to the resources available for improvement.
12. Develop an online network system and annual gatherings to facilitate communication between KidsMatter schools – sharing 'best practice'.
13. Develop 'hand-over' procedures so that when there is a change in KidsMatter coordination/leadership, schools are aware of the change and the new coordinator is sufficiently informed. The procedures should aim to minimise disruption to the quality of support provided.
14. Develop a certification system based on levels or standards or benchmarks (eg. bronze, silver, gold) that are independently achievable in the four component areas.
15. Develop an accredited (e.g. university) delivered course to maintain the quality of pre-service and in-service teacher professional learning related to KidsMatter.
16. Monitor the quality assurance system through long-term case-study research (e.g. in selected school sites).
17. Review existing national data sets pertaining to those collected on children and young people (e.g. NAPLAN) that might inform the KidsMatter initiative
18. Consider the matter of the sustainability of KidsMatter, especially in relation to its resourcing, as it is implemented in Australian schools.
19. Consider the role of students/young people in the KidsMatter Initiative - their engagement with and enjoyment of the initiative and in this regard establish a KidsMatter student consultative group of young people to consult around matters of mental health.
20. Consider developing procedures and measures for monitoring the quality of implementation.
21. Develop a menu of incentives that could be used as part of an accreditation process for schools wishing to become a KidsMatter school.

## APPENDIX 1: LITERATURE REVIEW

### **Quality assurance in education**

The literature has been investigated to identify what is known about quality assurance in education. There is an exploration of educational change and reform, assessing educational change, factors influencing the implementation of new programs in education before a short discussion of a practical way of promoting change in educational practice in classrooms. This is followed by a case study of a large scale intervention in the US and a case study of the implementation of a similar intervention in Australia. Finally, there is a short discussion of quality assurance in Australian Early Childhood Services.

### **General approaches to quality assurance in education**

Allias (2009) described traditional ways of monitoring and improving quality in education in terms of using external examinations, systemic evaluations of the standard of education in schools and in the country as a whole, as well as inspection to monitor the quality of teaching as well as general aspects of schools.

The National Quality Council (2009) presents a different way of looking at quality assurance by outlining three major components of quality assurance: the input, outcome, or retrospective approach. Quality Assurance using the input approach has a focus on the procedures used in the assessment process such as: detailing minimum qualifications for assessors, developing a code of practice, having common assessment tasks, and providing professional development. Quality Control uses the outcome approach and aims to ensure consistency in interpretation and application of competency standards. Quality Review has a retrospective approach involving the review of assessment processes and procedures. It seems that Quality Assurance for KidsMatter Primary needs to incorporate the best of these approaches but also develop quality assurance mechanisms that consider the context of schools in which the program is implemented and support for school staff implementing the program.

### **Debates about quality assurance in education**

Allias (2009) explained that quality assurance in education is not straightforward but is contested. The debates focus on considering defining the product (e.g., improved mental health) or the audit conundrum that considers who should judge the quality of the product. If the answer is that experts should do this, the difficulty is that it is not always clear who the 'experts' are. There is also the difficulty of deciding whether the stated objectives are the correct ones. The question is also asked: How do we know Quality Assurance improves quality? Quality Assurance systems are costly and complicated for educational institutions to implement so could be argued that money would be better spent targeting factors that affect quality in educational institutions such as improving the salaries of teachers. Importantly, Allias (2009) cautions that quality assurance organisations have to be careful that they are not adding unnecessary bureaucratic burdens to the organisations they are monitoring, and that they can justify their requirements through some kind of evidence.

### **Change in education**

When considering change in education, Resnick (2010. p.195) argues that it is important to pay attention to how education organisations function as well as to how individuals learn when new policy is designed. She outlines the policy triangle to guide policy design in

educational settings. This consists of human capital (teacher knowledge and skill, teacher beliefs, instructional leadership), social capital (the quality of the professional community, and an effort-based instructional culture), and instructional tools and routines (having available appropriate assessments, curriculum and materials, and professional development) (Resnick, 2010, p.190).

Resnick (2010, p.195) asserts that attempts to design education organisations and test those designs empirically in a continuous cycle are still rare. She stresses that increased policy interest in curriculum specific instructional practices will only be successful if we can learn how to embed detailed curriculum guidance in organisational designs that support the complex socio-cognitive practices of participants and the diversity of students in schools (Resnick, 2010. p.195).

### **Education reform**

Since the 1970's there have been 3 waves of education reform that are based on different paradigms and theories of education effectiveness (Cheng,2003). The first wave of 'Internal Quality Assurance' has a focus on the use of quality indicators such as students' academic achievements, attendance, personal development and staff professional qualifications. The assumption here is that the nature and quality of the institutional process will determine the quality of output and the achievement of goals. The focus is on internal improvement. The second wave of reform has a focus on the satisfaction of stakeholders with education services including education process and outcomes. Accountability to the public or key stakeholders is important. The focus is on high quality student intake, better qualified staff, and improved staff-student ratios. In this wave the satisfaction of the stakeholders is used to assess quality. Cheng's third wave of educational reform has a focus on leadership, people management, strategic quality planning, students' educational results and impacts on society. The emphasis is upon education quality for the future to equip constituents to meet coming challenges. The focus in the third wave is on learning how to think, learn and create. Cheng (2003, p.7) argues that: "future quality assurance refers to the efforts for ensuring the relevance of aims, content, practices, and outcomes of education to the future of new generations in a new era".

An outline of the change process is presented in Prochaska and Di Clemente's (1982) in their 'stages of change trans-theoretical model' (cited in Bradshaw, Debnam, Koth, & Leaf, 2009). The stages in the model are: contemplation; preparation; action; and maintenance. Each stage in the model is characterized by a set of attitudes, behaviours and tasks that need to be fulfilled before one can move to the next stage.

### **Specifying a model against which change is measured**

Domitrovich et al. (2008) state that there is general consensus in the field that prevention programs implemented in schools outside of efficacy trials or highly controlled research studies are typically not implemented with high quality (Domitrovich et al. 2008, p. 7). Further to this they argue that little consideration is generally given to the influence of contextual factors at multiple levels on the quality of program implementation.

There has been a shift in research priorities from efficacy to implementation and dissemination. Accompanying this is the need to ensure high quality implementation of an intervention model and the corresponding support system to sustain it. Domitrovich et al. (2008) go further and describe a three-level framework for considering the implementation

quality of school-based interventions. Domitrovich et.al (2008, p.7) present a multilevel model for considering contextual factors that may affect either directly or indirectly, the implementation quality of school-based interventions. The model recognises influences at the macro-level of federal, state and district level policies; the school-level, and the individual-level of students and teachers. Domitrovich et al. (2008, p.7) describe implementation quality as “the discrepancy between what is planned and what is actually delivered when an intervention is conducted’ and assert that it is important to specify the model against which actual practice will be measured. In addition to specifying the model for an intervention, Domitrovich et al. state that its corresponding support system should also be specified and monitored to ensure replication with high-quality implementation. Both the intervention and support system should be standardised and specified in terms of the core content elements and the delivery model.

### **Considerations during the implementation of new programs in schools**

Many high quality programs fail to take adequate steps to monitor and verify program integrity thus weakening the conclusions that can be drawn regarding any program outcomes and reducing the likelihood that replications will resemble the original program (Domitrovich & Greenberg, 2000, p.194). It is important that those who are implementing new programs in naturalistic settings such as schools are able to do so with quality and fidelity to the original program so that they achieve successful outcomes (Domitrovich & Greenberg, 2000). It often happens that the outcomes of new programs are assessed although little attention is given to assessing any aspects of the implementation process (Domitrovich & Greenberg, 2000, p.197).

Domitrovich and Greenberg (2000) carried out a study into effective programs that prevent mental disorders in school-aged children. The study used four verification procedures including: fidelity and adherence (i.e., whether key components of the intervention were delivered as prescribed); dosage (i.e., the amount of the service delivered); participant responsiveness (i.e., degree of participant satisfaction or involvement), and program differentiation (i.e., verify content of experimental conditions). They concluded that fidelity and dosage were the two aspects of implementation that were monitored most often, indicating that the involvement of students and the content of the delivered program were monitored less frequently.

Dane and Schneider (1998 cited in Domitrovich & Greenberg, 2000) examined program integrity for school-based interventions conducted between 1980 and 1994 and found intervention effects when trained observers, rather than service providers, gathered data.

### **Supporting the implementation of new programs**

A support system is needed for effective implementation of educational interventions. Teachers need to be able to learn about the intervention and delivery strategies through active learning that includes observation, meaningful discussion, practice, and reflection (Domitrovich et al. 2008 p.10). Domitrovich et al (2008) propose that in-classroom or out-of-classroom mentoring is a promising professional development strategy that improves the behavioural and educational outcomes of school-based interventions beyond those achieved through traditional instructional workshops. They suggest that mentors and coaches are able to provide support and encouragement to classroom teachers, and that it is performance feedback in particular that is the critical element contributing to the success of this professional development strategy.

## **Changing classroom practice**

When new programs are implemented in schools, teachers need to develop their understanding of the content as well as strategies to develop it. Resnick (2010, p.193) describes coaching to enhance teachers' content knowledge, pedagogical knowledge as well as their skills and beliefs. These influence teachers' classroom content coverage, their instructional quality and in turn influence student engagement. Resnick (2010) outlines a 'kerneling' process in which formal routines are embedded in an institution so they can give rise to the next generation of practices or routines. These routines are similar to the externally introduced routines but not identical to them. Resnick's kerneling routines are designed to deliberately displace standard routines of practice so that change in educational practice is supported. In this way teachers are learn to modify their practices through observing other teachers, being observed, and receiving feedback.

## **Case study of a large scale intervention: SWPBIS in the US**

This section of the report discusses an international example the School-wide Positive Behavioral Interventions and Support program (SWPBIS also known as PBIS and SWPBS) that is in varying stages of being adopted in nearly 8,000 schools in the USA (Spaulding, Horner, May, & Vincent, 2008). A number of quality assurance assessments have been developed to promote the sustainability of SWPBIS in American schools.

### **The SWPBIS**

George, White, and Schlaffer, (2007) described the School-wide Positive Behavior Support (SWPBS) as a multi-level approach for creating safe school environments. It is grounded in a team problem-solving approach. It has three conceptual levels of interventions, the first of which is primary or universal interventions which aim to meet the needs of most students within a school while reinforcing three to five positively stated school rules. The secondary level targets students exhibiting significant risk factors and works with them to develop social skills instruction. The secondary level has mentoring programs to assist students maintain their new skills. The tertiary level is appropriate for a small percentage of students (1%-5%) who have long-standing, persistent behaviour problems. These students participate in individualised interventions, based on functional behavioural assessments (George et al. 2007).

New curriculum materials were bought to assist teachers to develop their skills to carry out this program. Extra preparation periods were added to their schedules and teaching teams were formed to deliver instruction. George et al. (2007) stressed the importance of the program having a clear rationale to provide guidance for future action by giving those involved in the school-wide initiatives a common goal to achieve. Two questions designed to guide the rationale and promote a shared vision for staff in schools were: What is it we hope to achieve? and What is achievable?

### **A whole school prevention model**

"A whole school model is successfully implemented when teachers are empowered to act within the boundaries of the shared vision and expectations that they actively worked to develop, when they hold each other accountable, and when they work together to continuously improve the system" (Fullan, 2003, cited in George et al. 2007 p.48).

Barrett, Bradshaw, and Lewis-Palmer (2008) describe Positive Behavioral Interventions and Support (PBIS) as a whole-school prevention strategy that alters the school environment by creating improved systems such as discipline, reinforcement, and data management, as well as procedures like collecting office referral data, training, and team-based decision making in order to promote positive changes in student and teacher behaviours. Importantly, Barrett et al. (2008) argue that evaluation findings suggest that an efficient state-wide structure for promoting high-fidelity implementation of PBIS has been developed.

The PBIS has a continuum of behaviour supports that provides a structure for organizing resources, interventions, and systems within and across schools. The continuum is comprised of three prevention levels: primary, secondary and tertiary (Barrett, Bradshaw, & Lewis-Palmer 2008). Primary interventions are school-wide and include classroom management systems and practices that prevent the development of non-adaptive social behaviour and promote the development of pro-social skills (Barrett, Bradshaw, & Lewis-Palmer 2008). The second level of secondary interventions is targeted interventions to address the educational needs of students who are at risk of academic and/or social behaviour failure. At the third level are tertiary interventions which are specialized individualised interventions providing specific behaviour supports to students with emotional and behavioural challenges as well as to their families (Sugai & Horner, 2006 cited in Barrett, Bradshaw, & Lewis-Palmer 2008).

### **School Leadership in SWPBIS**

Leadership is described as an important aspect of the successful implementation of the School-wide Positive Behavior Support (SWPBS) as described by George, White, and Schaffer (2007). In the early implementation of the SWPBS program school administrators managed nearly every aspect of the program. They led initial assessments, conducted preliminary research, articulated a rationale for change in their schools, created the vision, rallied support from their staffs, and managed the collection and use of school-wide data.

George et al. reported that another interesting development was the emergence of a small group of key leaders in each staff who became involved in all aspects of the change effort. George et al. described these leaders as 'cheerleaders' for change. They also performed the important function of mentoring staff who needed additional support. George et al. concluded that these small-group leaders are critical for sustaining long-term implementation of change efforts. (George et al., 2007, p.48)

### **Promoting sustainability of the intervention**

George et al. reported that the most important resources for school staff implementing the School-wide Positive Behavior Support (SWPBS) were time and training. Teachers received training in research-based methods to assist them to implement the program. School-wide teams developed structures to support the implementation of their new skills in everyday practice. Then changes in daily practice were supported by teachers changing their own behaviour and developing new routines and methods. These new methods became embedded in their teaching repertoires and institutionalised over time in the school settings (George et al. 2007) thus promoting sustainability of the intervention.

Sustainability of the SWPBS was further promoted when agreements reached among staff during the planning and implementation program were codified and written into the schools'



policy and procedures manuals. These documents could then provide the basis for training newly recruited teachers to the schools (George et al. 2007).

“Through time, training, and experience, teachers and other school personnel learned that the key to changing student behaviour is to first change staff behaviour” (George, White, Schlaffer, 2007, p.49).

### **Three nested levels of support for SWPBIS**

Barrett, Bradshaw, & Lewis-Palmer (2008) described three nested levels of support for schools implementing the PBIS. These are the state-wide PBIS leadership team, the PBIS state management team and the PBIS advisory group. The state-wide PBIS leadership team used the ‘implementers blueprint’ to guide coordination and support for the implementation, training, and sustainability of PBIS on both the district and school levels (Bradshaw et al. 2008). Monthly meetings were held in which the team discussed the status of trained schools and reviewed all training and support material and procedures used in the state-wide implementation. The team had the task of overseeing multiple aspects of the initiative, including training, coaching, evaluation, dissemination activities, and event planning (Bradshaw et al. 2008)

At the next level of coordination and support, the PBIS state management team worked more directly with schools to review their progress with implementing the program and troubleshooting problems. The state management team communicated regularly with school systems’ behaviour support coaches, developed training, monitored evaluation data from the project, and did strategic planning related to visibility, marketing, and public policy. The state management team also developed the state’s 5-year PBIS action plan and annual progress report, maintained a Web page, prepared a semi-annual newsletter, and the agenda for larger state leadership team meetings while also maintaining communication with the National PBIS Centre (Bradshaw et al. 2008).

At the third level of coordination the PBIS advisory group provided district level coordination by providing local support and leadership for sustaining the implementation. It has immediate access to schools (Bradshaw et al. 2008) and was involved in preparing and reviewing summary reports of PBIS evaluation data at the district level and in using this information for local decision-making.

Bradshaw et al. (2008) outline the role of the PBIS behaviour support coaches which are another important feature of the district-level coordination. Coaches received advanced training on PBIS concepts, strategies, and evaluation and served as liaison between the school and the region and the state. They received specialised training in PBIS functional behavioural assessment, and intensive supports for higher needs students. They provided support and technical assistance for many schools within a region. Previous research on prevention models has documented the importance of on-site technical assistance for ensuring high program fidelity and has highlighted the positive impact this has on student outcomes (Elliott & Mihalic, 2004 in Barrett et al. 2008). In fact, coaches were considered essential for the success of the PBIS initiative (Bradshaw et al. 2008).

Another important aspect of the third level of coordination is school-level coordination which has been carried out by the PBIS team in the school consisting of four or five teachers, administrators, team leaders and an external PBIS behaviour support coach. The school team provided leadership within the school for the implementation of PBIS as well as the

selection of targeted interventions for non-responding students. The team reviewed regularly school office discipline referral (ODR) data summaries to become familiar with patterns and trends and then used these data to develop intervention plans on both an individual and school level (Barrett et al. 2008, p. 107)

### **Assessing implementation fidelity of SWPBIS**

The state leadership team for PBIS developed a logic model to guide the state's evaluation activities. The model describes anticipated changes and helps guide evaluation activities by summarising the necessary inputs, program activities, outputs, and outcomes (Barrett et al. 2008). An evaluation plan has been developed to identify both process and outcome indicators. Importantly, the plan outlines formative and summative evaluation activities on the state, school, and student levels. A database has been set up so that evaluation forms can be submitted on-line by the state's PBIS evaluation coordinator.

Barrett, et al.( 2008 p.109) detail the implementation fidelity measures that have been set up to monitor school-level PBIS implementation and the coaching process. The forms include: *Team Implementation Checklist*, *Coaches Checklist*, *School-wide Evaluation Tool (SET)*, and the *Implementation Phases Inventory (IPI)*. These evaluation measures are available on [www.pbismaryland.org/forms.htm](http://www.pbismaryland.org/forms.htm).

The *Team Implementation Checklist* has 26 items designed to assess information about activities related to the critical features of the PBIS model such as monitoring the schools' progress in implementing their PBIS action plan. This self-assessment tool has been designed to be completed by the team leader and the PBIS team members on a monthly basis for a new school, and on a quarterly basis for schools implementing the program over a longer period. Items are rated as either *achieved*, *in progress*, or *not started* (Barrett, et al. 2008).

The *Coaches' Checklist* provides ongoing information about the coaches' ability to help school teams implement the critical features of the PBIS model. It is a self-assessment to be completed by each coach monthly for new school coaches and quarterly for schools that have been running the program for longer. An answer of yes or no indicates the presence or absence of each feature. Analysis of the checklist can determine whether coaches are receiving the support they need to perform their core coaching activities (Barrett, et al. 2008 p.109).

The *Schoolwide Evaluation Tool (SET)* is a research-level measure of fidelity based on two to three hours of direct observation of positive behaviour support systems and practices within a school by an independent observer who reviews school material such as discipline referral forms as well as observing the school environment. The observer interviews the school principal and randomly selects students, teachers, and staff to briefly interview about the PBIS program in the school (Barrett, et al. 2008 p.110).

Barret et al.(2008) report that use of the SET in the state of Maryland has enabled administrators to review scores from across the state and make pre and post comparisons of the level of PBIS implementation fidelity following training of staff in PBIS.

The *Implementation Phases Inventory (IPI)* was designed to be completed twice a year by the PBIS behaviour support coach. It was developed to document a school's specific phase of PBIS implementation and chart the school's progression toward maintenance and

sustainability of the program in terms of preparation, initiation, implementation and maintenance (Barret et al., 2008).

### **School-wide Positive Behaviour Support (SWPBS) Evaluation Blueprint**

Algozzine et al. (2010) described the School-wide Positive Behavior Support (SWPBS) *Evaluation Blueprint* that was designed to provide those who are developing Evaluation Plans and Evaluation Reports with a framework for: addressing evaluation questions that may be most useful; selecting evaluation measures and measurement schedules that practically meet the needs of local decision-makers, and using evaluation information for active decision-making at the school, district, region, and state levels.

Algozzine et al propose a model for addressing evaluation questions using repeated cycles of core indicators that address considerations about the context ( e.g., who, where, when, why) in which implementation of SWPBS is occurring. The model details the input (e.g., what) that is directing implementation of SWPBS, the fidelity with which core elements of SWPBS are in place (e.g, how), and the impact of the core elements on SWPBS on the social and academic behaviour of students (e.g., what difference is expected or achieved).

In the evaluation of SWPBS questions related to replication, sustainability, and continuous improvement are addressed.

Algozzine et al. (2010) detail the following evaluation questions that could be asked:

#### **Context**

- 1.What are/were the goals and objectives for SWPBS implementation?
- 2.Who provided support for SWPBS implementation?
- 3.Who received support during SWPBS implementation?

#### **Input**

4. What professional development was part of SWPBS implementation support?
5. Who participated in the professional development?
6. What was the perceived value of the professional development?

#### **Fidelity**

7. To what extent was SWPBS implemented as designed?
8. To what extent was SWPBS implemented with fidelity?

#### **Impact**

9. To what extent is SWPBS associated with changes in student outcomes?
10. To what extent in SWPBS associated with changes in academic performance, dropout rates and other areas of schooling?

#### **Replication, Sustainability, and Improvement**

11. To what extent did SWPBS implementation improve capacity for the state/region/district/ to replicate SWPBS practices, sustain SWPBS practices, and improve social and academic outcomes for students?
12. To what extent did SWPBS implementation change educational/behavioural policy?
13. To what extent did SWPBS implementation affect systemic educational practice?

Algozzine et al. (2010) argue that successful completion of SWPBS evaluation requires selecting measures and measurement schedules that practically meet the needs of local

decision-makers. Further to this they recommend that the information collected as part of the evaluation should be used to construct local, regional, and state evaluation dissemination documents and presentations.

### **Assessment of treatment integrity and outcomes at the school level**

Cohen, Kincaid and Childs (2007) described a tool intended to measure the implementation of the SWPBS. The tool titled *School-wide Benchmarks of Quality* (BoQ: Kincaid, Childs, & George, 2005 cited in Cohen et al. 2007) is used by school personnel to self-evaluate the degree of fidelity with which they are implementing essential aspects the SWPBS program. Each element of the SWPBS corresponds to one of the 10 subscales of the BoQ instrument that include: PBS team; Faculty Commitment; Effective Discipline Procedures; Data Entry; Expectations; Rules; Reward System; Lesson plans; Implementation Plans; Crisis Plans; and Evaluation.

Research has shown the School-wide Benchmarks of Quality for SWPBS to be a reliable, valid, efficient, and useful instrument for measuring the degree of implementation of the first or universal level of Positive Behavior Support (PBS) application within individual schools (Cohen et al. 2007). School staff are able to use the BoQ because it can be scored accurately with little training, it has a precise scoring criteria for each item, it requires as little as 10 minutes to complete, and it gives consistent results suggesting that it is a reliable and valid tool regardless of the person using it (Cohen et al. 2007, p. 211). Cohen et al. (2007, p. 211) conclude that evaluation tools that have established psychometric properties as well as practical applications will assist personnel to model data-based decision making at the local, district, state and federal levels.

### **Promoting sustainable change in schools**

Ervin et al. (2007) described the development and implementation of SWPBS and detail how area regional school consultants and university researchers partnered with four elementary schools in an effort to enhance each school's capacity to implement evidence-based practice and decisions at primary, secondary and tertiary levels as they try to promote behavioural competence. The project used strategies and tools designed to promote and sustain the use of evidence-based practices and data-driven problem solving. It included continuous progress monitoring of systemic variables and student behavioural outcomes and used these to guide systemic reform efforts (Ervin et al. 2007).

A project team, comprised of two school practitioners from regional areas containing participating schools and three university faculty was set up to facilitate implementation within schools and coordinate activities across schools participating in a larger project. At the school level there was a school improvement team consisting of principal, counsellor, special educator, reading specialist, and four to five general education teachers as well as support from a university partner. The job of the team was to support implementation and develop capacity for localised problem solving (in the school). A school development team developed implementation strategies, communicated to school staff via meetings, in-service days, email and a Web site. It provided personal follow-up by project personnel. Ervin et al. (2007) reported that initially the school improvement team met before school and then shifted to half-day meetings each month to work on follow-up tasks that allowed them to focus more on project activities. The project funded substitute teachers to provide release time so that teachers could attend meetings about the SWPBS.

Ervin et al. (2007) detailed the stages of implementation the SWPBS across a six year period which included: 1999-2000 Creating readiness; 2000-2001 Creating readiness and establishing data systems; 2001-2002 Initial implementation of universal supports; 2002-2003: Implementation of Universal supports and creating readiness for selected/indicated problem solving and supports; 2004-2005: Institutionalization and Continued Evolution. The first stages of creating readiness covered three years and involved seeking staff support for the school's involvement in SWPBS, staff training in school improvement, decision making using data for localised needs assessment, school-wide problem solving and formative evaluation (Ervin et al. 2007).

Reflecting on the implementation of the SWPBS, Ervin et al. (2007) recommended that in future generalisation and maintenance would need to be considered. They explained that consideration should be given to whether interventions should be adopted with fidelity or adapted to meet local school contexts. It could be that it is schools can more faithfully adapt interventions that are focussed on general principles rather than on specific practices that should be carried out.

### Case study of a large scale intervention: SWPBS in Australia

Although School Wide Positive Behaviour Support (SWPBS) has been operating in the USA for more than 20 years it has only recently been taken up in Australia in the states of Queensland, Tasmania, and New South Wales. In Australia SWPBS aims to improve students' academic and behaviour outcomes by ensuring all students have access to the most effective and accurately implemented instructional and behavioural practices and interventions possible. It provides an operational framework for achieving these outcomes. (<http://www.det.nt.gov.au/teachers-educators/students-learning/safety-wellbeing/behaviour>, 2010). The Australian SWPBS emphasises evidence-based practice which provides data for decision making systems that efficiently and effectively support implementation of the SWPBS practices.

The SWPBS website has a number of supporting documents that schools can use. These include:

- The SWPBS *Team Implementation Checklist* (Versions 2.0a and 3.0) each of which is used by teams to guide activities. It is updated monthly during the initial implementation process of the SWPBS
- The *Schoolwide Evaluation Tool* is generally completed annually. However, in the early implementation phase it is conducted before the intervention begins and then 6-12 weeks after SWPBS has been implemented.
- The *Effective Behaviour Support* (EBS) self-assessment survey is completed by all staff annually (preferably in February and November).The results are used to design annual action plans for the school.

### Quality Assurance in Early Childhood Services in Australia

Early childhood services in Australia have an alternative approach to quality assurance (National Childcare Accreditation Council Inc. (NCAC, 2001-2002) that is shown in the development of the Quality Assurance system for Outside School Hours Care Services.

The report by the National Childcare Accreditation Council Inc. (2001-2002) outlines the broad objective of the Quality Improvement and Accreditation System's (QIAS), Quality Assurance (QA) System, as being to ensure that children in child care services have stimulating, positive experiences and interactions that foster all aspects of their development. The quality assurance systems that have been set up focus on setting child care quality standards and assisting services to implement strategies to improve their quality of care.

The five steps of the QA systems of the NCAC (2002, p.7) are listed as:

**Step 1: Registration**

Services receive a first time registration in the form of a *Certificate of Registration* along with a registration kit containing all the necessary documents for the service to progress through the quality assurance system.

**Step 2: Self-Study and Continuing Improvement**

Each service makes a self-assessment on a cyclical basis of the quality of its practice by consulting with all staff and families at their service. Each centre evaluates the quality of its practice against services outlined in the QIAS Source Book (2001) for each of 10 Quality Areas and 35 Principles.

The results of the self-assessment are summarised in the Self-Study Report and submitted to the NCAC by a due date. The Self study Report includes the services' ratings of its own performance against all Principles as well as a Continuing Improvement Plan for each of the 10 Quality Areas or 6 Quality Elements. Fully accredited services are required to submit a Self-Study Report to the NCAC every two-and-a-half years.

**Step 3: Validation**

Peer evaluators visit each service to validate its quality practices against a Validation Report. This is based on the standards outlined in the QIAS *Source Book* or a *Quality Practices Guide*. The next part of step 3 is for validators to visit each centre and observe its care practices, sight any necessary documentation and complete the Validation Report. The validators also collect the *Validation Surveys* completed by staff, carers and families during the weeks prior to the Validation Visit, and return them to the NCAC together with the *Validation Report*

**Step 4: Moderation**

The process of Moderation has been set up to ensure that all services participating in the quality assurance system are treated consistently on a national basis. Moderators assess the quality of each service's practice, guided by information from the Self-Study Report, the Validation Surveys and the Validation Report. Moderators also consider information from the service's Validation Evaluation Form when available.

**Step 5: Accreditation Decision**

To be accredited, a service must achieve a rating on the composite Quality Profile of Satisfactory or higher in all 10 Quality Areas for QIAS or six Quality Elements on an alternative assessment (Tainton, 2005).

## Factors identified as relevant to the quality assurance of KidsMatter

What factors are identified in the literature, as relevant to quality assurance of the KidsMatter?

The framework set out in Table 13 is developed from the research literature showing the key elements of quality assurance for KidsMatter. The aim of developing the framework of quality assurance elements, is to use it as a base for developing an inventory, that could be used by school staff, to rate their school on its implementation of KidsMatter content and process. The core aspects of the framework were derived from the literature, and include quality assurance elements described by Domitrovich et al (2008); Shek et al (2009); Dane and Scheider cited in Lee et al (2008); Melde et al (2006); and Jaycox et al (2006). Questions have been developed for each quality assurance element and these could form the basis of a monitoring system for KidsMatter process and content. The questions shown for each element of quality assurance have been developed as a possible way of monitoring the implementation of KidsMatter process and content. The results of the inventory are to be used to develop feedback loops for recommendations to improve the quality of KidsMatter process and content implementation.

The framework shown in Table 4 identifies key elements of quality assurance of KidsMatter as: (1) adherence to specified KidsMatter process and content implementation; (2) assessing process in terms of monitoring dosage and quality of delivery of KidsMatter; (3) specification of KidsMatter content that is vital and those aspects that are adaptable to local school contexts; (4) dimensions of fidelity; (5) levels of fidelity in the implementation of KidsMatter process and content.

Table 13. Framework of quality assurance inventory for KidsMatter Primary

QA elements	Research /Authors & description	
Adherence to specified KidsMatter implementation of process & content	Shek- Identifying successful factors in program implementation quality guides how the program can be improved.	
*Pre-implementation training for school readiness	Domitrovich- argued that it is important to improve schools' and implementers' readiness for implementation of a new program. There could be a staff-focussed study to examine the impact of pre-implementation trainings that incorporate principles of mindfulness to reduce stress and promote emotional insight.	1. Is your school ready to undertake KidsMatter? (no, somewhat, yes)
National level	Domitrovich-Federal, state and district level policies → KidsMatter policies, expectations, content resources etc	2. How does KidsMatter fit into the education policy of your state? (not at all, somewhat, yes it fits well)
School level & Leadership	Domitrovich-looked at characteristics of the school and the classroom Understanding the organisational context of schools is critical for the implementation and sustainability of interventions because children, teachers and school staff are all embedded in this shared environment.	3. Does KidsMatter fit in with your current school priorities? (no, somewhat, yes)

**Quality Assurance for KidsMatter Primary**

<b>QA elements</b>	<b>Research /Authors &amp; description</b>	
Individual Student & teacher level	Domitrovich-Traits such as sociability, extroversion, agreeableness, conscientiousness, and individualization are characteristics associated with positive implementation outcomes.	<p>4. How much knowledge of KidsMatter do teachers have in your school? (very little, some knowledge, a great deal of knowledge)</p> <p>5. How committed to implementing KidsMatter are the teachers in your school? (not at all, somewhat, very committed)</p> <p>6. How are the students engaging with or responding to KidsMatter? (not well, some engaging well/ some not , all engaging and responding well)</p>
Support system	Domitrovich- A support system (this could include support from schools, educational systems, KidsMatter Management) is needed for effective implementation. Teachers need to have training that involves opportunities for active learning through observation, meaningful discussion, practice, and reflection. Professional development can include the use of a knowledgeable coach to mentor school staff implementing the new program. Peer support could also be encouraged.	<p>7. Has your staff learnt about implementing KidsMatter by discussing classroom strategies and reflecting on the ones that will be successful in your school?</p>
Mentoring teachers	Domitrovich-Mentoring that includes in classroom coaching and out-of-classroom consultation is a promising professional development strategy that improves the behavioural and educational outcomes of school-based interventions beyond those achieved through traditional instructional workshops. Mentors and coaches seem to provide support and encouragement and the performance feedback provided by coaches may be the critical element contributing to the success of this professional development strategy.	<p>8. Do you have a teacher in the school who is giving you useful advice and feedback about implementing KidsMatter? (no, some assistance given, frequent advice and feedback is given)</p>
Process: Dosage of KidsMatter content	Domitrovich- record the specific units of an intervention or amount of time a participant is exposed to an intervention.	<p>9. Are you covering all of the units in each KidsMatter area? (no, sometimes, yes)</p>
Process: Quality of delivery of KidsMatter content	Domitrovich, Lee -Specific intervention components are covered and there may be generalisation of the core concepts.	<p>10. Are you covering the most essential parts of each KidsMatter area? (no, sometimes, always)</p>
School wide (climate of school)	Jaycox- difficulties in implementing programs could be to do with lack of familiarity with the schools involved in the projects, the need to learn how school systems operate and competing with more important school priorities. Engagement from top administration, and the burden on schools must be small. Meetings with top administrators are essential to gain initial approval.	<p>11. Does the school have other priorities that it must address that get in the way of spending time on KidsMatter areas? (no, sometimes, frequently)</p>
Group (student & teacher)	Jaycox- c) Maintain contact with school staff members who will be involved in the project d) keep the burden on school staff members to an absolute minimum g) build flexibility into the implementation plan, allowing time in the project schedule and adequate staffing to deal with unexpected changes h) be sensitive to schools' cultures.	<p>12. Do you have staff members who are actively assisting staff to implement KidsMatter? ( no, sometimes, yes)</p> <p>13. Have you planned how you will handle unexpected interruptions to implementing KidsMatter? (no, make decisions on the spot, yes there is a plan)</p>



**Quality Assurance for KidsMatter Primary**

<b>QA elements</b>	<b>Research /Authors &amp; description</b>	
Adherence to specified KidsMatter content implementation	Shek-Examine program adherence, students' participation, instructors' quality, classroom management, and delivery skills as process variables relating to the overall program implementation quality and success.	14. Do classroom management issues impede your KidsMatter lessons? (no, occasionally, often)
Written into school policy	Shek-A school policy governing program integration into the formal curriculum was found to be a vital process variable facilitating program implementation.	15. Does your school policy have KidsMatter written into it? (no, don't know, in the process of doing this, yes)
Instructor success	Shek- Instructor (teacher) determines quality of implementation of the program Student interest in attending the lessons.	16. Are you interested in learning about the KidsMatter content areas? (no, some of the areas, yes interested in all areas) 17. Are your students interested in learning about the KidsMatter content areas? No, some are, yes all are)
Lesson preparation	Shek- Teachers need to give positive feedback and support to students, to create space for students' reflection, and to prepare well for the lessons.	18. Do students in your class have a chance to reflect or think about issues covered in KidsMatter lessons? (no, sometimes in class, sometimes out of class, yes always)
Vital and adaptable content components	Melde-There needs to be clarity about vital versus adaptable program components	19. Do you know well the core content for each KidsMatter area? (no, some of it, yes I know all of it)
Specify content	Domitrovich- Critical content needs to be specified, then it is possible to assess the degree to which an adaptation deviates for the model.	20. How often have you adapted some of the KidsMatter content so that it is relevant to your school and class? (never, make some adaptations, I often adapt content)
Core elements clear	Domitrovich- Specifying the core elements of the intervention and the support system is critical to understanding implementation and identifying which core elements are related to outcomes	21. Have you needed to change assessment tasks because you have adapted core KidsMatter content? (no, in only a few areas, yes)
Monitor fidelity to program's manual	Jaycox- Monitoring an intervention to ensure it is implemented as intended with tracking of fidelity to the program's description or manual	22. Do you plan your lessons based on the content outlined in the KidsMatter implementation folder? (no, sometimes, always)
Adherence to core content	Shek- Program adherence needs to be monitored and achievement of program objectives	23. Are you confident that the students in your class are achieving the KidsMatter objectives set out in the folder? (no, a few are achieving the set outcomes, all are achieving the set outcomes)
Dimensions of fidelity in implementation of KidsMatter process and content	Domitrovich, Shek, Dane & Scheider in Lee, Melde Monitoring intervention to ensure that the program is implemented as intended-refer to manual Dimensions of fidelity in implementation of KidsMatter process & content (Shek)	
Fidelity of Process Exposure	Shek-Record the number of sessions (hours) delivered in relation to the amount prescribed by the program protocol.	24. How well does the time you spend on KidsMatter compare with the amount of time specified in the KidsMatter folder? (not at all, sometimes similar, always the same)
Adherence	Shek-A minimum number of strategies should be established for each component & shown in manual.	25. How often do you use the lesson strategies from the KidsMatter folder? (not at all, sometimes, always)

**Quality Assurance for KidsMatter Primary**

<b>QA elements</b>	<b>Research /Authors &amp; description</b>	
Quality of delivery	Shek-Staff should be prepared to conform to program goals and delivery techniques.	26. Are you working to the KidsMatter goals ? (no, sometimes, always) 27. Are you using suggested KidsMatter ways of delivering the content? (no, sometimes, always) 28. How much time do you spend time planning each KidsMatter lesson? (5 mins, 15 mins, more than 45 minutes)
Participant responsiveness	Shek-Response to participants (including level of participation) and staff enthusiasm should be recorded.	29. How much student participation is there in each lesson? (very little, some, almost all) 30. How enthusiastic are you, as a staff, about KidsMatter? (Not at all, some are enthusiastic, all are very enthusiastic).
Program differentiation	Shek-It is important to use positive and supportive feedback. Students should have the opportunity for reflection and teachers should use this to assist them prepare lessons. Teachers should consider the degree to which they are achieving the objectives.	31. How often do you use positive or negative feedback to help you plan your lessons? (never, sometimes, often) 32. Do you believe that you are achieving the KidsMatter objectives for each area? (Not at all, somewhat, completely)
Levels of fidelity of process of implementation	Melde- A process evaluation allows verification of what is actually being delivered to the program audience, as well as the degree to which it resembles the intended delivery of the program ( program fidelity).	33. How much are you using the KidsMatter folder to guide the way you implement each KidsMatter area? (not at all, sometimes, always use it)
Levels of fidelity Process: High	Melde- Teachers deliver the lessons in the manner intended and effectively manage the classroom environment.	34. How much classroom time do you spend on KidsMatter each week school?(no time, half hour, more than 40 minutes) 35. Are you delivering the KidsMatter lessons as they are described in the folder? (no, somewhat, yes)
Levels of fidelity Process: Medium	Melde-Time management and classroom management issues consistently interfere with the proper implementation of the program.	36. Do behaviour management issues interfere with your work on KidsMatter areas? (no, sometimes, always)
Levels of fidelity Process: Low	Melde- The process evaluation can document the dosage level of the treatment delivered and assess its relationship with the observed response of the recipient.	37. Do you use the KidsMatter material in the folder as a curriculum guide rather than as prescribed lessons (no, sometimes, often)
Fidelity of content implementation	Melde, Lee-Teachers may modify or delete key program components	38. Have you modified any of the KidsMatter areas? (no, a few things modified, many modifications have been made) 39. Have you deleted any of the content in the KidsMatter areas? (no, some of it, much of it deleted)
Levels of fidelity of content: High/Medium/Low	Melde- Schools should deliver all recommended material Melde- schools may not implement the program as intended.	40. How much of the KidsMatter content do you get through in the recommended time? (none, most of it, all of it) 41. Are you able to take more time working on KidsMatter if you need it? (no, sometimes, yes)
Quality of implementation of KidsMatter process	Each element of the KidsMatter process is monitored and then respondents make a final comment on process implementation. Feedback loops for recommendations are made for improved quality of KidsMatter process implementation	42. How would you rate the way you have been supported to implement KidsMatter? (no support, adequate support, good support, excellent support)

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Quality Assurance for KidsMatter Primary

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QA elements	Research /Authors & description	
Quality of implementation of <i>KidsMatter</i> content	Each element of <i>KidsMatter</i> content implementation is monitored and respondents make a final comment on content implementation. Feedback loops for recommendations are made for improved quality of <i>KidsMatter</i> content implementation	43. How would you rate the way you have implemented the content of the four areas of <i>KidsMatter</i> ? ( little content implemented, some content implemented, most content)

## APPENDIX 2: EXPERTS CONSULTED

<b>Name</b>	<b>Organisation</b>
Heather Parkes	National Business Manager, Principals Australia
Jeremy Hurley	KidsMatter Primary National Coordinator, Principals Australia
Prof. Kostas Mavromaras	Director, National Institute of Labour Studies, Flinders University
Steve Green	Manager, Licensing and Standards, Department of Education and Children's Services, South Australia
Marilyn Visnjic	Project Officer, Regulation, Policy and Planning, Department of Education and Children's Services, South Australia
Dr John Ainley	Deputy CEO: Research, Australian Council for Educational Research (ACER)
Dr Alisdair Daws	Software Development Manager, Australian Council for Educational Research (ACER)
Dr Barry Soraghan	Senior Project Director Assessment Services, Australian Council for Educational Research (ACER)
Dr Ralph Saubern	General Manager, Schools Programs Assessment Services (ACER)
Dr Michele Lonsdale	Principal Research Fellow, Program Evaluation (ACER)
Lana Jankowiak	KidsMatter Primary Coordinator - South Australia
Caroline Buckley	KidsMatter Primary Coordinator - Victoria
Dr Petra Lietz	Senior Research Fellow, Australian Council for Educational Research (ACER)
Dr Sharon Goldfeld	National Director of the Australian Early Development Index program
David Engelhardt	AEDI: Adjunct Senior Research Fellow, Division of Health Sciences, University of South Australia
Sally Brinkman	AEDI: Telethon Institute for Child Health Research, Perth

## APPENDIX 3: KIDSMATTER EVALUATION FOLLOW-UP RESEARCH PROCEDURES AND QUESTIONNAIRES

### Administration of Stage 1 Screening email

- The Stage 1 screening email will be sent to the generic email address of the school, addressed to the school principal.
- As email replies are received, the respondents name and direct email, along with their responses will be collated in a secure excel spreadsheet.
- Schools that have not replied in the first instance will be phoned, to check that they received the e-mail.
- Response to this initial invitation is taken as consent to participate in Stage 1.
- There will be no further contact with schools for Stage 1 screening beyond this initial email and/or phone call.
- Only those schools that indicate that they are still implementing KidsMatter (we do not know how many schools but estimate it could be about a third of the original 100) by responding YES, will be invited to participate in the Stage 2 email.

### Administration of Stage 2 Consultation email

- The direct email addresses of Stage 1 participants will be used to administer the Stage 2 email and letter of information and consent.
- As email replies and consent are received, the responses will be collated to form a de-identified dataset using a school ID code, maintained in a secure excel spreadsheet. The respondent will receive a 'thank you' email upon reply.
- Schools that have not replied in the first instance to this second stage will be phoned to encourage participation and gain consent.
- If participants wish to undertake a phone interview rather than complete the email questionnaire, their responses will be noted (not recorded) by the interviewer and emailed back to the respondent for their confirmation using the original Stage 2 email questionnaire format. Respondents have the option of revising their responses.
- There will be no further contact with schools for Stage 2 Consultation beyond this email and/or phone call.
- No participant or school will be identifiable in the final report.
- The data collected in this study is intended for informing the Scoping study and not for publication.

### KidsMatter Evaluation Follow-up: Stage 1 Email Questionnaire

Whether or not you personally were part of the original evaluation of KidsMatter, we would be most appreciative if you could take a moment by replying to this email in response to several follow-up questions:

Is your school still involved with KidsMatter? [ ] YES or [ ] NO

If YES, please briefly indicate why your school is continuing to use KidsMatter (eg. it's a priority, committed staff, meets your school's needs).

If NO, please briefly indicate why your school is no longer using KidsMatter (eg. change in leadership, time factors, curriculum issues, shift in priorities, lack of support and funding)?

It would be helpful if you could also provide the following information:

What is your position in the school? \_\_\_\_\_

How long have you been at this school? \_\_\_\_\_

**KidsMatter Evaluation Quality Assurance: Stage 2 Online Questionnaire**

1. What kind of information related to KidsMatter would be useful for informing school decisions regarding improving student mental health and wellbeing? (eg. Progress on the 4 components, identifying students at risk, greater uptake of staff on PL related to mental health)

2. How often would it be manageable to collect KidsMatter information?  
 Bi-annually     Annually     Other \_\_\_\_\_
3. How would you prefer such information to be collected?  
 By school personnel     By an external assessor     Other \_\_\_\_\_
4. How would it be most easily collected?  
 paper     online     interview     observation     Other \_\_\_\_\_
5. Please rank in order of importance the contributors to the collection of KidsMatter information? (1=most important)  
 leadership     teachers     parents     students     KM Coordinator     Other
6. Identify any specific challenges for your school associated with ethics procedures? (eg. gaining parent and staff consent)

7. Who is in the best position to analyse the KidsMatter information collected?  
 school personnel     external national organisation     Other \_\_\_\_\_
8. How should the information be made available to your school? (you can tick more than one)  
 raw data  
 identifiable results at the individual level  
 de-identified results at the school level  
 Online website  
 Email report  
 Other \_\_\_\_\_

9. During this year, has the contact you've received from your state-based KidsMatter Coordinator (Project Officer) been:  
 Very Poor/None    Poor    Barely Acceptable    Good    Very Good
10. Would your school value some form of certification or other visible recognition for meeting quality assurance benchmarks?  
 Yes    No    Unsure   Please comment: \_\_\_\_\_

## APPENDIX 4: REASONS WHY SCHOOLS CONTINUED OR DID NOT CONTINUE WITH KIDSMATTER

Theme	Reasons why schools continued KidsMatter
Valuing the philosophy of the KidsMatter Framework	<ul style="list-style-type: none"> <li>● We truly believe in the philosophy of KidsMatter and have continued including KidsMatter throughout school life.</li> <li>● KidsMatter is a whole school focus of our staff, students and parent community.</li> <li>● We are constantly looking for ways to enhance school culture, to teach socio-emotional skills, to promote parent support and education and to identify and look for avenues of support for students at risk.</li> <li>● We realise the importance of families and school working together to help children reach their potential.</li> <li>● The four components of KidsMatter are embedded into our school plan for 2009 - 2011. The whole school community recognises the importance of promoting positive mental health.</li> <li>● School priority in student wellbeing, meets needs.</li> <li>● It is one of our school's priorities to keep the KidsMatter initiative going.</li> <li>● Implementing all components and has had great results.</li> <li>● We value a whole-school approach and KidsMatter is the best thing we've ever been involved in.</li> <li>● Being involved in the KidsMatter initiative gave us a comprehensive and focussed framework for improvement in the Student Wellbeing area of our schools priorities.</li> <li>● Affirms what they already do and provides a good framework.</li> <li>● Some of the things/events/ideas we initiated with the KidsMatter banner were worth keeping!</li> <li>● KidsMatter is an embedded approach and attitude that this school takes pride in supporting, reviewing and implementing. Its made a difference to our staff, students, families and community and we continue to build on what we learned during the 2 year pilot. We are keen to share our learnings with other schools and have done so on many levels including individual and team school groups visiting and presenting at a regional principal conference.</li> </ul>
Strong focus on SEL curriculum	<ul style="list-style-type: none"> <li>● Our whole school still participates in weekly SEL lessons. As part of the initiative our school purchased the Bounce Back program and this is the basis of our weekly SEL lessons.</li> <li>● The staff are committed to the use of the KidsMatter resources with Bounce Back resources being key to social and emotional learning.</li> <li>● It is a major focus on our site learning plan included in our Wellbeing section.</li> <li>● We have purchased "Bounce Back" resources and use these across the school. We also have the supporting picture books to go with the lessons.</li> <li>● KidsMatter has become embedded in the curriculum. Doing bounce back.</li> <li>● The staff are committed in using the Bounce Back program (one of our KidsMatter Initiatives) to help improve the students self esteem and resilience.</li> <li>● We are currently reviewing our Student Welfare policy and Anti Bullying policies, we are implementing the You Can Do It program across the school as well as anti bullying lessons in response to an anti bullying audit.</li> <li>● Have developed own program based on You can do it and Bounce Back.</li> <li>● Teaching SEL is a priority</li> <li>● Bounce Back implemented in weekly curriculum and well resourced.</li> </ul>
Financial support	<ul style="list-style-type: none"> <li>● We also received a substantial amount of money as part of the BER program and so this has helped as well.</li> <li>● Still involved but not as much as in the past. Have recently received small grant towards.</li> </ul>



### Quality Assurance for KidsMatter Primary

Theme	Reasons why schools continued KidsMatter
School community and parent engagement	<ul style="list-style-type: none"> <li>● KidsMatter made us aware of the importance of Component 1, Positive School Community and we are still adding things to our school to further enhance it, so that it looks welcoming.</li> <li>● We have found the KidsMatter initiative to be beneficial to student wellbeing and community involvement. It enhances relationships and adds a great deal to our school welfare and wellbeing program.</li> <li>● We continue to promote parent and community involvement.</li> <li>● We promote KidsMatter at our parent meetings and have parent buddies as part of the "welcoming school" aspect of the program. Parents think this is great.</li> <li>● KidsMatter parent Committee meet twice per term working on Parent Education &amp; Support and Welcoming school Community.</li> </ul>
Academic outcomes	<ul style="list-style-type: none"> <li>● We see the students and the community's wellbeing as a very important aspect of improving the students learning.</li> </ul>
Visibility	<ul style="list-style-type: none"> <li>● Our banner is proudly displayed in the foyer, staff wear the badges, KidsMatter information is included in the newsletters regularly, etc</li> <li>● Sending out fortnightly newsletters and hold weekly meetings.</li> </ul>
Useful resources	<ul style="list-style-type: none"> <li>● KidsMatter resources provide us with very valuable tools in each of the four areas.</li> <li>● The component plans provide us with an ongoing mechanism for determining the which initiatives matter.</li> </ul>
Time and Support	<ul style="list-style-type: none"> <li>● Having it on the agenda at staff meetings.</li> <li>● As a staff we commit one staff meeting each term to KidsMatter so that it is always in the forefront of our school planning. It also gives us the opportunity as a staff to discuss the needs of individual students or families in need.</li> <li>● We have an excellent KidsMatter team of leaders who plan, prepare and run the programs in conjunction with the leadership staffing team.</li> <li>● Key players still involved.</li> </ul>
Early intervention	<ul style="list-style-type: none"> <li>● We work with other agencies to help families, we are becoming extremely aware of children and families with mental health issues and work at destigmatising mental health.</li> </ul>
Ongoing PL	<ul style="list-style-type: none"> <li>● Attending conferences to update knowledge</li> </ul>
Maintained priority	<ul style="list-style-type: none"> <li>● We have lost staff and parents who were in the original team but we are definitely still working to improve mental health in our school community.</li> <li>● KidsMatter is a priority despite some of the pioneering staff having left.</li> </ul>
Theme	Reasons why schools did not continue
Changing priorities	<ul style="list-style-type: none"> <li>● Our priorities are still Student Mental Health and Wellbeing however the priority has shifted to; Curriculum, Shine SA, Sexual Health, and Child Protection.</li> <li>● Sadly the direction of the college changed. Moved away from a focus on wellbeing. Some staff within the college are being creative within this environment and still implementing KidsMatter principles and ideas where they can. Reluctant to talk further.</li> </ul>
Competing priorities	<ul style="list-style-type: none"> <li>● We have only 2 Pastoral Care lessons per week due to the New SACE which has limited our Health and Wellbeing teaching time in class with students.</li> </ul>
Leadership change	<ul style="list-style-type: none"> <li>● Leadership change, but they are still doing many aspects of KidsMatter.</li> <li>● We are involved in using the resources identified and keeping the intention of the initiative but with leadership changes, staff changes and a shift in the school priorities, Kids Matters has not been the focus that it initially was.</li> <li>● New Principal</li> <li>● Key contact person, on long service leave.</li> <li>● Change in leadership and some of staff team.</li> </ul>
Structural change	<ul style="list-style-type: none"> <li>● Merged with another school</li> <li>● Have lots of building work going on at the moment</li> </ul>

**Quality Assurance for KidsMatter Primary**

Theme	Other issues
Change in KidsMatter Coordinator	<ul style="list-style-type: none"> <li>● Still doing but have not had follow up since KidsMatter Coordinator left. No contact from new person.</li> <li>● Still a school priority but have not had as much to do with new Project Officer.</li> <li>● A change of coordinator at the state level may have had an impact on schools involvement in KidsMatter.</li> <li>● Having difficulty getting some one from KidsMatter to come out to the school.</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>● Still doing but in a modified format.</li> <li>● Not so active this year, one leading member has been sick. Still considering core values in their work.</li> <li>● Not doing as much as in the past but still there. Main driver currently on maternity leave.</li> </ul>
Labelling	<ul style="list-style-type: none"> <li>● We don't however refer to all these things as KidsMatter even though they fall under it.</li> <li>● Doing 'You Can Do It' program but not labelled as KidsMatter.</li> <li>● We are still doing many aspects of KidsMatter - just not labelling it KidsMatter.</li> </ul>
Lack of visibility and promotion	<ul style="list-style-type: none"> <li>● Did not know that KidsMatter still existed! Has had no contact since state coordinator left. Thought that KidsMatter died a natural death and was disappointed that KidsMatter seemed to finish. Haven't seen any PR of KidsMatter. Suggested that KidsMatter needs to be more active in promoting program.</li> </ul>

## APPENDIX 5: EXAMPLE OF A SELF-ASSESSMENT SURVEY FOR KIDSMATTER

The survey summary is used to develop an action plan for implementing and sustaining the four areas of KidsMatter. This is completed by all staff annually (preferably in February and November). When the survey has been completed the results are summarised and used for a variety of purposes including:

1. annual planning
2. internal decision making
3. assessment of change over time and
4. awareness building of staff

KMPSAS is based on: O'Kelly et al. (2006), which was adapted from: Sugai et al. (2001).

**Purpose of the survey:** The KMPSAS is used by school staff for initial and annual assessment of effective behaviour support systems in their school. The survey examines the status and need for improvement of four KidsMatter areas:

### A positive school community

1. Sense of belonging and inclusion within the school community
2. Welcoming and friendly school
3. Collaborative involvement of students, staff, families and community in school

### B. Social and emotional learning for students

1. Effective social and emotional learning curriculum taught to all students
2. Opportunities for students to practise and generalise social and emotional skills

### C. Parenting education and support

1. Effective parent and teacher relationships
2. Provision of parenting information and education
3. Opportunities for families to develop support networks

### D. Early intervention for students at risk

1. Promotion of early intervention for mental health difficulties
2. Attitudes towards mental difficulties
3. Processes for addressing the needs of students who are at-risk of experiencing mental health difficulties.

## Conducting the KMPSAS

Initially, the entire staff in a school completes the KMPSAS. In subsequent years and as an on-going assessment and planning tool, the KMPSAS can be completed in several ways:

- All staff at a staff meeting
- Individuals from a representative group
- Team member-led focus group

## When and how often should the survey be completed?

Since the survey results are used for decision making and designing an annual action plan in the four areas of KidsMatter, most schools would need to complete the survey at the end or beginning of the school year.

### How is the survey completed?

1. Allow 20-30 minutes to complete the survey and complete it independently
2. Base your ratings on your individual experiences in the school. If you do not work in classrooms, answer questions that are applicable to you.
3. Put a tick or cross on the left side of the page for current status and the right side of the page for the priority level for improvement for each feature that is rated as partially in place or not in place and then rate the degree to which improvements are needed (i.e., *high, medium, low*) (right hand side of survey).

To assess level of implementation of KidsMatter, first evaluate the status of each system feature (i.e., in place, partially in place, not in place) (left hand side of survey).

Next examine each feature:

- a. 'What is the current status of this feature (i.e., *in place, partially in place, not in place*)?'
- b. For each feature rated partially in place or not in place, "What is the priority for improvement for this feature (i.e., *high, medium, low*)".

### Summarising the Results from the KMPSAS

The results of the KMPSAS are used to (a) determine the status of KidsMatter in a school and (b) guide the development of an action plan for improving KidsMatter. The resulting action plan can be developed to focus on any one or combination of the four KidsMatter areas.

Three basic phases are involved: (a) summarise the results, (b) analyse and prioritise the results, and (c) develop the action plan.

#### Phase 1: Summarise the results

The objective of this phase is to produce a display that summarises the overall responses of the school staff for each system on (a) the status of KidsMatter features and (b) improvement priorities.

Step 1a. Summarise survey results on a blank survey by tallying all individual responses for each of the possible six choices.

Current status			Feature	Priority for improvement		
In place	Partial in place	Not in place		High	Med	Low
x x x 3	x x x x 4	X 1	<b>A positive school community</b> There is a sense of belonging and inclusion within the school community	x xxxx 5	X x xx 4	X 1

Step 1b. Total the number of responses by all staff for each of the six possible choices.

Step 1c. For each aspect, calculate a total summary by counting the total number of responses for a column and dividing that number by the total responses for the row. Then multiply by 100 to get a percentage.

Step 1 d. Create a bar graph showing the total items summary of percentages for each of the six choices. Complete the KMPSAS by graphing the current status and priority for improvement for each of the four system areas.

This provides a general summary for the current status and priority for improvement ratings for each of the four KidsMatter areas.

**Phase 2: Analyse and prioritise the results**

Use the KMPSAS to narrow the focus of Action Plan activities.

1. Use the KMPSAS results to rate the overall perspective of KidsMatter implementation by circling High, Med, Low for each KidsMatter area.
2. Use the KMPSAS Survey tally pages to list the three major strengths in each of the four KidsMatter areas.
3. Use the KMPSAS Survey Tally pages to list the three major areas in need of development.
4. For each system, circle one priority area for focussing development activities.
5. Circle or define the activities for this /next year’s focus to support the area selected for development.
6. Specify systems to sustain and develop.

**Phase 3: Use the KMPSAS Survey Summary Information to develop the KidsMatter Annual Action Plan**

The objective of this phase is to develop an action plan for meeting the school improvement goals. Multiple data sources will be integrated when developing the action plan. The KMPSAS Survey Summary page summarises the KidsMatter survey information and will be useful tool when developing the KidsMatter Annual Action Plan.

**KMPSAS Survey Summary**

Use the KMPSAS Survey Tally page and KidsMatter Survey Summary Graph to develop an accurate summary and determine initial focus area priorities

**Overall perception**

	<b>A. positive school community</b>	<b>B. Social &amp; emotional learning for students</b>	<b>C. Parenting education and support</b>	<b>D. Early intervention for students at risk</b>
1.Using the KMPSAS Survey rate overall perspective of KidsMatter implementation and circle High, Med, Low	High Med Low	High Med Low	High Med Low	High Med Low
2 Using KMPSAS Survey Tally Pages, list three major strengths	A B C	A B C	A B C	A B C
3.Using the KMPSAS Survey Tally pages, list three major areas in need of development 4. For each system circle one priority area for focussing development activities	A B C	A B C	A B C	A B C
5.Circle or define activities for	A      B			

**Quality Assurance for KidsMatter Primary**

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this/next year's focus to support area selected for development	C E	D F			
6. Specify system(s) to sustain and develop					
7. Use KMPSAS Annual Action Planning form for determining management, design and implementation activities in the selected focus area					

## REFERENCES

- Algozzine, B., Horner, R.H., Sugai, G., Barrett, S., Dickey, S. R., Eber, L., Kincaid, D., et al. (2010). *Evaluation blueprint for school-wide positive behaviour support*. Eugene, OR: National Technical Assistance Center on Positive Behavior Interventions and Support. Retrieved from [www.pbis.org](http://www.pbis.org), 23-6-2010.
- Allias, S.M. (2009). Quality assurance in education. *Issues in Education Policy*, 5. Centre for Education Policy Development. Braamfontein, Johannesburg.
- Anderson-Butcher, D., & Ashton, D. (2004). Innovative models of collaboration to serve children, youth, families, and communities. *Children & Schools*, 1(26), 39-53.
- Anderson-Butcher, D., Stetler, G., & Midle, T. (2006). Collaborative partnerships in schools: A case for youth development. *Children & Schools*, 3(28), 155-163.
- Askill-Williams, H., Dix, K.L., Lawson, M. and Slee, P.T. (in review). Measuring the quality of implementation of the KidsMatter Primary School Mental Health initiative. *Evaluation and Research in Education*.
- Askill-Williams, H., Lawson, M. J., & Murray-Harvey, R. (2007). Teaching and learning about mental illness: An Australian perspective. *International Journal of Mental Health Promotion*, 9(4) 27-37.
- Backer, T. E. (2005). *Implementation of evidence-based interventions: Key research issues*. Paper prepared for National Implementation Research Network Meeting. April, 2005.
- Barrett, S.B., Bradshaw, C.P. & Lewis-Palmer, T. ( 2008). Maryland state-wide PBIS initiative: Systems, evaluation, and next steps. *Journal of Positive Behavior Interventions*,10(2).
- Bradshaw, C. P., Debnam, W.K., Koth, C.W., & Leaf, P. (2009). Preliminary validation of the implementation phases inventory for assessing fidelity of Schoolwide Behavior Supports. *Journal of Positive Behavior Intervention*, 11(3), 145-160.
- CASEL. (2006). What is social and emotional learning: Skills and competencies. Retrieved 4-8-2008 from <http://www.casel.org/>
- Cheng, Y. C. ( 2003). Quality assurance in education: Internal, interface and future. *Quality Assurance in Education*, 11(4), 202-213.
- Cohen, R., Kincaid,D., & Elfner Childs, K. ( 2007). Measuring school-wide positive behaviour support implementation. *Journal of Positive Behavior Interventions*, 9(4).
- Cuttance, P. (1995) "Quality Assurance and Quality Management in Education Systems", in Evers, C. and Chapman, J. (Eds) *Educational Administration: An Australian Perspective*, Allen and Unwin, St. Leonards, pp. 296-316.
- Dix, K.L., Askill-William, H. and Lawson, M.J. (2008). Different measures, different informants, same outcomes? Investigating multiple perspectives of primary school students' mental health. In P.L. Jeffery, *Changing Climates: Education for Sustainable Futures*. Australian Association for Research in Education Conference, Brisbane 2008.
- Dix, K.L., Slee, P.T., Lawson, M.J. & Keeves, J.P. (2011). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, in press.
- Dix, K.L., Keeves, J.P., Slee, P.T., Lawson, M.J., Russell, A., Askill-Williams, H., Owens, L., Skrzypiec, G. and Spears, B. (2010). *The KidsMatter Evaluation: Technical Report and User Guide*. Centre for Analysis of Educational Futures, Flinders University. Shannon Research Press, Adelaide.
- Dix, K.L., Shearer, J., Slee, P.T. and Butcher, C. (2010). *KidsMatter for Students with a Disability: Evaluation Report*. Ministerial Advisory Committee: Students with Disabilities, Adelaide.
- Domitrovich, C.E., & Greenberg, M.T. (2000). The Study of Implementation: Current Findings From Effective Programs that Prevent Mental Disorders in School-Aged Children. *Journal of Educational and Psychological Consultation*, 11(2), 193-221.

- Domitrovich, C.E., Bradshaw, C.P., Poduska, J.M., Hoagwood, K., Buckley, J.A., Olon, S., et al. (2008). Maximising the implementation quality of evidence-based preventive interventions in schools. A conceptual framework. *Advances in School Mental Health Promotion*, 1(3), 6-28.
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: a review of research on the influence of implementation on program outcomes and factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82, 405-432.
- Elias, M. J., Zins, J. E., Graczyk, P. A., & Weissberg, R. P. (2003). Implementation, sustainability, and scaling up of social-emotional and academic innovations in public schools. *School Psychology Review*, 32(3), 303-319.
- Epstein, J.L. and Sheldon, S.B. (2002). Present and accounted for: Improving student attendance through family and community involvement. *Journal of Educational Research*, 95, 308-318.
- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation Research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- Giesen, F., Searle, A. and Sawyer, M. (2007). Identifying and implementing prevention programmes for childhood mental health problems. *Journal of Paediatrics and Child Health* 43, 785-789.
- Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40, 1337-45.
- Graetz, B. (2009). Mental health reality in our primary schools. *The Advertiser Newspaper*, October 13, 2009.
- Greenhalgh, T., Robert, G., Bate, P., Macfarlane, F., & Kyriakidou, O. (2005). *Diffusion of innovations in health service organizations: A systematic literature review*. Malden, MA: Blackwell Publishing.
- Greenwald, P., & Cullen, J. (1985). The new emphasis in cancer control. *Journal of the National Cancer Institute*, 74(3), 543-551.
- Herselman, M. & Hay, D. (2002). Quality assurance in the Foundation Phase in the Eastern Cape province: a case study. *South African Journal of Education*, 22(3), 239 – 245.
- Higgins, C., Lavin, T., Metcalfe, O. (2008). *Health Impacts of Education: A Review*. Institute of Public Health in Ireland.
- Jaycox, L.H., McCaffrey, D.F., Ocampo, B.W., Shelley, G.A., Blake, S. M., Peterson, D. J., et al. (2006). Challenges in the Evaluation and Implementation of School-Based Prevention and Intervention Programs on Sensitive Topics. *American Journal of Evaluation*, 27(3), 320-336.
- Joyce, B., & Showers, B. (2002). *Student achievement through staff development (3<sup>rd</sup> ed.)*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Kettler, R.J., & Elliott, S.N. (2010). A brief broadband system for screening children at-risk for academic difficulties and poor achievement test performance: Validity evidence and applications to practice. *Journal of Applied School Psychology*, 26(4), 282-307.
- Lee, C., August, G. J., Realmuto, G.M., Horowitz, J.L., Bloomquist, M.L., & Klimes-Dougan, B. (2008). Fidelity at a distance: Assessing implementation fidelity of the early-risers prevention program in going-to-scale intervention trial. *Prevention Science*, 9, 215-229.
- Littlefield, L. (2008). Towards a comprehensive national early intervention program for children with mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 7 (1). Retrieved 14th September 2009 from <http://auseinet.flinders.edu.au/journal/vol7iss1/littlefieldeditorial.pdf>



- Manchester, A. (2004). Creating healthy school communities: the Health Promoting Schools (HPS) project is now running in at least 360 primary, intermediate and secondary schools throughout New Zealand. In Hawke's Bay, the project is led by the public health nurses and a HPS resource team. (public health). *Kai Tiaki: Nursing New Zealand*, 10(3), 24–25.
- Marshall, B.J., Sheehan, M.M., Northfield, J.R., Maher, S., Carlisle, R., & St. Leger, L.H. (2000). School-Based Health Promotion Across Australia. *Journal of School Health*, 70(6), 251–252.
- Martinez, R.A., Martinez, R., & Perez, M.H. (2004). Children's school assessment: Implications for family-school partnerships. *International Journal of Educational Research*, 41(1), 24–39.
- Mastro, E., Grenz Jalloh, M., & Watson, F. (2006). Come on back: Enhancing youth development through school/community collaboration. (Commentary). *Journal of Public Health Management and Practice*, 12(6), 60–64.
- Melde, C., Esbensen, F.-A., & Tusinski, K., (2006). Addressing program fidelity using onsite observations and program provider descriptions of program delivery. *Evaluation Review*, Vol.30(6), December 2006, 714-740.
- Meyers, A. B., & Swerdlik, M. E. (2003). School-based health centers: Opportunities and challenges for school psychologists. *Psychology in the Schools*, 40(3), 253-264.
- Mukoma, W., & Flisher, A. J. (2004). Evaluations of health promoting schools: a review of nine studies. *Health Promotion International*, 19(3), 357-368.
- Murgatroyd, S. & Morgan, C. (1993). *Total Quality Management and the School*. Open University Press. Philadelphia.
- Murray-Harvey, R. & Slee, P.T. (2010). School and home relationships and their impact on school bullying. *School Psychology International*, 31 (3), 271-295.
- National Quality Council. (2009). *A code of professional practice for validation and moderation*. Workbased Education Research Centre of Victoria University.
- O'Kelly, L., Dawson, W. & Swayn, N. (2006). *EBS Self-Assessment Survey version 2.0*. Department of Education Tasmania and Education Queensland.
- Rathvon, N. (2008). *Effective school interventions: Evidence-based strategies for improving student outcomes*. (2<sup>nd</sup> Edition). New York: The Guilford Press.
- Resnick, L. (2010). Nested learning systems for the thinking curriculum. *Educational researcher*, 39(3), 183-197.
- Reynolds, K.D., & Spruijt-Metz, D. (2006). Translational research in childhood obesity prevention. *Evaluation and the Health Professions*, 29, 219–245.
- Rissel, C., & Rowling, L. (2000). Intersectoral collaboration for the development of a National Framework for health promoting schools in Australia. *Journal of School Health*, 70(6), 248–250.
- Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, 24, 1217-1231.
- Sallis, E. (1993). *Total Quality Management in Education*. Philadelphia; London: Kogan Page.
- Sanders, M.G., & Harvey, A. (2002). Beyond the School Walls: A Case Study of Principal Leadership for School-Community Collaboration. *Teachers College Record*, 104(7), 1345–1368.
- Sanders, M.G. (2001). The role of 'community' in comprehensive school, family, and community partnership programs. *The Elementary School Journal*, 102(1), 19–34.
- Sawyer, M.G., Miller-Lewis, L.R., et al. (2007). The mental health of 13–17 year-olds in Australia: Findings from the national survey of mental health and well-being. *Journal of Youth and Adolescence*, 36, 185–194.

- Schwandt, T. (1990). Paths to enquiry in the social disciplines. In E. Guba (Ed.), *The Paradigm Dialog*. Newbury Park: Sage.
- Shek, D.T.L., Sun, R. C. F., & Kan, V. W. M. (2009). Full implementation of the Secondary 1 Program of project P.A.T.H.S.: Observations based on the Co-Walker Scheme. *The Scientific World Journal*, 9, 982-991.
- Sheldon, S.B. (2007). Improving student attendance with school, family, and community partnerships. *The Journal of Educational Research*, 100(5), 267–276.
- Shonkoff, J.P. & Bales, S.N. (2011). Science does not speak for itself: Translating child development research for the public and its policy makers. *Child Development*, 82(1), 17-32.
- Shortt, A.L., Fealy, S. and Toumbourou, J.W. (2006). The mental health Risk Assessment and Management Process (RAMP) for schools: II. Process evaluation. *Australian e-Journal for the Advancement of Mental Health*, 5(3), 1-12.
- Slee, P.T., Lawson, M.J., Russell, A., Askell-William, H., Dix, K.L., Owens, L., Skrzypiec, G. & Spears, B. (2009). *The KidsMatter Evaluation: Final Report*. Centre for Analysis of Educational Futures, Flinders University, Adelaide.
- Slee, P.T. & Murray-Harvey, R. (2007). Disadvantaged children's physical, developmental and behavioural health problems in an urban environment. *Journal of Social Services Research*, 33, 57-69.
- Slee, P. (2006). *Families at Risk: The Effects of Chronic and Multiple Disadvantage*. Adelaide: Shannon Research Press.
- Stewart, D.E., Parker, E., & Gillespie, A. (2000). An Audit of Health Promoting Schools Policy Documentation. *Journal of School Health*, 70(6), 253–254.
- Stirtz K. (2005). How did you hear about us? Available 30/2/2011 online from <http://www.allbusiness.com/marketing-advertising/strategic-marketing/3875130-1.html>
- Stith, S, Pruitt, I., Dees, J., Fronce, M., Green, N., Som, A. & Linkh, D. (2006). Implementing Community-Based Prevention Programming: A Review of the Literature. *The Journal of Primary Prevention*, 27(6), 599-617.
- Sugai, G. & Horner, R. R. (2006). A promising approach for expanding and sustaining school-wide positive behaviour change. *School Psychology Review*, 35, 245-259.
- Sugai, G., Horner, R. & Todd. (2001). *School-wide Evaluation Tool version 2.0*. University of Oregon: Educational & Community Supports.
- Sugai, G., Horner, R. and Lewis-Palmer, T. (2009). *Team Implementation Checklist v 3.0*. University of Oregon: Educational & Community Supports.
- Tainton, J. (2005). Child Care Quality Assurance in Australia, Paper presented at the Museums Australia National Conference.
- Tett, L., Crowther, J., & O'Hara, P. (2003). Collaborative partnerships in community education. *Journal of Educational Policy*, 18(1), 37–51.
- Tett, L. (2005). School/community partnerships in Scotland. *Education Links*, 69, 37–42.
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., Blachman, M., Dunville, R., & Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41:171–181.
- Warren, M. R. (2005). Communities and schools: A new view of urban education reform. *Harvard Educational Review*, 75(2), 133–174.
- Weist, M. D., Ambrose, M. & Lewis, C. P. (2006). Expanded school mental health: A collaborative community-school example. *Children & School*, 28, 45-50.

