

Evaluation of South Western Sydney Local Health District's Aboriginal Got It! Pilot Program

Final Report, February 2022

A final evaluation report prepared for the South Western Sydney Local Health District. February 2022.

This report was prepared by: Anna Williamson, Carmel Cook, Leonie Burgess, Deanna Kalucy, Janice Nixon and Mandy Cutmore.

February 2022

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Enquiries regarding this report may be directed to the:

Sax Institute
www.saxinstitute.org.au
Phone: +61 2 91889500

Suggested Citation:

Williamson, A, Kalucy, D., Crook, C., Burgess, L., Nixon J., Cutmore, M. Evaluation of the South Western Sydney Local Health District (SWSLHD) Aboriginal Got It! Pilot Program: Final Report. An evaluation conducted by the Sax Institute (www.saxinstitute.com.au) and commissioned by SWSLHD.

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Acronyms and abbreviations

AGI!	Aboriginal Got It!
K	Kindergarten
CGAS	Children's Global Assessment Scale
ECBI	Eyberg Child Behaviour Inventory
FIHS	Factors Influencing Health Status
HoNOSCA	Health of the National Outcome Scale for Children and Adolescents
NSW	New South Wales
PS	Parenting Scale
SDQ	Strengths and Difficulties Questionnaire
SEWB	Social and Emotional Wellbeing
SWSLHD	South Western Sydney Local Health District

Executive summary

I reckon it should be in all schools. It's the best thing out there for Indigenous children, for all people to be able to access to realise the way Aboriginal children work. All schools should do it. (Primary School Parent)

Introduction

Getting on Track in Time – Got It! is an early intervention program designed to reduce the frequency and severity of disruptive behaviours, and ultimately to reduce the incidence of conduct disorder, amongst students from Kindergarten to Year 2 (K–2). An evaluation of the Got It! program in New South Wales suggested that while successful overall, Got It! had variable success in engaging with Aboriginal communities and families and the program did not promote cultural safety [1]. In response to these findings, South Western Sydney Local Health District (SWSLHD) were contracted to develop and pilot an Aboriginal cultural adaptation of the Got It! program. Initial adaptations of the program began in 2018 lead by the SWSLHD Aboriginal Health Team and these adaptations have continued from June 2019 with the introduction of the Aboriginal Got It! team. The Sax Institute was contracted in June 2020 to evaluate the Aboriginal Got It! pilot.

The Aboriginal Got It! program was piloted in 6 sites located within the SWSLHD, 4 primary schools and 2 preschools. The program was run twice at one participating preschool. This final report outlines the findings of the evaluation of all 7 rounds of the pilot Aboriginal Got It! program implemented by SWSLHD.

Purpose of this report

The Sax Institute was engaged by SWSLHD to evaluate the Aboriginal Got It! pilot in SWSLHD and to develop an Aboriginal cultural adaptation toolkit for the program. The purpose of this report is to present the evaluation findings. The Aboriginal cultural adaptation toolkit will be presented separately in July 2022.

Methods

As the current evaluation is of a pilot program, the evaluation questions focus on the feasibility of developing and implementing the program, its acceptability to Aboriginal families, schools and service providers and early indicators of Aboriginal Got It! impact.

The evaluation employed a mixed-methods design. This included analysis of program participation and activity data, routinely collected outcome measure data and surveys of educators at schools and preschools where the program was piloted (n=11) and feedback surveys completed by parents and carers who participated in the targeted program (n=31). The

evaluation also encompassed in-depth qualitative interviews with clinicians from the mainstream Got It! team at SWSLHD (n=2), referring agency staff (n=6 interviews from 6 organisations), the Aboriginal Got It! team (mid and post pilot n=6 on both occasions), 2 community elders and parents and carers who participated in the targeted program (n=23).

Findings

Feasibility

- The Aboriginal Got It! program has been demonstrated to be **feasible to design and implement** by SWSLHD. The Aboriginal Got It! program is a sophisticated and comprehensive cultural adaptation of the original Got It! program that has been successfully delivered despite the significant challenges imposed by the COVID 19 pandemic. To date, 7 rounds of the program have been completed in 6 sites. A total of 38 children and their families (23 from primary school groups and 15 from preschools) have participated in the targeted program across all sites.

Acceptability

- Data suggests that the Aboriginal Got It! program is **highly acceptable to Aboriginal families**. The majority of potentially eligible Aboriginal families in each site completed the initial screening forms (62%), 87% of those offered a face-to-face assessment completed one and 93% of families offered a place in the targeted program entered it. **Very high program completion rates (89%) further indicate high levels of engagement and acceptability.**
- Data collected from participating parents and caregivers, educators at participating schools and preschools, mainstream Got It! clinicians, staff from referring agencies, community elders and the Aboriginal Got It! team were **consistent in indicating high levels of satisfaction with the program.**
- The qualitative data collected was consistent with the participation data in indicating that Aboriginal Got It! was **highly acceptable to all key stakeholder groups**. In particular, it was noted that: the Aboriginal Got It! team were **highly effective in initiating and sustaining high quality engagement with Aboriginal families**; that Aboriginal families felt comfortable and safe engaging with the program; that **shared cultural understanding** (with peers and the Aboriginal Got It! team) and the **cultural responsiveness** of the team were key to this; and that referring agency staff and educators from participating schools and preschools considered Aboriginal Got It! to be an **important and beneficial program** and appreciated the professionalism and partnership approach of the Aboriginal Got It! team.

Early indicators of impact

Data available to date from all sources indicated that **Aboriginal Got It! has made a range of significant, positive impacts**. In particular:

- **Referral to and receipt of services:** 55% of participating children received a new, formal referral from the Aboriginal Got It! team. **Almost all formal referrals made were actioned (98%)** with the support of the Aboriginal Got It! team.

Qualitative data demonstrated that participating families, referring agencies and mainstream Got It! staff all observed the Aboriginal Got It! team to have been **extremely effective in linking participating children (and in some cases their family members) into indicated services and supports using an intensive, case management approach**. Given high levels of unmet need for services among Aboriginal children, this was noted to have been a major benefit of the program and one that distinguished it from most other services and programs (which make referrals but typically provide limited support to families to action them).

- **Significant improvements in child behaviour and social and emotional wellbeing:** Participation in Aboriginal Got It! was associated with **statistically significant improvements** in measures of child behaviour (Eyberg Child Behaviour Inventory) and mental health (HoNOSCA) post program which were maintained at 6-8 month follow up. Strengths and Difficulties Questionnaire scores did not change significantly over time.

Improvements in child behaviour and social and emotional wellbeing were also major themes in the qualitative data, with consistent reports of impacts such as **increased confidence and social skills** amongst children with internalising challenges, **better self-control and ability to think before acting** amongst children with externalising challenges and **greater ability to communicate thoughts and emotions** amongst participating children in general.

Significant improvements in parenting behaviours and parent/child relationships: Participation in Aboriginal Got It! was associated with **statistically significant improvements** in parenting behaviour (Arnold's Parenting Scale) **which were maintained at follow up. Significant improvements in Factors Influencing Health Status (FIHS) were also observed by clinicians over the course of the targeted program**, suggesting participating children were experiencing less 'psychosocial complications' which might impact their health and wellbeing.

Improvements in parenting skills and beliefs and in parent/child relationships were also a major theme in the qualitative data. Participating parents and carers and the Aboriginal Got It! team reported that participants successfully utilised the parenting strategies taught in the program and developed an increased sense of calm and confidence in their parenting skills. Both groups also noted that parent/child relationships were strengthened.

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- **School/Preschool-based impacts:** Educators at participating schools and preschools noted positive outcomes in a range of areas including: **level of behavioural difficulties noted in their classroom** in general as well as among children in the targeted group; their **staff's understanding and management of conduct and emotional problems**; and **participation in cultural activities at the school** among children in the targeted group.
 - **Strengthening or developing new community connections and relationships:** Peer support and connections developed between groups of participating parents and children and participating families became more involved with their children's school or preschool.
 - **Enhancing cultural connection and identity:** Cultural identity and connection was considered a bedrock of good social and emotional wellbeing by respondents. Aboriginal Got It! reportedly provided a significant opportunity for families to strengthen, explore and celebrate their culture and identity.

Critical success factors

The Aboriginal Got It! pilot program has been demonstrated to be successful. The forthcoming Cultural Adaptation Handbook will provide more information on how the Got It! program was culturally adapted by the SWSLHD team. Here we highlight some of the critical success factors that emerged in the data to help inform future programs:

- **The Aboriginal Got It! team:** The AGI team were consistently reported to be exceptional in terms of their dedication, caring and knowledge (cultural, community and professional). They were noted to have had strong leadership and to have been highly collaborative (internally and externally) and cohesive. The 'mix' of the team (professional backgrounds, skills, genders, communities of origin) was also repeatedly mentioned as critical to the team's effectiveness.
- **Enhancing strength, understanding and engagement through culture:** Culture was at the centre of the Aboriginal Got It! pilot program. It informed all aspects of how the program was adapted, delivered, interpreted, and indeed received by participants. Shared Aboriginal culture was the building block of engagement and communication between participants and the Aboriginal Got It! team and was vital to the success of the program.
- **Addressing and acknowledging trauma and trauma-informed care:** Intergenerational trauma, and how it influences the lives of participating families and their parenting practices, was sensitively but openly discussed in the Aboriginal Got It! program. While such discussions may be inappropriate in less culturally responsive contexts, the AGI! team reported that in the context of their program, they were essential. The AGI! team and participating parents/carers alike noted that these discussions often

provided parents with insights that were fundamental to understanding their past and believing they could make positive changes going forward.

- **Case management approach to referral and receipt of services:** An intensive approach was taken by the AGI team to assist families to receive all the assessments, referrals and services that they required to support their social and emotional wellbeing. This approach was significantly more resource intensive than the traditional Got It! program but was highly effective.

Opportunities for improvement

The key opportunities for improvement identified were:

1. **Making Aboriginal Got It! sustainable:** Concern was expressed by families, service providers and educators alike that the Aboriginal Got It! program may not receive ongoing funding. Short term program funding was repeatedly highlighted as a pernicious problem in Aboriginal health that contributes to unmet need for health and wellbeing services and thus reinforces ongoing health inequalities. **Aboriginal Got It! was perceived as a unique, effective, and much-needed program. Evaluation participants strongly recommended that it become a permanent program.**
2. **Increasing capacity:** Due to reportedly very high levels of unmet need across the region, evaluation participants consistently recommended that the **SWSLHD AGI! team be expanded so that more families could benefit from the program**, ideally with multiple schools and preschools participating simultaneously. Some participants noted the importance of maintaining a gender balance in the team if expanded.

There were also repeated calls for the Aboriginal Got It! program to be scaled up and made available to Aboriginal families in all areas.

3. **Increasing program length:** Some participating parents and members of the Aboriginal Got It! team suggested that increasing the length of the program would be beneficial. This would allow more time to work through the program content and to ensure the strategies and skills learnt were well understood and practiced by families.
4. **Post program support sessions:** Some participating families and educators suggested occasional ongoing group-level support would be useful following program conclusion (in addition to the one-on-one support that was received by families with high ongoing needs until they were well engaged with required services). In particular, **'refresher sessions'** (every 6-12 months). Parents felt these would help to reinforce learnings, allow them to reconnect with other group members and staff and provide opportunities to learn new age-appropriate skills as their children got older and faced new challenges.

Recommendations

These findings of this evaluation are significant given both the high prevalence of social and emotional wellbeing challenges amongst Aboriginal children [2-6] and the dearth of evidence to underpin policies, services and programs which aim to support Aboriginal child SEWB [7, 8]. **In light of this, Aboriginal Got It! presents a significant opportunity** for SWSLHD and the NSW Ministry of Health more broadly to improve the programs and services available to support the social and emotional wellbeing of Aboriginal children and families, and the body of evidence to underpin policy and service development. We recommend that:

1. The Aboriginal Got It! program is supported to **become a permanent service offering in SWSLHD;**
2. Consideration is given to how best to **build on and extend the AGI! Model** so that more Aboriginal children and families can benefit from it, whilst not overloading the AGI! team. Options may include:
 - a. Sharing knowledge, building capacity
 - b. Expanding the SWSLHD AGI! team
 - c. Trailing the AGI! model in other LHDs with high Aboriginal populations.
3. **Further research and evaluation** is conducted in order to **increase the level of evidence to underpin the model.**

Conclusion

The key questions for this evaluation were whether the pilot Aboriginal Got It! program had been 1) feasible to design and implement and 2) acceptable to Aboriginal families and participating schools, and 3) showed early indications of having had a positive impact on participants. The data gathered to date has been consistent in demonstrating that Aboriginal Got It! was feasible for the SWSLHD team to design and successfully implement and that it was been highly acceptable to Aboriginal families and participating schools. Data was also consistent in indicating significant, positive impacts of the program across a range of important domains including: referral to and receipt of services, child behaviour (at home, school and in a clinical context), parenting behaviour, connections and relationships (within the AGI! Group, families and the broader community) and enhancing cultural connection and identity.

Taken together, these findings suggest that the Aboriginal Got It! pilot program was highly successful. It has addressed the key shortcomings noted in the mainstream Got It! program by successfully engaging Aboriginal families and providing a culturally responsive environment. In addition, it has generated a range of positive outcomes for participating Aboriginal children and families and their schools and preschools.

Introduction

Getting on Track in Time – Got It! is an early intervention program designed to reduce the frequency and severity of disruptive behaviours, and ultimately to reduce the incidence of conduct disorder, amongst students from Kindergarten to Year 2 (K–2). An evaluation of the Got It program in New South Wales suggested that participation in the program was associated with significant improvements in child behaviour scores which were largely maintained six months after the program finished. Despite the relatively high proportion of Aboriginal and Torres Strait Islander families who participated in the program, the evaluation suggested that Got It! had variable success in engaging with Aboriginal communities and families and that the program did not promote cultural safety.

In response to these findings, SWSLHD were contracted by the New South Wales Ministry of Health to develop and pilot an Aboriginal cultural adaptation of the Got It! program. Initial adaptations of the program began in 2018 led by the SWSLHD Aboriginal Health Team and these adaptations have continued from June 2019 with the introduction of the Aboriginal Got It! team. In addition to working with children K-3, the Aboriginal Got It! model also included children from age 3 years who attend participating Preschools. The Sax Institute was contracted in June 2020 to evaluate the Aboriginal Got It! pilot. The Aboriginal Got It! program was successfully implemented seven times during its pilot phase, across six different sites (2 preschools and 4 primary schools).

Purpose of this report

The purpose of this report is to present the results of an evaluation of the Aboriginal Got It! pilot program. The aims of this evaluation were:

1. To determine the acceptability of the Aboriginal cultural adaptation of the Got It! program for participating Aboriginal families and other key stakeholders in South West Sydney and the feasibility of implementing it; and
2. To assess early indicators of impact of the culturally adapted version of Got It! for Aboriginal children and families participating in the program.

Please note that the current report does not describe the Aboriginal Got It! model in detail. An Aboriginal cultural adaptation handbook pertaining to Got It!, which provides this information, will be completed in June 2022.

Approach

This evaluation took a mixed methods approach, drawing on qualitative and quantitative data to describe the feasibility, acceptability and early indicators of impact of the Aboriginal Got It! pilot as follows:

Quantitative Data

1. Routinely collected demographic information and clinical measures

Extensive demographic information and a large number of clinical measures were routinely collected in the Aboriginal Got It! program as part of standard care (see Table 1 below for information on the outcome measures). This report provides high-level information about the demographic characteristics of children who participated in the Aboriginal Got It! pilot. It also presents analyses of changes in outcome measure scores from pre to immediately post participation in the Aboriginal Got It! targeted group and from immediately post-participation to follow up (follow up measures were on average collected 6-8 months after program completion).

Table 1. Social and emotional wellbeing assessments routinely collected as part of Aboriginal Got It!

Scale	Group/s	Administration points	Assessment perspective
SDQt Strengths & Difficulties Questionnaire – Teacher version [9]	All K–2 Aboriginal Children in participating school or all Aboriginal children aged 3-5 in participating preschool	Pre-intervention Week 10 of targeted program (for participating families only) 6-9 months post program (for participating families only)	Teacher - Based on classroom behaviour observations
SDQp Strengths & Difficulties Questionnaire – Parent version [9]	All K–2 Aboriginal Children in participating school or all Aboriginal children aged 3-5 in participating preschool	Pre-intervention Week 10 of targeted program (for participating families only) 6-9 months post program (for participating families only)	Parent / carer – Assessment of child’s behaviour
ECBI Eyberg Child Behaviour Inventory [10]	Families participating in the program	Pre-intervention Week 10 of targeted program 6-9 months post program	Parent / carer – Assessment of child’s behaviour
PS Parenting Scale [11]	Families participating in the program	Pre intervention Week 10 of targeted program 6-9 months post program	Parent / carer self-assessment of parenting practices
HoNOSCA Health of the Nation Outcomes Scale (Child & Adolescent) [12]	Completed pre intervention for children who qualify for face to face assessments. Face to face assessment qualifier is based on SDQ score. Completed during the program only by participating families	Pre intervention Week 5 of the program Week 10 of the program	Clinician – Based on assessment interview and group behaviour observations
FIHS Factors Influencing Health Status [13]	Completed pre intervention for children who qualify for face to face assessments. Face to face assessment qualifier is based on SDQ score. Completed during the program only by participating families	Pre intervention Week 5 of the program Week 10 of the program	Clinician – Based on assessment interview and group behaviour observations
CGAS Children's Global Assessment Scale [14]	Completed pre intervention for children who qualify for face to face assessments. Face to face assessment qualifier is based on SDQ score. Completed during the program only by participating families	Pre intervention Week 5 of the program Week 10 of the program	Clinician – Based on assessment interview and group behaviour observations

2. Data pertaining to participation in all stages of the Aboriginal Got It! program

Process data pertaining to participation in all stages of the Aboriginal Got It! program – from completion of initial parent-report Strengths and Difficulties Questionnaires to program attendance and completion will be reported.

3. Information about referrals to external services

Information on the number of children who were receiving relevant services prior to engagement with Aboriginal Got It!, the number who received new referrals as part of the program, and the proportion who were successfully supported to action those referrals will be reported.

4. Surveys of educators in preschools and schools in which the implementation phase of Aboriginal Got It! has been completed.

In all sites where Aboriginal Got It! was implemented we sought the views of relevant staff on the impact of the Aboriginal Got It! program and the partnership established between their preschool/school and the Aboriginal Got It! team. The sites included were: Waranwarin Child and Family Centre (n=3), Oorunga Wandarrah MACS Centre (n=4), Briar Road Primary School (n=2), Oran Park Public School (n=1), Lurnea Public School (n=2) and Ashcroft Public School (n=3). In total, fifteen staff from participating sites completed the online survey. An executive member of staff completed the survey at all sites (see Appendices for teacher survey).

Quantitative analysis

Characteristics of study participants and process data were presented as frequencies and percentages or means and standard deviations. Analyses of change over time (pre-post program and post program to follow up) on clinical measures were conducted using: Paired T-Tests for normally distributed variables and Wilcoxin signed rank sum tests for non-normally distributed data (scores on outcome measures analysed as continuous variables); and the Stuart-Maxwell test of Marginal Homogeneity (for scores on outcome measures analysed categorically).

Qualitative Data

1. Parents/caregivers who have participated in Aboriginal Got It!

Major themes arising from:

- a. In-depth interviews with parents or caregivers (from 2 preschools (3 rounds of the program) and 4 primary schools) (n=23. 62% of families participated); and
- b. Open-response feedback forms (n=31 out of a total of 37 families participating in the program, 84%).

2. Clinicians working in the mainstream Got It! team at SWSLHD

Major themes arising from an in-depth interview with 2 of the three clinicians employed on the mainstream Got It! program at SWSLHD will be presented.

3. Referring agency staff and key collaborators

Major themes arising from in-depth interviews with six staff from agencies that the Aboriginal Got It! team refers families to and 2 local elders who have contributed to the program will be presented.

4. Aboriginal Got It! and Aboriginal Health Unit staff at SWSLHD

Major themes arising from in-depth interviews and focus groups with all members of the Aboriginal Got It! team (n=6) and a senior member of the Aboriginal Health Unit (n=1). Data was collected at three time points (beginning, middle and end of pilot).

Qualitative analysis

Extensive qualitative data was collected and analysed thematically (Braun and Clark, 2006) for the current report (See Appendices for interview guides). All data was analysed by at least two experienced qualitative researchers, at least one of whom was Aboriginal.

Findings

Overview of demographic characteristics of participants in the Aboriginal Got It! pilot

A high-level overview of baseline demographic characteristics of participants in sites where the Aboriginal Got It! pilot was rolled out are presented in Table 1. The program ran in four primary schools (n=23 participating children, from n=22 families) and two preschools (with 2 programs run in one of the preschools) (n=15 children) across the South Western Sydney region.

The mean age for primary school participants was 7.4 years (range 5-9 years) and for preschool participants was 4.7 years (range 3-6 years). The majority of participants in primary school (65%) and preschool (60%) were male.

Scores on parent and teacher-reported Strengths and Difficulties Questionnaires (SDQ)[9] are used in the mainstream Got It! program as a means of determining which children and their parent/caregiver should be invited to participate in face-to-face assessment to assess their suitability for the Got It! program. Specifically of interest were elevated scores on the Total Difficulties and Conduct Problems scales. Seventy two percent of primary school children who have entered the targeted program of Aboriginal Got It! to date had elevated parent-report SDQ total difficulties scores (compared to 32% based on teacher-report), as did 53% of preschool participants (compared to 73% based on teacher report). Fifty percent of participating primary school children had elevated parent-report conduct problem scores (compared to 18% based on teacher-report) as did 60% of preschool participants (compared to 60% based on teacher-report).

It should be noted that while the parent-report Strengths and Difficulties Questionnaire has been shown to be acceptable [15] and to have good construct validity [16] amongst urban Aboriginal children in NSW, it is unclear how sensitive it is for this group in a clinical setting. The other outcome measures used as part of routine care in the Got It! and Aboriginal Got It! programs have not been examined in relation to their acceptability or validity in relation to Aboriginal children thus their accuracy in this context is unknown.

See Appendix 1 for a summary of baseline scores on all outcome measures for Aboriginal Got It! participants to date.

Table 1—Overview of demographic characteristics of participants in the Aboriginal Got It! pilot

	Primary Schools				Total Primary Schools	Preschools			Total Preschools
	Briar Road	Oran Park	Ashcroft	Lurnea		Waranwarin	Oorunga Wandarrah Group 1	Oorunga Wandarrah Group 2	
	n (%)	n (%)	n (%)	n (%)		n (%)	n (%)	n (%)	
Gender									
Male	4 (67%)	3 (50%)	3 (60%)	5 (83%)	15 (65%)	3 (60%)	4 (80%)	2 (40%)	9 (60%)
Female	2 (33%)	3 (50%)	2 (40%)	1 (17%)	8 (35%)	2 (40%)	1 (20%)	3 (60%)	6 (40%)
Total	6 (100%)	6 (100%)	5 (100%)	6 (100%)	23 (100%)	5 (100%)	5 (100%)	5 (100%)	15 (100%)
Parent-report SDQ									
Total difficulties score									
Abnormal	1 (17%)	4 (67%)	2 (40%)	1 (20%)	8 (36%)	3 (60%)	1 (20%)	0 (0%)	4 (27%)
Borderline	3 (50%)	0 (0%)	3 (60%)	2 (40%)	8 (36%)	0 (0%)	1 (20%)	3 (60%)	4 (27%)
Normal	2 (33%)	2 (33%)	0 (0%)	2 (40%)	6 (27%)	2 (40%)	3 (60%)	2 (40%)	7 (47%)
Total	6 (100%)	6 (100%)	5 (100%)	5 (100%)	22 (100%)	5 (100%)	5 (100%)	5 (100%)	15 (100%)

	Primary Schools					Preschools			
	Briar Road	Oran Park	Ashcroft	Lurnea	Total Primary Schools	Waranwarin	Oorunga Wandarrah Group 1	Oorunga Wandarrah Group 2	Total Preschools
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Conduct problems subscale									
Abnormal	2 (33%)	3 (50%)	2 (40%)	1 (20%)	8 (36%)	2 (40%)	3 (60%)	1 (20%)	6 (40%)
Borderline	1 (17%)	2 (33%)	0 (0%)	0 (0%)	3 (14%)	1 (20%)	1 (20%)	1 (20%)	3 (20%)
Normal	3 (50%)	1 (17%)	3 (60%)	4 (80%)	11 (50%)	2 (40%)	1 (20%)	3 (60%)	6 (40%)
Total	6 (100%)	6 (100%)	5 (100%)	5 (100%)	22 (100%)	5 (100%)	5 (100%)	5 (100%)	15 (100%)
Teacher-report SDQ									
Total difficulties score									
Abnormal	1 (17%)	0 (0%)	2 (40%)	1 (20%)	4 (18%)	1 (20%)	5 (100%)	3 (60%)	9 (60%)
Borderline	0 (0%)	1 (17%)	2 (40%)	0 (0%)	3 (14%)	0 (0%)	0 (0%)	2 (40%)	2 (13%)
Normal	5 (83%)	5 (83%)	1 (20%)	4 (80%)	15 (68%)	4 (80%)	0 (0%)	0 (0%)	4 (27%)
Total	6 (100%)	6 (100%)	5 (100%)	5 (100%)	22 (100%)	5 (100%)	5 (100%)	5 (100%)	15 (100%)

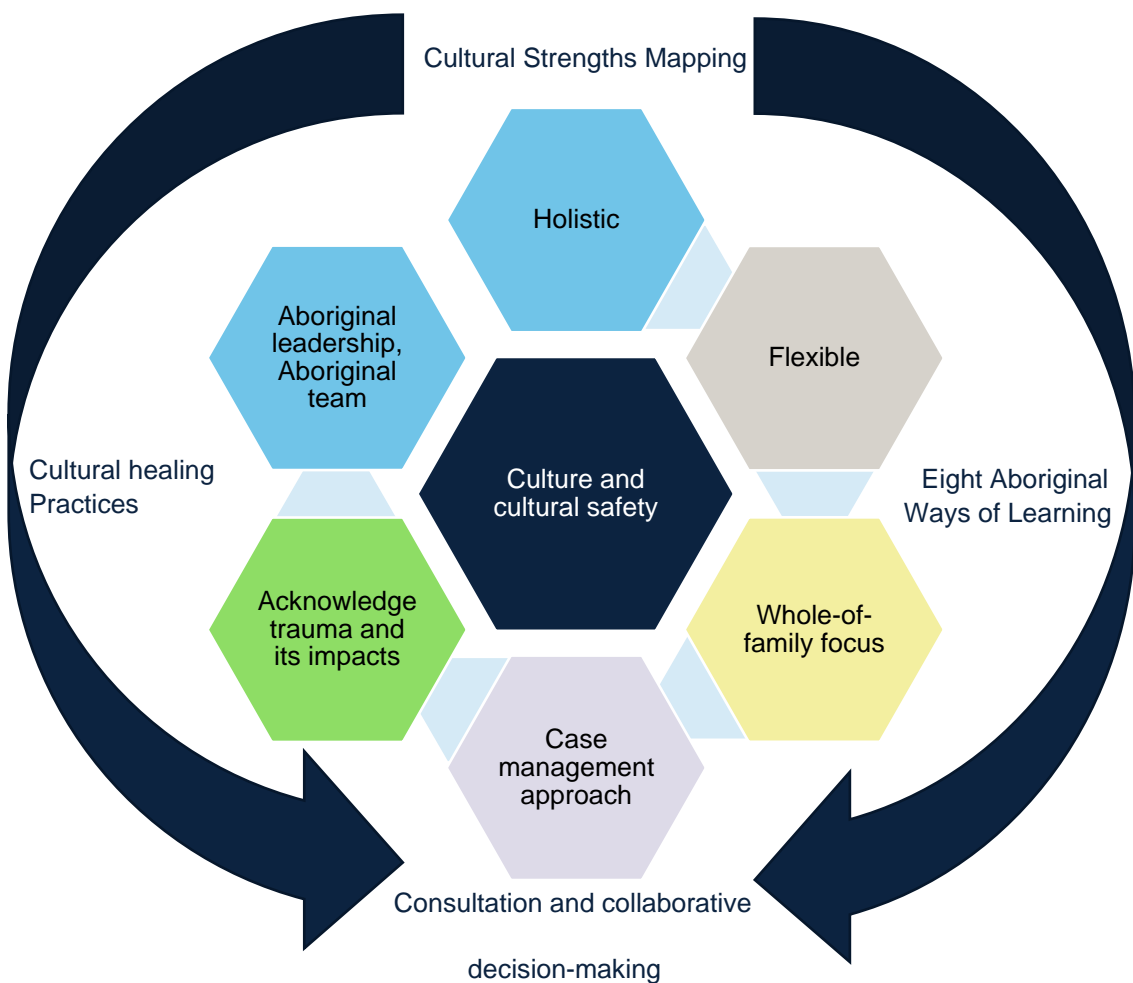
	Primary Schools					Preschools			
	Briar Road	Oran Park	Ashcroft	Lurnea	Total Primary Schools	Waranwarin	Oorunga Wandarrah Group 1	Oorunga Wandarrah Group 2	Total Preschools
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Conduct problems subscale									
Abnormal	0 (0%)	1 (17%)	1 (20%)	0 (0%)	2 (9%)	1 (20%)	3 (60%)	3 (60%)	7 (47%)
Borderline	1 (17%)	0 (0%)	0 (0%)	1 (20%)	2 (9%)	0 (0%)	2 (40%)	0 (0%)	2 (13%)
Normal	5 (83%)	5 (83%)	4 (80%)	4 (80%)	18 (82%)	4 (80%)	0 (0%)	2 (40%)	6 (40%)
Total	6 (100%)	6 (100%)	5 (100%)	5 (100%)	22 (100%)	5 (100%)	5 (100%)	5 (100%)	15 (100%)

Feasibility of Aboriginal Got It!

The Aboriginal Got It! program has been demonstrated to be feasible to design and implement by SWSLHD.

The Aboriginal Got It! program designed by SWSLHD is the first cultural adaptation of Got It!. It was funded by NSW Health in response to evidence suggesting that the original program was ineffective in engaging Aboriginal families. The first major question to be explored by the Aboriginal Got It! pilot was whether it was in fact feasible to culturally adapt, and successfully implement, the Got It! program.

An Aboriginal Got It! model was successfully developed and will be described in detail in the forthcoming Cultural Adaptation Handbook. While core elements of the program have been retained, the cultural adaptations have been significant. Some of the key principles of the Aboriginal Got It! model are outlined in Figure 1.



The Aboriginal Got It! program that SWSLHD has developed has been demonstrated to be feasible to implement. Aboriginal Got It! has been successfully implemented in all the sites in which it began, four primary schools and two preschools (with two groups run at one of the preschools). The only exception to this is an additional primary school in which initial screening was completed shortly before the prolonged Sydney lockdown, followed by continuing high level restrictions on school activities, which made conducting the program impossible at the time¹.

Aboriginal Got It! employed a flexible and responsive model, adapting sessions and delivery styles to suit the ages, challenges and cultural strengths of different cohorts and the needs and existing structures of different schools and preschools. The team reported that word of the success of the program has spread throughout the district such that they now have a waiting list of schools which are interested in participating in the program.

Quantitative findings

Process data: Feasibility of implementing Aboriginal Got It!

As part of the Aboriginal Got It! pilot seven rounds of the program were successfully implemented in 6 sites (two rounds of the program were run in one site) (Table 2). The participation data from these programs demonstrates that not only was it feasible to implement the program, very high participation rates were achieved throughout. Most Aboriginal families in all sites completed the initial screening forms (62%, range 38-91%), 87% of those offered a face-to-face assessment completed the assessment (range 69-100%) and 93% (range 83-100%) of families offered a place in the targeted program entered it.

Despite the significant challenges posed by the COVID-19 pandemic, Aboriginal Got It! also achieved sustained engagement from participants in the targeted program. Families of the 38 children that participated in the targeted program on average attended 7.1 out of 10 sessions (range 1-10) (Table 3). Note that the program at Waranwarin was forced to cease holding group sessions at week 8 due to COVID.

Very high program completion rates (84%, range 67-100%) further indicate that the pilot Aboriginal Got It! program was feasible to implement successfully and highly acceptable to Aboriginal families.

A major impetus for the funding of the Aboriginal Got It! program was the finding that the Got It! program struggled to engage Aboriginal families. The Aboriginal Got It! pilot program has been highly successful in recruiting and engaging Aboriginal families throughout the life of the program, suggesting that a key goal of the program has been achieved.

¹ This targeted group was able to begin in February 2022 due to the lifting of COVID restrictions. As the pilot evaluation period had ceased at that time, data from that group is not included in the current report.



Table 2 - Process data - Participation in the Aboriginal Got It! screening and recruitment process to date

School/ Preschool	Teacher SDQs received (n)	Carer SDQ received (n, % of teacher)	Offered assessment (n)	Completed assessment (n, % of those offered)	Offered program (n)	Entered program (n, % of offered)
Briar Rd PS	34	19 (56%)	16	11 (69%)	6	6 (100%)
Oran Park PS	32	12 (38%)	11	8 (73%)	7	6 (86%)
Ashcroft PS	11	10 (91%)	5	5 (100%)	5	5 (100%)
Lurnea PS	15	11 (73%)	7	7 (100%)	6	6 (100%)
Waranwarin	21	13 (62%)	9	8 (89%)	6	5 (83%)
Oorunga Wandarrah x 2	31	24 (77%)	18	13 (72%)	11	10 (91%)
Total	144	89 (62%)	66	52 (87%)	41	38 (93%)

Table 3 - Participation in the targeted group interactive sessions

School/Preschool	Children commenced program	Number of sessions			Children completed program
	n (column %)	Mean (SD)	Median (IQR)	Range	n (%)
Briar Road	6 (16)	8.2 (3.5)	9.5 (9,10)	1,10	5 (83)
Oran Park	6 (16)	8.7 (1.5)	9 (7,10)	7,10	6 (100)
Ashcroft	5 (13)	6.4 (2.7)	7 (6,8)	2,9	4 (80)
Lurnea	6 (16)	3.7 (0.5)	4 (3,4)	3,4	4 (67)*
Waranwarin*	5 (13)	5.6 (1.7)	6 (5,7)	3,7	4 (80)
Oorunga Wandarrah Group 1	5 (13)	8.0 (3.4)	9 (9,10)	2,10	4 (80)
Oorunga Wandarrah Group 2	5 (13)	9.0 (1.2)	9 (9,10)	7,10	5 (100)
Total	38 (100)	7.1 (2.8)	7.5 (4,10)	1,10	32 (84)

***N.B.** Due to the COVID 19 Pandemic only 7 out of the planned 10 targeted group sessions were able to be delivered at Waranwarin.

***The two children who did not complete the program were from the same family**

Acceptability of Aboriginal Got It!

The second key question to be investigated in the Aboriginal Got It! pilot was whether the program would be acceptable to Aboriginal families, participating schools and referring agencies. Quantitative and qualitative findings from this evaluation were consistent in demonstrating that Aboriginal Got It! was highly acceptable to all of these groups.

The very high Aboriginal Got It! participation and retention data presented in Tables 2 and 3 demonstrate both the feasibility of designing and implementing the program, and also the acceptability of the program to Aboriginal families. The data presented suggests that Aboriginal families a) felt comfortable enough to commence initial engagement with the program and b) chose to remain engaged with the program throughout its lifecycle. These are both key indicators of acceptability.

Qualitative data on the acceptability of Aboriginal Got It!

All I've got to say is that it was probably one of the best experiences we've ever had. I've never had any help before, and this was fabulous. The program was a massive thing for us. We definitely got something out of it (Primary School Parent).

I've yet to meet a child or parent that doesn't rave about the program (Referring Agency Staff Member)

In this section, qualitative data on the acceptability of Aboriginal Got It! from participating parents and carers, mainstream Got It! clinicians from SWSLHD, referring agency staff and Aboriginal Got It! team members is synthesised and reported thematically. Respondents from all groups indicated that the program was highly acceptable. Major themes related to acceptability arising from the data are as follows:

Aboriginal Got It! was considered better able to engage Aboriginal families than mainstream programs

One of the major factors behind the establishment of the Aboriginal Got It! pilot program was the evaluation of the mainstream program which concluded that Got It! struggled to engage Aboriginal families. The SWSLHD mainstream Got It! team reflected that this had been challenging in their district. Indeed, the team noted that despite the large Aboriginal population in their LHD, they had had very few Aboriginal families participate in any stage of the Got It! program. While they report that they were able

to engage and retain some of the Aboriginal families who enter program, very few participated in even the initial screening:

My observation is that we're getting – we've had very few Aboriginal families participate in our screening and I'm not sure...I suspect that we are not picking up a lot...we've only have about five Aboriginal families picked up in our screening...and that's in five schools...I don't think our program is meeting the needs of the Aboriginal family (Mainstream Got It! clinician)

In keeping with this, referring agency staff noted that a major strength of Aboriginal Got It! appeared to be its ability to engage with families who might otherwise have 'slipped through the cracks' and provide them with valuable support.

From my observation, the staff in the program – the Aboriginal Health Workers – have just been fantastic in engaging these children and families. Many of these families, particularly with Aboriginal background, are a bit wary of assessments and services – it's been very effective that way (Referring Agency Staff member)

These observations were supported by the assertions of many of the parents and carers who participated in Aboriginal Got It! that they would not have been willing to engage with the program if it had not been designed for Aboriginal families.

Many parents and caregivers noted they would have felt vulnerable and wary attending a mainstream Got It! program. They felt they would have been judged and misunderstood. Many noted that mistrust of mainstream services would have made assessment questions and the like feel invasive and that they would have been suspicious as to why the information was needed. Some parents stated that they would not have participated in mainstream Got It!

Shared cultural understanding and cultural responsiveness were considered key drivers of the acceptability of Aboriginal Got It! to families

Almost all members of the Aboriginal Got It! team were Aboriginal, as were most of the parents and carers who participated in the program (and all participating children). All groups of participants in the evaluation noted the power of the shared cultural understanding and the role this played in helping families feel comfortable and understood.

The fact that we've got Aboriginal people delivering the program is good as well because there's a lot of unspoken things that go on and a lot of unspoken understandings of families and of backgrounds. (Aboriginal Got It! team member)

Their comfort and rapport building becomes very easy ... through these connections through family lines there's that trust (Referring agency staff member).

Participating parents and carers spoke of the ease that came with completing the program in a primarily Aboriginal environment - not having to 'translate' (jokes, expressions, references) for non-Aboriginal people and the confidence that they and their children were understood and would not be judged.

Where with the cultural side of it it's like, hey, I know exactly where you're coming from, I know the area you grew up in, I know what a lot of the parents were like, I know what a lot of the kids were like, so we know where you're coming from. (Primary School parent)

It was a rich program culturally and intellectually. It's warm. The staff and facilitators are very friendly, open arms. Straight away I felt this is the place I'm meant to be in. It felt like a family (Primary School parent).

Parents also emphasised how much they valued the time invested in the initial meeting with the Aboriginal Got It! team, where a Cultural Strengths Mapping Tool (developed by SWSLHD) was used as part of the intake assessment. This in-depth exploration of their family, history and connection to culture was noted by parents to have been a powerful experience that helped them feel known and understood and created a strong foundation to commence the program on. Likewise, the Aboriginal Got It! team reported that the information gained during this process was invaluable for helping them tailor the program to suit participating families.

Referring agency staff and mainstream Got It! clinicians valued the professionalism and partnership approach of the Aboriginal Got It! team

The Aboriginal Got It! program was considered an important and valuable addition to the South Western Sydney child and family service landscape by key stakeholders. In addition to noting (as above) the programs evident success in engaging with Aboriginal families, all interviewees noted the strong, collaborative relationships they had developed with the Aboriginal Got It! team. All highlighted the two-way sharing of information, resources and support for each other's programs or services that existed between themselves and Aboriginal Got It! Referring agency staff also commented on the key role that Aboriginal Got It! played, not only in undertaking thorough assessments of participating children and ensuring all referral documentation and processes were in place, but also in facilitating their own engagement with the children and families referred to them by the Aboriginal Got It! team.

They're professional and know their way around the health system and that helps the whole community (Referring Agency Staff Member)

It's been invaluable to have them join our clinics via video. The children have already that engagement with those clinicians....having their input, engagement and support... If I see a child and say they need all the speech and language supports, which is a big problem in school-aged children, then the Got It! team will actually help with those referrals ... it's holistic (Referring Agency Staff Member).

Aboriginal Got It! was highly acceptable to participating school and preschool educators

This was a fantastic program that supported the wellbeing of our Aboriginal students. The best feature was the collaboration with parents and putting the child's needs at the centre. Supporting the parents to support the child was a great model. Having the staff come into our school and work side by side was fantastic (Primary School Educator).

All participating educators (100%) agreed there was a shared understanding and commitment to Aboriginal Got It! between their preschool/school and the program team (Table 4). The majority (93%) believed that any difficulties in the partnership were outweighed by the benefits and that the program added value for children and families (93%).

Open minded approach. They were willing to listen to how we thought it would work for the families engaged at our centre (Preschool Educator)

Almost all participants (93%) agreed that there were ways to share information and resolve difficulties with the Aboriginal Got It! team and that the program produced clear outcomes (93%).

The collegiality between the school and the program. The availability of a multi-disciplinary team. Their knowledge and willingness to share with teachers, parents and students about emotional intelligence and regulation. The professional learning provided to staff teams was invaluable. We were able to liaise with the team about non-Aboriginal students as well. The team were friendly, professional, and knowledgeable (Primary School Educator).

Table 4 – Number and percentage of educators who ‘agreed’ or ‘strongly agreed’ with key statements regarding the partnership that developed between their pre/school and the Aboriginal Got It! team.

	Preschool (n=7)	Primary (n=8)	Total (n=15)
Domain	Number and proportion of participants reporting they agreed or strongly agreed (n, %)		
There is shared understanding & commitment to Aboriginal Got it! by the school & the Aboriginal Got it! team	7 (100%)	8 (100%)	15 (100%)
The benefits of the partnership outweigh any difficulties	6 (86%)	8 (100%)	9 (93%)
The partnership between the school & the Aboriginal Got it! team adds value for children & families	6 (75%)	8 (100%)	14 (93%)
There are ways to share information and resolve difficulties with Aboriginal Got it!	6 (86%)	7 (100%)	13 (93%)
The partnership between the school & the Aboriginal Got it! team in the Aboriginal Got it! program produces clear outcomes	6 (86%)	8 (100%)	14 (93%)

Early Indicators of impact

1. Referral to and receipt of other services

Got It! was designed to be a short-term program. The original targeted group program runs for ten weeks and this length was maintained in the Aboriginal Got It! pilot. The Got It! program can be divided into 4 phases, with the last consisting of 'follow through and referral'. The evaluation of the original Got It! program noted that "Too narrow a focus on the group intervention could detract from a key role of Got It! in facilitating longer-term engagement of families with general community and specialist services" (Plath, 2014, p. 17). The report goes on to note that referral practices were highly inconsistent between teams, and that due to a lack of attention to follow up, it was not possible for the evaluation to determine the number of referrals made or 'taken up'. It recommended a greater focus on referral going forward, in order to maximise the impact and sustainability of the program. This call for greater focus is warranted given the body of evidence outlining the many barriers Aboriginal families face in accessing services for children's mental health and social and emotional wellbeing [17-19].

In contrast to the Got It! evaluation, evidence from the AGI! Pilot suggests that considerable emphasis was placed on ensuring participating children, and in some cases their family members, received all indicated assessments and were supported in accessing and engaging with the services they were referred to. Many of the children who participated in Aboriginal Got It! had high, and often complex, needs (including autism, speech and language challenges and developmental delays). While some of these children were receiving some support for these needs prior to program entry, many were not – indeed, for some, these needs had not yet been formally diagnosed.

....One of the kids had all these reports, so the kid was diagnosed with autism level three, global developmental delay, intellectual disability and then I asked the dad, so what supports are you getting? He goes, 'oh nothing'. I go, 'Really?' So then I called NDIS, when I came back to the office and then I called each service provider, they sent me out a referral form, I did the referral, I contacted them, made an appointment... So yeah, we got them Centrelink, we got them NDIS and then we're referring to paediatricians...(Aboriginal Got It! team member)

As shown in Table 5 (below), the Aboriginal Got It! team made **formal referrals for 55% of participating children**. Forty-eight referrals were made in total, reflecting the fact that some children required multiple services or assessments (note that 8 recommendations for additional services or support were also made, but did not lead to a formal referral - in some cases because referrals were not necessary to access the support, and in others because the family did not wish to be referred to the service). **Almost all of the formal referrals made (98%) resulted in the child accessing the service they were referred to**. While comparable data is not available, anecdotal evidence from parent and

I'm just impressed. I don't know any other services that go out of their own way to support. It's always with a nine to five, it's always been the timeframe. These fellas, it was persistent. They were like come on let's just do it then. We'll come down with you now and do it. Primary School Parent

referring agency staff reports suggest the extremely high proportion of completed referrals achieved by the Aboriginal Got it! team is likely to be markedly higher than that seen in the general community.

Families also spoke of the major, positive difference being supported to receive required assessments and services had made to their lives and that of their children. One parent commented on the impact of learning her child had autism, and receiving relevant information and support for this, made to her parenting experience:

*I think (I have) a bit more patience because, with his autism, **I didn't really understand, and I used to get very frustrated with him.** I used to get a bit cranky, and a little bit upset but then I sort of realised that doesn't work for him, it makes him worse....Getting down to his level, **thinking how he thinks in his mind and how he thinks as a child now is very good** (Preschool parent).*

Table 5 – Referral to and receipt of external services for children participating in Aboriginal Got It!

School/ Preschool	Children accessing other services prior to AGI! n(%)	Children given a new referral by AGI! n(%)	Total referrals made by AGI! per site (n)	Services accessed by participants with AGI! support* (n)	Recommendations for other services given by AGI! (n)
Briar Rd PS	5 (83%)	0 (0%)	0	0	3
Oran Park PS	1 (17%)	4 (67%)	7	7	1
Ashcroft PS	1 (20%)	4 (80%)	17	17	1
Lurnea PS	1 (17%)	6 (100%)	12	12	0
Waranwarin	4 (80%)	2 (40%)	4	4	3
Oorunga Wandarrah x 2	4 (40%)	5 (50%)	9	8	1
Total	16 (42%)	21 (55%)	48	47	8

*Including services AGI did not make the original referral for but was asked to help facilitate access.

*I see so many families linked with very short-term programs and I'll contact referral services and they say 'no we're no longer involved with family'. **The Got It staff have actually stayed involved until they can actually get them linked into a suitable service. They just haven't left them in limbo** – I think that's been admirable (Referring Agency Staff Member).*

2. Change over time in clinical outcome measures

N.B. As noted previously, as the Aboriginal Got It! pilot does not have a control group, we are unable to infer that any changes noted in outcome measures before and after participation in Aboriginal Got It! are *caused* by participation in the program. Further, the small sample size means that the data presented here should be interpreted with caution – only very large observed changes will reach statistical significance. Nevertheless, following we present outcome data to date derived from the clinical outcome measures that were routinely collected as part of the Aboriginal Got It! pilot.

Summary of findings

Participation in Aboriginal Got It! was associated with **statistically significant improvements in child behaviour (ECBI) and behavioural and social health (HoNOSCA)** as assessed by both parents and clinicians. It was also associated with **statistically significant improvements in self-reported parenting behaviour (Parenting Scale) and the number of psychosocial complications** clinicians considered children to be experiencing (FHIS). While further research is required to fully assess the impact of both Got It! and Aboriginal Got It!, these findings suggest that **Aboriginal Got It! was associated with significant improvements in the same domains as Got It! (child behaviour) as well as some additional domains of high importance (parenting behaviour).**

- **Strengths and Difficulties Questionnaire:** No significant change.
- **Eyberg Child Behaviour Index:** Statistically significant improvement in both the Problem Scale and Intensity Scale scores from pre-post program which was maintained at follow up.
- **Parenting Scale:** Statistically significant improvement in parenting behaviour as measured by the Arnold Parenting Scale from pre-program to post-program and that this was maintained at follow up.
- **HoNOSCA:** Statistically significant improvement in behavioural and social problems amongst children, and in overall mental and social health as measured by the HoNOSCA.
- **Factors Influencing Health Scale (FIHS):** Statistically significant improvement in the number of psychosocial complications clinicians considered were experiencing from mid to post-program.
- **Children's Global Assessment Scale (CGAS):** No significant change.

Table 6. High level comparison of change over time in clinical outcome measures reported in the Aboriginal Got It! and Got It! evaluations

Measure	Rater	AGI Evaluation Finding	Got It! Evaluation Finding
SDQ Parent	Parent	No change	Improvement* - Conduct
ECBI	Parent	Improvement: - Problem - Intensity	Improvement^: - Problem - Intensity
PS	Parent	Improvement	No change+
SDQ Teacher	Teacher	No change	Improvement** - Conduct
HoNOSCA	Clinician	Improvement: - Behaviour - Social - Total	No change**
FIHS	Clinician	Improvement	Not reported^^
CGAS	Clinician	No change	Not reported^^

* In the Got It! evaluation a significant improvement was noted pre-post program in parent and teacher-reported Conduct Subscales of the SDQ. Only 23% of families completed a 6-8 month follow up SDQ, of these 89% maintained or improved their post program score (significance not tested).

^ In the Got It! evaluation a significant improvement was noted in both ECBI subscales from pre-post program (6-8 month follow up scores not reported).

+ There was no significant change in pre-post program Parenting Scale scores in the Got It! evaluation.

** There was no significant change in pre-post program HoNOSCA scores in the mainstream Got It! evaluation (6-8 month follow up scores not reported).

^^ Not reported in the Got It! evaluation.

Strengths and Difficulties Questionnaire (SDQ)

1. Parent Report

As shown in Table 7, when examined categorically parent reported SDQ Total Difficulties scores and Conduct Problems scores did not change significantly over the course of the intervention (Table 6). The same pattern was observed when the data was examined categorically. See Appendix 1 for full data tables.

In summary, the data suggests that participation in Aboriginal Got It! was not associated with change over time on Parent-Reported SDQ measures.

Table 7 – Outcomes of Aboriginal Got It! program pre and post participation in targeted program (categorical): Part 1. Strengths and Difficulties Questionnaire – Parent report[^]

											Pre- vs Post-Program	Post-Program vs Follow Up
		Abnormal			Borderline			Normal			Stuart_Maxwell Test of Marginal Homogeneity	Stuart_Maxwell Test of Marginal Homogeneity
	N	Pre	Post	Follow up	Pre	Post	Follow up	Pre	Post	Follow up	p value	p value
Scale		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)		
Total Difficulties	30	7 (23%)	10 (33%)	12 (40%)	10 (33%)	7 (23%)	8 (27%)	13 (43%)	13 (43%)	10 (33%)	0.613	0.634
Conduct	30	10 (33%)	10 (33%)	10 (33%)	6 (20%)	7 (23%)	7 (23%)	14 (47%)	13 (43%)	13 (43%)	0.854	1.000

[^]Only participants with pre, post and follow up data are included in these analyses.

Strengths and Difficulties Questionnaire

2. Teacher Report

As shown in Table 8, when examined categorically, most children participating in the Aboriginal Got It! pilot scored in the normal range on the Teacher-Reported SDQ Total Difficulties Scale and Conduct Problems Scale both pre- and post-program (Total Difficulties 55%vs 58%, Conduct Scale 68% vs 65%). No significant change was observed over time (Table 7). The same pattern was observed when the data was examined continuously (See Appendix 1 for full data tables).

Note that many children had changed classes or left preschool before their follow up teacher SDQ measures were due. As a result, a follow up teacher report SDQs were received for a low proportion of participating children (approximately 33%). This meant it was not possible to examine change from post program to follow-up scores on Teacher-Reported SDQs.

In summary, the data suggests that participation in Aboriginal Got It! was not associated with change over time on Teacher-Reported SDQ measures.

Table 8 – Outcomes of Aboriginal Got It! program pre and post participation in targeted program (categorical): Part 1. Strengths and Difficulties Questionnaire – Teacher Report[^]

	Abnormal		Borderline		Normal			
	N	Pre	Post	Pre	Post	Pre	Post	
Scale		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	p value
Total Difficulties	31	9 (29)	8 (26)	5 (16)	5 (16)	17 (55)	18 (58)	0.641
Conduct	31	8 (26)	7 (23)	2 (7)	4 (13)	21 (68)	20 (65)	0.795

Eyberg Child Behaviour Inventory (ECBI)

As shown in Table 9, the mean Intensity Scale Total Score for children participating in Aboriginal Got It! was in the 'clinically significant' range prior to program commencement. As highlighted below, there was a statistically significant reduction in mean scores post program (146 vs 121, $p < .001$) and this reduction was maintained at follow-up (121 vs 120, $p > .001$). The proportion of children who received an Intensity Score in the 'clinically significant' range reduced over the course of the intervention (60% pre vs 44% post vs 36% follow up) (See Appendix 1 for full data tables).

Similarly, there was a statistically significant in the mean Problem Scale Total Score from pre to post program completion (15.2 vs 9.4, $p < .001$), which was maintained at follow up (9.4 vs 6.8, $P > .05$). The proportion of children who received a 'clinically significant' Problem Score also reduced over time (52% pre vs 24% post vs 12% follow up).

In summary, the data suggests that participation in Aboriginal Got It! was associated with a statistically significant improvement in child behaviour as measured by the ECBI from pre-program to post-program and this was maintained at follow up.

Table 9 - Outcomes of Aboriginal Got It! program from pre to post participation in targeted program, and from immediately post to 6 month follow up (categorical): **Part 2. Eyberg Child Behaviour Inventory (ECBI)^**

	N	Pre-program	Post-program	Follow up	Difference (Post - Pre-program) in mean scores		Difference (Follow up - Post-program) in mean scores	
Scale		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Paired t-test p value	Mean (SD)	Paired t-test p value
Intensity Total Score	25	146.0 (38.8)	120.9 (33.9)	119.9 (37.6)	-25.2 (28.9)	0.0002**	-1.0 (27.8)	0.864
Problem Total Score	25	15.2 (9.0)	9.4 (7.4)	6.8 (6.5)	-5.9 (10.4)	0.009**	-2.5 (7.2)	0.092

^Intensity score is clinically significant if ≥ 131 . Problem score is clinically significant if ≥ 15

**Statistically significant $p < .05$

Arnold Parenting Scale

As highlighted in Table 10 the mean total score on the Arnold Parenting Scale for parents/carers participating in Aboriginal Got It! decreased significantly from pre-post program (3.4 vs 3.1, $p < .001$) and this improvement was maintained at follow-up. There was no significant change over time on the Laxness or Hostility Scale, however, there was an improvement in scores of borderline significance on the Over-Reactivity subscale from pre-post program (3.6 vs 3.2, $p = 0.54$) which was also maintained at follow up. When examined as a categorical variable, the proportion of parents who scored in the normal range on the Parenting Scale increased significantly over the course of the intervention (24% pre vs 56% post vs 60% follow up) (See Appendix 1 for full data tables).

In summary, the data suggests that participation in Aboriginal Got It! was associated with a statistically significant improvement in parenting behaviour as measured by the Arnold Parenting Scale from pre-program to post-program and that this was maintained at follow up.

Table 10 – Outcomes of Aboriginal Got It! program from pre to post participation in targeted program, and from immediately post to 6 month follow up (continuous) categorical): **Arnold Parenting Scale**[^]

	N	Pre-program	Post-program	Follow up	Difference (Post - Pre-Program) in mean scores		Difference (Follow up - Post-program) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Wilcoxon signed rank	Mean (SD)	Wilcoxon signed rank
Scale						sum test p- value*		sum test p- value*
Total	25	3.4 (0.6)	3.1 (0.7)	3.1 (0.7)	-0.3 (0.6)	0.008**	0.01 (0.6)	0.838
Laxness	25	3.1 (1.0)	3.0 (0.9)	3.1 (0.9)	-0.1 (0.9)	0.445	0.1 (0.8)	0.765
Over-reactivity	25	3.6 (1.2)	3.2 (1.4)	3.1 (1.2)	-0.4 (1.3)	0.054	-0.1 (1.0)	0.484
Hostility	25	2.5 (1.2)	2.3 (1.2)	2.2 (1.2)	-0.2 (0.9)	0.341	-0.1 (1.1)	0.806

[^] Only participants with pre, post and follow up data are included in this analysis

**Statistically significant change over time $p < .05$

Health of the National Outcome Scale for Children and Adolescents (HoNOSCA)

As highlighted in Table 11, HoNOSCA scores for children in the targeted program improved significantly from pre-mid program on the Behavioural Problems Scale (3.2 vs 2.7, $p < .05$) and this improvement was maintained post-program (2.7 vs 2.4, $p > .05$). Scores of the Social Problems Scale (4.9 vs 3.5, $P < .05$) and the HoNOSCA Total Score (11.9 vs 9.5, $p < .05$) improved significantly from mid-post program.

In summary, the data suggests that participation in Aboriginal Got It! was associated with a statistically significant improvement in behavioural and social problems amongst children, and in overall mental and social health as measured by the HoNOSCA.

Table 11 – Outcomes of Aboriginal Got It! program from pre to post participation in targeted program, and from immediately post to 6 month follow up (continuous): **Health of the National Outcome Scale for Children and Adolescents (HoNOSCA)***

Scale	N	Pre-program	Mid-program	End of program	Difference (Mid-Pre-Program) in mean scores		Difference (Post-Mid Program) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Wilcoxon signed rank sum test p-value*	Mean (SD)	Wilcoxon signed rank sum test p-value*
Behavioural Problems	23	3.2 (1.3)	2.7 (1.3)	2.4 (1.6)	-0.5 (1.0)	0.045**	-0.3 (1.4)	0.352
Impairment	23	1.9 (1.3)	2.1 (1.1)	1.7 (1.5)	0.2 (1.3)	0.404	-0.3 (1.1)	0.094
Symptomatic Problems	23	2.2 (1.3)	2.2 (1.3)	1.8 (1.1)	0.04 (1.9)	0.994	-0.4 (1.9)	0.536
Social Problems	23	4.4 (1.8)	4.9 (2.2)	3.5 (1.6)	0.5 (2.7)	0.454	-1.4 (2.5)	0.020**
Information	23	2.9 (1.6)	2.8 (1.3)	2.5 (1.5)	-0.1 (2.2)	0.528	-0.3 (1.8)	0.999
Total Score	23	11.7 (4.1)	11.9 (4.5)	9.5 (3.2)	0.2 (5.2)	0.981	-2.4 (5.1)	0.039**

^ Only participants with pre, post and follow up data are included in this analysis, **Statistically significant change over time $p < .05$, *Wilcoxon signed rank sum (exact) test used as the scores are not normally distributed

Factors Influencing Health Status (FIHS)

As highlighted in Table 12, clinician-rated FIH scores for children participating in Aboriginal Got It! improved significantly from mid-post program (1.8 vs 0.6, $p < .001$). This suggests that clinicians observed a reduction in the number of 'psychosocial complications' facing participating children over the course of the program.

In summary, the data suggests that participation in Aboriginal Got It! was associated with a statistically significant improvement in the number of psychosocial complications facing participating children over the course of the program.

Table 12 – Outcomes of Aboriginal Got It! program from pre to post participation in targeted program, and from immediately post to 6 month follow up (continuous): **Factors Influencing Health Status (FIHS)**

	N	Pre-Program	Mid-Program	Post-Program	Difference (Mid-Pre-Program) in mean scores		Difference (Post-Mid Program) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Wilcoxon signed rank sum test p-value*	Mean (SD)	Wilcoxon signed rank sum test p-value*
FIHS Rating	19	1.9 (1.4)	1.8 (0.9)	0.6 (0.9)	-0.1 (1.5)	0.926	-1.3 (1.0)	0.0001**

*Wilcoxon signed rank sum test used as FIHS Rating is ordinal.

^ Only participants with pre, post and follow up data are included in this analysis

**Statistically significant change over time $p < .05$

Children's Global Assessment Scale (CGAS)

As shown in Table 13, mean clinician-rated Children's Global Assessment Scale scores did not change significantly over the course of the intervention. The mean score for participating children across the intervention period sat within the 51-60 band, indicating "Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings" (Schaffer, 1983).

In summary, the data suggests that participation in Aboriginal Got It! was not associated with a statistically significant change in the general functioning of participating children as measured by the CGAS.

Table 13 – Outcomes of Aboriginal Got It! program from pre to post participation in targeted program, and from immediately post to 6 month follow up (continuous): **Children's Global Assessment Scale (CGAS)**

	N	Pre-program	Post-program	Follow up	Difference (Post - Pre-program) in mean scores		Difference (Follow up - Post-program) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Paired t-test p value	Mean (SD)	Paired t-test p value
CGAS Rating	23	59.1 (9.9)	60.3 (7.3)	60.9 (8.0)	1.2 (11.5)	0.630	0.6 (6.8)	0.670

3. Reported impacts of Aboriginal Got It! on the behaviour of participating children

Consistent with the results of the clinical measures, a major theme in the data was the impact parents and carers, the Aboriginal Got It! team and participating educators observed in the behaviour of participating children over the course of the program.

Impacts on child behaviour and social and emotional wellbeing

Parent and carer views

Parents and carers reported a range of positive impacts of the program on their child's behaviour. The most reported changes were their child being: calmer, (more often) able to stop and think before acting, able to identify and communicate their emotions and more willing and able to follow instructions. Many parents and carers thought their child had become more confident and less clingy because of the program. Several carers of children who had previously been very shy or withdrawn noted that they had 'come out of their shells' engaging comfortably with adults and making friends in their peer group.

I feel as if the program helped him a lot. Even at school...because he wasn't very verbal...he wouldn't talk, he'd push someone or he'd hit somebody. Not like he wanted to do it, he just wasn't able to have that communication and they helped him a lot with that....I've just seen a massive, dramatic change. Very big. (Preschool parent)

His behaviour change has been like one of the most important things for us. He's more settled. He's very explosive and will chuck a tantrum, he used to be quite aggressive. Now he thinks about it before acting (Primary School Parent).

His attitude has grown. He has more confidence, self-esteem and self-awareness. He used to take everything to heart that people said to him, now he's a lot stronger (Primary School Parent).

Aboriginal Got It! team views

Aboriginal Got It! team members noted major improvements in the behaviour of children participating in the targeted group program.

When children were observed to have challenges related to shyness and withdrawal at assessment, the team reported they specifically worked with the child and their family to boost their confidence and social skills. All team members noted observing that such children showed major improvements as the program continued and were often reported to have made significant strides in other settings as well (for example making friends at school, speaking in class, being friendly to people they did not know in the community).

So the kids, yeah, we see improvement in eye contact, confidence, speaking, walking to the board by themselves, interacting with their parents, laughing, so we see a lot of that. We see a lot of that in the halfway mark. (Aboriginal Got It! team member)

Children whose challenges centre around externalising behaviours were also noted to make major improvements throughout the program, becoming calmer and more able to stop and think before acting.

We teach the parents to teach their kids to stop and we teach these kids 'stop', so with those kids, the impulsive kids, the active kids, we teach them to stop and they'll actually, after a few weeks, even when they hear stop, they'll just stop and okay, think, stop, just calm down, notice what's happened around you. We had a lot of parents say, "Oh my God, I just have to tell my kids to stop now and they stop. I didn't know it was that good." (Aboriginal Got It! team member)

Educator views on the impact of Aboriginal Got It! on child behaviour and behaviour management

All participating educators (100%) reported that Aboriginal Got It! had had a positive impact on the level of behavioural difficulties noted in relevant classrooms (Table 14). All educators also reported that Aboriginal Got It! had an observable, positive impact on the behaviour of children who attended the small group program and, on their parents/caregivers. Most participants (92%) reported that Aboriginal Got It! had a positive impact on their staff's understanding and management of conduct and emotional problems.

The program added greatly to the school behaviour support strategies and the school continues to embed many of the strategies and processes learnt into everyday school business. Thank you Got it! (Primary School Educator)

Small group work with the students and assisting the families with strategies has been invaluable. Liaising with classroom teachers has been beneficial in assisting them to manage those students in the program and also improve the teachers' understanding of their Aboriginal students (Primary School Educator)

Table 14 – Number and percentage of educators who reported they considered Aboriginal Got It! to have had ‘some’ or ‘considerable’ positive impact on behaviour and behaviour management across key groups*

	Preschool (n= 7)	Primary (n=8)	Total (n=15)
Domain	Number and proportion of participants reporting they observed some or considerable positive change (n, %)		
School classrooms (level of behavioural difficulties)	5 (100%)	8 (100%)	13 (100%)
Children who attended the small group program	6 (100%)	8 (100%)	14 (100%)
Parents/carers who attended the small group program	4 (100%)	7 (100%)	11 (100%)
Teachers and school staff (understanding and management of conduct and emotional problems)	5 (83%)	6 (100%)	11 (92%)

*The denominator varies based on the number of educators who felt able to answer each question – ‘don’t know’ responses were not included in total counts.

4. Reported impacts of Aboriginal Got It! on parenting behaviours and carer/child relationships

In keeping with the significant improvement in Parenting Scale scores noted previously, a major theme in the qualitative data was the impact of Aboriginal Got It! on parenting behaviour and beliefs. This in turn was seen to have resulted in strengthened relationships between parents/carers and their children.

Parent and carer views

All participating parents and carers noted the **effectiveness of the parenting skills and strategies they had learnt** as part of the program. Many noted that they had in fact been surprised by how well they worked. Strategies most widely mentioned emphasised encouragement, consistency, collaboration, communication, commitment, patience, support, structure, and boundaries:

- Positive parenting (praise, focus on behaviour rather than child)
- Traffic Light system
- Emotional coaching
- Active listening
- Re-directing / re-channeling child's energy
- Importance of clear instructions
- Importance of routine (
- Breathing space / 'drop the rope'
- Rewarding / reinforcing positive behaviour

Many parents noted that their **relationships with their children improved significantly** over the course of participating in Aboriginal Got It! These improved relations were attributed to:

New knowledge: Leading to increased understanding of their child's behaviour (and hence more patience and greater ability to respond constructively) and their own behaviour;

Employing new parenting behaviours and practices: Employing learned parenting strategies (as above), making space for 'quality time', being calmer in interactions with their child/children; and

The increased ability of participating **children to communicate their emotions and needs**, and improved behaviour, leading to reduced conflict.

Since the program, and conversations I've had with the children, the bond between myself and the kids is a lot stronger now than it's ever been. First thing X does when he gets up is give me a cuddle (Primary School parent)

Aboriginal Got It! team observations

Consistent with the reports of participating parents themselves, Aboriginal Got It! team members noted that participating parents became significantly calmer and more confident in their parenting as they trialled the strategies taught in Got It! and realised that they were effective. As parents became calmer, so did their children and parent/child bonding was also observed to improve.

Affectionate, they're more affectionate, they're more – they're attaching better, so they'll praise a child, bring their child close to them, they'll speak to the child, yeah, we do, we find a big difference. (Aboriginal Got It! team member)

They're a little bit more eased on the way that they approach things as well now. Just in different situations, they were able to just talk to the child and not yell at the child or able to just take a step back and take a breather for themselves if they're having a big, heated argument. (Aboriginal Got It! team member)

5. Reported impacts of Aboriginal Got It! on community connections and relationships

Aboriginal Got It! was frequently reported to have led to significant changes related to non-familial connections and relationships.

Peer support

Parents and carers reported that Aboriginal Got It! was a positive, social and communal experience. They enjoyed meeting families experiencing similar issues and realising that they were not alone, and that their child was not uniquely challenging. They reported valuing the support they gained from the group and the new connections it allowed them to build in the community. This was particularly so for carers who had found the parenting experience isolating.

Getting out of the house and meeting other people that are having problems with their children as well. [Laughs] It wasn't just me having problems. (Primary School parent)

The Aboriginal Got It! team, like the parents themselves, noted the benefits participating caregivers experienced through coming together, sharing their stories and challenges and supporting each other.

Then you've got the parents as well doing the same thing. Like, talking, supporting each other, able to just sit down and have that five minutes together at school or after school, whatever it is; it's been really good to see that change. (Aboriginal Got It! team member)

This aspect of the program was seen to be both a comfort and an instructive experience for parents, helping them to normalise their own situations (“it’s not just me!”) and learn from the experiences of others.

I think with the schools too. We’ve helped families establish relationships with the schools as well. We’ve helped schools to improve their understanding of what’s going on in the Aboriginal community or the Aboriginal families or particular families. So, I think that not only have we helped them with their medical stuff, but we’ve those schools as well by being that go-between (Aboriginal Got It! team member)

Relationships between participating children, and children’s families, and their teachers

While the survey completed by educators did not specifically ask about the impact of Aboriginal Got It! on the relationship between participating families and the school, or their children’s educators, it was a major theme in the free response feedback provided by primary school educators. Many noted that families who participated in Aboriginal Got It! became more engaged with the school community in general, and with their child’s teacher. This was seen as an important benefit of the program.

The Aboriginal Got It! program provided more of a sense of community amongst our community. There was a significant positive shift in the way that parents interacted with the school, with each other and with the students that attended (Primary School Educator).

It was wonderful to engage our Aboriginal community and have Health and Education working side by side. The parent felt a sense of trust and support and were able to freely participate. The students could see that they had a team of supporters (Primary School Educator).

6. Impact on cultural connection and identity

One of the major impacts all groups reported in relation to the Aboriginal Got It! pilot program was the difference it made to participating children and families' cultural connection and identity. Parents and carers whose children and families already had a strong cultural connection and identity reported that the program gave them additional space to reflect on and celebrate this. For families without a pre-existing strong connection to culture, or those with non-Aboriginal family members, Aboriginal Got It! was said to provide a unique and important opportunity to connect with community and culture and develop pride in their, or their families', Aboriginal identity.

The other thing is the cultural aspects. I was able to understand more about heritage and culture, mum didn't do it, so it was chance to do that. It was important for both my son and me to get some understanding of what the dances and stories mean. We could learn this together, the symbolism, it was really important for sure (Primary School Parent).

The mainstream Got It! clinicians noted the pride that children participating in Aboriginal Got It! showed in having their culture reflected and shared. They also noted that the program helped families who were not as connected to their culture initially go on a journey towards knowing more about their own history and culture and feeling proud of it. These impacts were seen as highly beneficial.

I think the cultural side is very, very important cos a lot of Aboriginal kids are losing their identity which is really sad. That's why it helps to have an Aboriginal program to help them find their identities as well (Referring Agency Staff Member)

Aboriginal Got It! team members saw the role that the program played in helping families connect to their culture and identity as a vital component of supporting social and emotional wellbeing.

I think having an Aboriginal-focused program, just focusing on Aboriginal kids and families, it just shows that identity plays big within our communities. A lack of identity, whether it is cultural or not puts a child in different feelings and different emotions and a rollercoaster of things if they're not getting that support or who they are at home....

Giving that at an early stage, as the Aboriginal Got It! does, giving them a lot of communication skills, reaching out, problem-solving skills, getting the parents to think about their child and the families to think about their child as well, connecting to services now; all that stuff helps - will help them in the long run. Their identity starts first, and I think that's where they're at, understanding who they are and what emotions they feel and stuff like that. (Aboriginal Got It! team member)

Oh I think it's a big positive impact...A lot of the families we've had haven't had that cultural upbringing...due to families getting separated or their parents getting removed as part of the Stolen Generation...That's where we can come in there to assist them...and kind of help them keep that cultural connection within themselves and also get them the help to pass it on to their kids just so their kids don't forget about it or get - grown up without it. (Aboriginal Got It! team member)

Educator feedback on the impact of Aboriginal Got It! on participation in Aboriginal cultural activities

All participants (100%) reported that they believed that having the Aboriginal Got It! team staff at the school had a positive impact on Aboriginal students (Table 15).

It helped the children further connect with their culture and emotions through dancing, story sharing and hands on experiences (Preschool Educator)

The majority of educators (92%) reported that Aboriginal Got It! had a positive impact on the extent to which families participating in the program engaged with cultural activities at the school. All educators (100%) noted a positive impact on the extent to which children participating in the program engaged in cultural activities at the school.

Table 15 – Number and percentage of participating educators who reported Aboriginal Got It! had ‘some’ or ‘considerable’ positive impact on participation in cultural activities*

	Preschool (n=7)	Primary (n=8)	Total (n=15)
Domain	Number and proportion of participants reporting they observed some or considerable positive change (n, %)		
Do you think having the Aboriginal Got it! team staff at the school has been beneficial for the Aboriginal children at the school/in the program?	6 (100%)	8 (100%)	14 (100%)
Do think there has been a positive change in the extent to which Aboriginal <u>families</u> participating in Aboriginal Got It! have engaged in cultural activities at school?	4 (80%)	7 (100%)	11 (92%)
Do think there has been a positive change in the extent to which Aboriginal <u>children</u> participating in Aboriginal Got It! have engaged in cultural activities at school?	6 (100%)	8 (100%)	15 (100%)

*The denominator varies based on the number of educators who felt able to answer each question – ‘don’t know’ responses were not included in total counts.

7. Critical success factors

A more detailed account of the cultural adaptations made to the Got It! program as part of the Aboriginal Got It! program will be provided in the forthcoming Toolkit. In this section we discuss some of key critical success factors noted in the implementation of the pilot.

The Aboriginal Got It! team

A consistent theme in the data across all groups participating in the current evaluation was the enthusiasm, caring, knowledge (cultural, community and professional) and dedication that the Aboriginal Got It! team brought to the pilot program and the strong, positive impact this had. The team were noted to have had strong leadership and to have been highly collaborative (internally and externally) and cohesive. The ‘mix’ of the team was repeatedly mentioned as critical to the team’s effectiveness. Respondents noted that the team:

- Was mainly Aboriginal, with a non-Aboriginal clinician who was very well integrated into the team and engaged very well with participating families;
- Had a roughly equal mix of males and females – this was said to be important from both a cultural and social perspective;

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- Had a variety of complimentary professional backgrounds (social work, psychology, nursing, Aboriginal Health Work and education) and expertise which were usefully applied across all areas of the program;
 - All had strong cultural identities and a wealth of cultural knowledge; and
 - Were embedded in different communities in South Western Sydney, meaning that between them they had strong understanding of, and connection to, most of the areas in scope for the pilot. This was reportedly invaluable when it came to collaborating with different communities.

You know, there are two types of people, those who work for a pay cheque and those who help and make a difference. X and Y are the latter, and even the program. Other families are lucky if they get the same service we did in the pilot program (Primary School Parent)

Enhancing strength, understanding and engagement through culture

All AGI! team members noted that Aboriginal culture informed all aspects of Aboriginal Got It!, from how intake assessments were conducted, to how skills and strategies were taught, to the holistic, all-of-family approach that staff took in their work with families.

Aboriginal culture was seen to be at the core of the program, and to play a key role in building and maintaining relationships with families, helping families understand their history and the impacts of intergenerational trauma, making them feel comfortable and safe, communicating strategies and skills in a way that made sense, helping families to strengthen (or establish) their relationships with their culture and Aboriginal identity and, importantly, in healing. Culture was thus seen to be a vital in driving both the acceptability and impact of the program.

Parents and carers reported that they, and their children, appreciated the way that Aboriginal culture was woven throughout Aboriginal Got It! For parents and families who already had a strong connection to culture and a strong Aboriginal identity, the cultural aspects of the program added to their levels of comfort and enjoyment. Cultural elements like smoking ceremonies and traditional dance were thought to play an important healing and releasing role as they moved through the program.

My favourite bit was the culture side – how it was implemented so that the kids and parents felt comfortable...I could see a lot of changes with culture visually and with Aboriginal staff that I liked (Primary School parent)

Some parents also noted that they, and their child, appreciated being acknowledged as being from a particular community with its own unique culture and history– rather than treating all Aboriginal people as a single, homogenous group.

I think the other thing that we give back to community is that sharing the beauty of our culture. We give that – we remind the families that are involved with our programs how beautiful our culture is. We're introducing it to the schools in a contemporary way because they're often still talking about traditional Aboriginal people with [lap-laps] and spears, when they're doing their education to the kids about what Aboriginal culture is. We're showing them contemporary examples of how we're bringing it, how we're using it, how it is still alive and how we do that by sitting in our circles and having our yarns. By still doing some dance, by sharing stories, by being role models (Aboriginal Got It! team member).

Addressing and acknowledging trauma and trauma-informed care

A key difference between Aboriginal Got It! and mainstream Got It! is the way that intergenerational trauma, and how it influences the lives of families and their parenting practices, is sensitively but openly discussed. This discussion commences at the first meeting families have with the Aboriginal Got It! team as part of the Cultural Strengths Mapping that is a core component of initial assessment.

The Aboriginal Got It! team all agreed that they were uniquely placed to safely explore this issue with families, due to their primarily Aboriginal team and the primarily Aboriginal participants in targeted groups – and thus the wealth of shared experience and understanding and high levels of cultural responsiveness.

Aboriginal Got It! team staff agreed that the issue of intergenerational trauma has such a profound impact on present day social and emotional wellbeing and parenting practices that addressing it is a key part of supporting children and families to make positive changes.

I see that it works really, really well because then their history starts making sense to them, because I think most of them have closed off, like okay, this is how we're living today, this is our life, but then when we do all the background, the Stolen Generation, transgenerational trauma, where they're from and all that, I think it puts it in perspective so then when we do the program, they feel like, okay, we were parented this way, it's not our fault, it's not their fault, this is what's happened, I can make a difference...I want to make the most of it...to make a better future for my child. (Aboriginal Got It! team member)

Aboriginal Got It! also incorporates many strands of cultural healing practices, to help families heal from trauma. These include smoking and water cleansing ceremonies conducted by local elders.

Participant views

Participants appreciated the frank but sensitive acknowledgement of the ongoing, major impact of transgenerational trauma and the Stolen Generations (which continue to be created today) on the Aboriginal community and on how it may have impacted their learned parenting behaviour. Acknowledging this was seen to be freeing (recognising the reason behind certain behaviours or challenges) and empowering (I can do things differently).

It explained the Indigenous background and why I had such a difficult time playing the role of mother. With the background I had, you know of not having a mum and then for my mum growing up with her mum being taken from them – down through the generations not having that role model of how to be a good mother. It was good to see I wasn't the only one experiencing it. I'm very grateful for them (Primary School Parent).

Case management approach to support referral to and receipt of services

The Aboriginal Got It! team purposively adopted an intensive, case management approach to support families to access and engage with indicated services and supports.

I think that a lot of families think that – they feel rushed when they're asking for a service, but what our team has done is, the trust, the relationship, flexibility, and we actually held their hand throughout the whole process. They felt supported (Aboriginal Got It! team member).

This approach was informed by their knowledge of the many barriers Aboriginal families can face in accessing services, including the complexity of the system and past trauma related to interactions with services and government organisations. Participating parents repeatedly highlighted the high levels of support they received from the Aboriginal Got It! team to access and engage with indicated services for their children. Parents reported that this support often extended beyond the life of the program and included delivering and/or coordinating:

- **Comprehensive assessments for participating children** (and sometimes other family members);
- **Referral and confirmed linkage to indicated services and supports** (ensuring appointments were made and attended, providing transport if required);
- **Cultural safety** (attending initial appointments with family (and subsequent appointments if required), providing information to families about what the appointments would involve, helping to facilitate clear communication between clinicians and families); and

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- **Access to supports such as NDIS and Centrelink Benefits** (helping families to navigate and complete highly complex application procedures) and proof of Aboriginality (required to access some Aboriginal services).

In keeping with this, other clinicians noted that the Aboriginal Got It! team's approach to working with clients was significantly more intensive than is usually seen in mainstream health service provision.

*Then I think, **because they go the extra yard in terms of the case management and - you know like, they're going off and attending paediatric appointments with families and driving siblings to services they've referred them to..... I think the families have really benefitted from that.*** (Mainstream Got It! clinician)

While this was acknowledged to have resource implications, it was also reported to have been highly effective and very beneficial for families:

*They've assisted the families in linking into appropriate or ongoing services **and I think that's a big positive because it's not something that families can really negotiate themselves...**It's assisting these vulnerable families in getting support for themselves and their children (Referring Agency Staff member).*

Opportunities for improvement

The evaluation highlights several opportunities for improvement:

1. **Making Aboriginal Got It! sustainable:** Concern was expressed by families, service providers and educators alike that the Aboriginal Got It! program may not receive ongoing funding. Short term program funding was repeatedly highlighted as a pernicious problem in Aboriginal health. Short term funding was seen to harm the ability of health programs and services to initiate and sustain relationships with Aboriginal families (due to lack of trust that they would remain in operation and provide the support required) and the ability for comprehensive bodies of knowledge and expertise to be developed around 'what works'. These factors in turn were seen to contribute to unmet need for health and wellbeing services among Aboriginal children and families and thus to reinforce ongoing health inequalities. **Aboriginal Got It! was perceived as a unique, effective, and much-needed program. Evaluation participants strongly recommended that it become a permanent program;**
2. **Increasing capacity:** Due to reportedly very high levels of unmet need across the region, evaluation participants consistently recommended that the **SWSLHD AGI! team be expanded so that more families could benefit from the program**, ideally with multiple schools and preschools participating simultaneously. Some participants noted the importance of maintaining a gender balance in the team if expanded.

There were also repeated calls for the Aboriginal Got It! program to be scaled up and made available to Aboriginal families in all areas. Calls were also made for an AGI!-style program for older primary school aged children and even adolescents.
3. **Increasing program length:** Some participating parents and members of the Aboriginal Got It! team suggested that increasing the length of the program would be beneficial. This would allow more time to work through the program content and to ensure the strategies and skills learnt were well understood and practiced by families.
4. **Post program support sessions:** Some participating families and educators suggested occasional ongoing group-level support would be useful following program conclusion (in addition to the one-on-one support that was received by families with high ongoing needs until they were well engaged with required services). In particular, '**refresher sessions**' (every 6-12 months). Parents felt these would help to reinforce learnings, allow them to reconnect with other group members and staff and provide opportunities to learn new age-appropriate skills as their children got older and faced new challenges.

Some **educators also expressed a desire to be able to receive ongoing support and advice** from the Aboriginal Got It! team.

5. **Small program enhancements:** A number of smaller suggestions for program improvement were given including:

- **Creating more Aboriginal Got It! tools and resources** such as fridge magnets and tip sheets (to put on fridge/wall) to keep strategies top of mind, matching Aboriginal Got It! t-shirts for parents and children and perhaps an Aboriginal Got It! app.
- **Modifying the workbook:** Some respondents suggested the workbook be abbreviated and less text-based.
- **Having a long yarning circle at the start of each session** (for parents/carers) so everyone could share what was going on for them before the session begins. The parent who suggested this noted that otherwise parents tended to slow sessions down by debriefing as things came up, making it harder to get through all of the planned content.
- **Building more involvement of the wider family into homework activities**, to help enhance consistent parenting practices among caregivers in the household.
- **Consider ways-forward for working with separated families**, again to help increase consistency in parenting behaviours among all caregivers

Recommendations

The results of the current evaluation suggest that the Aboriginal Got It! program is feasible to deliver and highly acceptable, and that participation in the program is associated with significant improvement in child social and emotional wellbeing and key factors which underpin it (parenting behaviour, service access). **These findings are particularly significant given both the high prevalence of social and emotional wellbeing challenges amongst Aboriginal children and the dearth of evidence to underpin policies, services and programs which aim to support the social and emotional wellbeing of Aboriginal children.**

In light of this, Aboriginal Got It! presents a significant opportunity for SWSLHD and the NSW Ministry of Health more broadly to improve the programs and services available to support the social and emotional wellbeing of Aboriginal children and families, and the body of evidence to underpin policy and service development. We recommend that:

1. The Aboriginal Got It! program is supported to **become a permanent service offering in SWSLHD;**
2. Consideration is given to how best to **build on and extend the AGI! Model** so that more Aboriginal children and families can benefit from it, **whilst not overloading the AGI! team.** Options may include:
 - a. **Sharing knowledge, building capacity:** SWSLHD have already commissioned the development of a Cultural Adaptation Handbook for Got It! This is likely to be an important resource for others who wish to provide culturally responsive programs and services to Aboriginal families. The release of the handbook should be publicised through newsletters, workshops, presentations etc.
 - i. Consideration could also be given to other methods of sharing the knowledge generated by AGI! and increasing skills and capacities across the system including:
 1. Supporting the AGI! Team to present at forums, workshops and conferences;
 2. Supporting the AGI team to develop and deliver training for other health professionals;
 3. Offering a limited number of placements to allow external Aboriginal health workers, clinicians and other health professionals to work alongside the SWSLHD team for a limited period of time to learn about their methods and processes; and
 4. Creating a community of practice led by the AGI! team.

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- b. **Expanding the SWSLHD AGI! team:** In order to increase the number of families who work with the program at once, for example by allowing multiple schools to participate simultaneously. This would also enable more staff to build skills and learn from the AGI! model.
 - c. **Trailing the AGI! model in other LHDs** with high Aboriginal populations.

3. Further research and evaluation is conducted in order to **increase the level of evidence to underpin the model**, including:

- d. Ongoing data collection arising from SWSLHD implementation of Aboriginal Got It! with additional data collected to inform **economic analyses**;
- e. Consideration given to seeking participant consent for linked data analysis to enable analysis of the impact of the program on service access over time and high-level outcomes (health and educational, e.g. Australian Early Development Census); and
- f. Consideration given to creating a matched control group (using data linkage) to compare service use and outcomes with those of AGI! participants.
- g. If the model is trailed in other services, these should form part of a broader evaluation study to provide a high level of evidence on the impact of the model.

Conclusion

The Aboriginal Got It! pilot was funded with a view to determining whether it would be possible to design and implement a culturally adapted version of the successful Got It! program that was able to engage Aboriginal families, provide cultural safety and achieve positive impacts. The results of this evaluation clearly demonstrate that Aboriginal Got It! achieved these goals.

The data presented in this report demonstrates that SWSLHD were able to design and implement a sophisticated and comprehensive cultural adaptation of the Got It! program. Despite the challenges imposed by the COVID-19 pandemic, and those inherent in extending the program to a new setting (preschools), seven rounds of the program were successfully implemented. This suggests Aboriginal Got It! was feasible to design and implement.

Data from participating parents, educators and key stakeholders were consistent in demonstrating that Aboriginal Got It! was highly acceptable to Aboriginal families and schools. In addition, it was considered a valuable new partner in the health and wellbeing landscape for Aboriginal families by key stakeholders. The program achieved excellent levels of engagement with Aboriginal families, from the initial selection process through to program completion. This suggests Aboriginal Got It! has overcome one of the major challenges noted regarding the mainstream program. Moreover, participating parents, caregivers and educators have provided overwhelmingly positive feedback about their experience of engaging with the program. One of the aspects of Aboriginal Got It! that was consistently praised was the cultural safety it provided, again addressing a major barrier previously noted regarding the mainstream program.

Clinical outcome data demonstrates that participation in Aboriginal Got It! was associated with statistically significant improvement in child behaviour and social and emotional wellbeing (Eyberg Child Behaviour Inventory, HoNOSCA), parenting behaviour (Parenting Scale) and psychosocial stressors (FIHS) over the course of the program that were maintained at follow up. These findings were supported by qualitative data with reports from all sources suggesting that the Aboriginal Got It! program has made a range of significant, positive impacts on participating children, families and school/preschools. Key impacts noted included improvements in child behaviour and confidence, improvements in parenting skills and parental confidence, increased familial bonding and cohesion and increased connection to, and pride in, culture. Many of the children who participated in Aboriginal Got It! had significant developmental and/or emotional and behavioural challenges and trauma backgrounds yet were not receiving assistance. A further key benefit of Aboriginal Got It! was the provision of comprehensive developmental and mental health assessments for children and the intensive case management approach that was taken to ensure that children received any indicated services. Early detection and treatment of these challenges has lifelong benefits.

Taken together, these findings suggest that, to date, the Aboriginal Got It! pilot program has achieved all of the success indicators of a pilot program while also successfully addressing key shortcomings noted in the mainstream Got It! program.

Aboriginal Got It! is one of the most comprehensively evaluated programs or services designed to improve the social and emotional wellbeing of Aboriginal children in Australia. It represents a major opportunity to improve service delivery and evidence in this important area.

One of the other things we always talk about is leaving our families with a good memory. Leaving our families with a positive memory. Not only a positive memory of being involved with our program, but a positive memory of the time that they spent with their child, [and of] engaging with the health service. Leaving that – so that hopefully they can build next time they have to go to the doctors or next time they have to do something, they have a positive experience. They did a lot of that stuff themselves, it wasn't just us. We were there to support, but they did that themselves (Aboriginal Got It! team member).

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CONTINUOUS VARIABLES

Children with pre-program and post-program scores					
	N	Pre-program	Post-program	Difference (Post - Pre) in mean scores	Paired t-test p value
		Mean (SD)	Mean (SD)	Mean (SD)	
Parent SDQ					
All schools/preschools					
Total	31	14.9 (4.2)	14.7 (5.0)	-0.2 (4.7)	0.827
Conduct	31	3.1 (2.0)	2.9 (1.8)	-0.2 (1.9)	0.579
Primary schools only					
Total	18	15.3 (4.4)	15.1 (5.2)	-0.2 (5.5)	0.866
Conduct	18	2.9 (2.0)	2.7 (2.0)	-0.2 (2.0)	0.646
Preschools only					
Total	13	14.2 (4.0)	14.1 (4.7)	-0.1 (3.5)	0.891
Conduct	13	3.4 (2.0)	3.2 (1.5)	-0.2 (1.9)	0.771
Teacher SDQ					
All schools/preschools					
Total	31	12.1 (7.4)	12.4 (5.9)	0.3 (8.8)	0.868
Conduct	31	1.7 (2.3)	2.1 (2.2)	0.4 (2.6)	0.408*
Primary schools only					
Total	19	10.3 (6.8)	11.7 (5.2)	1.4 (7.8)	0.452
Conduct	19	0.9 (1.6)	1.8 (2.2)	0.8 (1.9)	0.214*
Preschools only					
Total	12	15.0 (7.7)	13.5 (7.0)	-1.5 (10.3)	0.623
Conduct	12	2.9 (2.6)	2.5 (2.3)	-0.4 (3.3)	0.828*

*Wilcoxon signed rank sum (exact) test used as the score is not normally distributed.

Children with pre-program, post-program and follow up scores								
	N	Pre-program	Post-program	Follow up	Difference (Post - Pre-program) in mean scores	Difference (Follow up - Post-program) in mean scores	Paired t-test p value	Paired t-test p value
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Parent SDQ								
All schools/preschools								
Total	30	14.6 (4.0)	14.4 (4.9)	15.6 (5.5)	-0.2 (4.8)	0.827	1.1 (4.5)	0.180
Conduct	30	3.0 (1.9)	2.8 (1.7)	3.0 (2.2)	-0.2 (2.0)	0.580	0.2 (1.6)	0.573
Primary schools only								
Total	18	15.3 (4.4)	15.1 (5.2)	16.8 (5.3)	-0.2 (5.5)	0.866	1.7 (5.5)	0.214
Conduct	18	2.9 (2.0)	2.7 (2.0)	2.9 (2.3)	-0.2 (2.0)	0.646	0.2 (1.8)	0.614
Preschools only								
Total	12	13.6 (3.4)	13.4 (4.3)	13.8 (5.5)	-0.1 (3.6)	0.891	0.3 (2.5)	0.653
Conduct	12	3.2 (1.9)	3.0 (1.3)	3.1 (2.2)	-0.2 (1.9)	0.772	0.1 (1.2)	0.820
Teacher SDQ								
All schools/preschools								
Total	11	8.6 (5.1)	14.1 (6.2)	11.8 (4.9)	5.5 (5.9)	0.011	-2.3 (5.0)	0.160
Conduct	11	0.6 (1.4)	2.2 (2.2)	2.1 (2.4)	1.5 (1.8)	0.031*	-0.1 (1.4)	0.813*
Primary schools only								
Total	7	8.5 (4.7)	12.2 (5.2)	10.7 (5.2)	3.7 (6.5)	0.180	-1.5 (3.3)	0.279
Conduct	7	0.4 (1.1)	1.3 (1.4)	0.9 (0.9)	0.9 (1.6)	0.375*	-0.4 (0.8)	0.500*
Preschools only								
Total	4	8.8 (6.4)	17.5 (7.2)	13.8 (4.1)	8.8 (3.5)	0.015	-3.8 (7.6)	0.398
Conduct	4	1.0 (2.0)	3.8 (2.8)	4.3 (2.9)	2.8 (1.7)	0.125*	0.5 (2.1)	0.750*

*Wilcoxon signed rank sum (exact) test used as the score is not normally distributed.

Children with pre-program and post-program scores					
	N	Pre-program	Post-program	Difference (Post - Pre) in mean scores	Wilcoxon signed rank sum test p-value*
		Mean (SD)	Mean (SD)	Mean (SD)	
Parenting Scale					
All schools/preschools					
Total	27	3.4 (0.6)	3.1 (0.7)	-0.4 (0.6)	0.004
Laxness	27	3.1 (1.0)	3.0 (0.9)	-0.2 (0.9)	0.370
Over-reactivity	27	3.5 (1.1)	3.1 (1.4)	-0.5 (1.2)	0.029
Hostility	27	2.5 (1.2)	2.2 (1.2)	-0.2 (0.9)	0.203
Primary schools only					
Total	16	3.5 (0.3)	3.3 (0.6)	-0.2 (0.6)	0.085
Laxness	16	3.3 (0.9)	3.1 (0.8)	-0.1 (1.0)	0.659
Over-reactivity	16	3.7 (1.0)	3.5 (1.5)	-0.2 (1.3)	0.397
Hostility	16	2.4 (1.1)	2.5 (1.2)	0.1 (0.8)	0.935
Preschools only					
Total	11	3.3 (0.9)	2.8 (0.8)	-0.6 (0.7)	0.024
Laxness	11	3.0 (1.1)	2.7 (1.0)	-0.3 (0.8)	0.393
Over-reactivity	11	3.3 (1.3)	2.4 (1.1)	-0.8 (1.0)	0.016
Hostility	11	2.6 (1.3)	1.9 (1.1)	-0.7 (0.8)	0.037

*Wilcoxon signed rank sum (exact) test used as the scores are not normally distributed.

Children with pre-program, post-program and follow up scores								
	N	Pre-program	Post-program	Follow up	Difference (Post - Pre-program) in mean scores	Wilcoxon signed rank sum test p-value*	Difference (Follow up - Post-program) in mean scores	Wilcoxon signed rank sum test p-value*
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		Mean (SD)	
Parenting Scale								
All schools/preschools								
Total	25	3.4 (0.6)	3.1 (0.7)	3.1 (0.7)	-0.3 (0.6)	0.008	0.01 (0.6)	0.838
Laxness	25	3.1 (1.0)	3.0 (0.9)	3.1 (0.9)	-0.1 (0.9)	0.445	0.1 (0.8)	0.765
Over-reactivity	25	3.6 (1.2)	3.2 (1.4)	3.1 (1.2)	-0.4 (1.3)	0.054	-0.1 (1.0)	0.484
Hostility	25	2.5 (1.2)	2.3 (1.2)	2.2 (1.2)	-0.2 (0.9)	0.341	-0.1 (1.1)	0.806
Primary schools only								
Total	15	3.5 (0.3)	3.3 (0.6)	3.3 (0.4)	-0.2 (0.6)	0.098	-0.004 (0.7)	0.730
Laxness	15	3.3 (0.9)	3.2 (0.8)	3.4 (0.5)	-0.2 (1.0)	0.552	0.3 (0.9)	0.324
Over-reactivity	15	3.7 (1.0)	3.6 (1.6)	3.3 (1.4)	-0.2 (1.4)	0.446	-0.2 (1.2)	0.989
Hostility	15	2.3 (1.1)	2.5 (1.2)	2.2 (1.3)	0.1 (0.8)	0.758	-0.3 (1.4)	0.645
Preschools only								
Total	10	3.3 (0.9)	2.8 (0.8)	2.9 (0.9)	-0.5 (0.7)	0.049	0.04 (0.4)	0.791
Laxness	10	2.8 (1.1)	2.7 (1.0)	2.5 (1.1)	-0.1 (0.6)	0.660	-0.2 (0.5)	0.398
Over-reactivity	10	3.3 (1.4)	2.6 (1.0)	2.7 (0.9)	-0.8 (1.0)	0.031	0.1 (0.4)	0.344
Hostility	10	2.7 (1.3)	2.0 (1.1)	2.2 (1.2)	-0.7 (0.9)	0.059	0.2 (0.4)	0.219

*Wilcoxon signed rank sum (exact) test used as the scores are not normally distributed.

Children with pre-program and post-program scores					
	N	Pre-program	Post-program	Difference (Post - Pre) in mean scores	Paired t-test p value
		Mean (SD)	Mean (SD)	Mean (SD)	
Eyberg Child Behaviour Inventory (ECBI)					
All schools/preschools					
Intensity Total Score	29	146.1 (36.5)	124.5 (32.8)	-21.6 (29.5)	0.0005
Problem Total Score	29	13.4 (9.5)	9.4 (7.7)	-4.0 (11.5)	0.071
Primary schools only					
Intensity Total Score	18	142.4 (40.4)	116.7 (36.8)	-25.7 (32.5)	0.004
Problem Total Score	18	13.3 (9.6)	8.4 (8.3)	-4.9 (9.9)	0.049
Preschools only					
Intensity Total Score	11	152.1 (29.8)	137.4 (20.4)	-14.7 (23.7)	0.067
Problem Total Score	11	13.6 (9.8)	11.2 (6.7)	-2.5 (14.0)	0.575

Children with pre-program, post-program and follow up scores								
	N	Pre-program	Post-program	Follow up	Difference (Post - Pre-program) in mean scores	Paired t-test p value	Difference (Follow up - Post-program) in mean scores	Paired t-test p value
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		Mean (SD)	
Eyberg Child Behaviour Inventory (ECBI)								
All schools/preschools								
Intensity Total Score	25	146.0 (38.8)	120.9 (33.9)	119.9 (37.6)	-25.2 (28.9)	0.0002	-1.0 (27.8)	0.864
Problem Total Score	25	15.2 (9.0)	9.4 (7.4)	6.8 (6.5)	-5.9 (10.4)	0.009	-2.5 (7.2)	0.092
Primary schools only								
Intensity Total Score	15	142.1 (43.6)	110.5 (37.3)	116.0 (38.8)	-31.6 (30.4)	0.001	5.5 (29.0)	0.477
Problem Total Score	15	15.4 (9.1)	8.5 (7.9)	7.3 (6.6)	-6.9 (8.3)	0.006	-1.2 (7.3)	0.532
Preschools only								
Intensity Total Score	10	151.9 (31.4)	136.4 (21.2)	125.8 (36.9)	-15.5 (24.9)	0.080	-10.6 (24.0)	0.196
Problem Total Score	10	15.0 (9.2)	10.7 (6.8)	6.2 (6.5)	-4.3 (13.3)	0.334	-4.5 (6.9)	0.070

Children with pre-program and mid-program† scores

	N	Pre-program	Mid-program	Difference (Mid - Pre) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Wilcoxon signed rank sum test p-value*
Health of the Nation Outcome Scales for Children & Adolescents (HoNOSCA)					
All schools/preschools					
Behavioural Problems	33	3.1 (1.5)	2.7 (1.3)	-0.4 (1.3)	0.065
Impairment	33	1.9 (1.4)	2.1 (1.1)	0.2 (1.3)	0.235
Symptomatic Problems	33	2.4 (1.2)	2.3 (1.4)	-0.03 (1.7)	0.752
Social Problems	33	4.4 (1.7)	4.4 (2.2)	0.03 (2.5)	0.834
Information	33	2.8 (1.6)	2.4 (1.5)	-0.4 (2.1)	0.158
Total Score	33	11.8 (4.1)	11.6 (4.3)	-0.2 (5.0)	0.808
Primary schools only					
Behavioural Problems	19	2.9 (1.5)	2.7 (1.4)	-0.3 (1.2)	0.361
Impairment	19	1.6 (1.2)	1.7 (1.0)	0.1 (1.1)	1.000
Symptomatic Problems	19	2.3 (1.5)	2.3 (1.5)	-0.1 (1.9)	0.709
Social Problems	19	4.4 (1.7)	4.3 (2.2)	-0.1 (2.5)	0.988
Information	19	2.7 (1.7)	2.4 (1.7)	-0.3 (2.3)	0.551
Total Score	19	11.3 (4.3)	10.9 (4.2)	-0.3 (4.9)	0.774
Preschools only					
Behavioural Problems	14	3.4 (1.5)	2.7 (1.3)	-0.6 (1.4)	0.117
Impairment	14	2.2 (1.6)	2.7 (1.0)	0.5 (1.5)	0.189
Symptomatic Problems	14	2.4 (0.9)	2.4 (1.3)	0 (1.6)	0.997
Social Problems	14	4.4 (1.6)	4.6 (2.3)	0.1 (2.5)	0.728
Information	14	2.9 (1.4)	2.3 (1.2)	-0.6 (1.9)	0.139
Total Score	14	12.4 (3.9)	12.4 (4.6)	0 (5.3)	1.000

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

*Wilcoxon signed rank sum (exact) test used as the scores are not normally distributed.

Children with pre-program, mid-program† and post-program scores

	N	Pre-program	Mid-program	Post-program	Difference (Mid - Pre-program) in mean scores		Difference (Post-program - Mid-program) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Wilcoxon signed rank sum test p-value*	Mean (SD)	Wilcoxon signed rank sum test p-value*
Health of the Nation Outcome Scales for Children & Adolescents (HoNOSCA)								
All schools/preschools								
Behavioural Problems	23	3.2 (1.3)	2.7 (1.3)	2.4 (1.6)	-0.5 (1.0)	0.045	-0.3 (1.4)	0.352
Impairment	23	1.9 (1.3)	2.1 (1.1)	1.7 (1.5)	0.2 (1.3)	0.404	-0.3 (1.1)	0.094
Symptomatic Problems	23	2.2 (1.3)	2.2 (1.3)	1.8 (1.1)	0.04 (1.9)	0.994	-0.4 (1.9)	0.536
Social Problems	23	4.4 (1.8)	4.9 (2.2)	3.5 (1.6)	0.5 (2.7)	0.454	-1.4 (2.5)	0.020
Information	23	2.9 (1.6)	2.8 (1.3)	2.5 (1.5)	-0.1 (2.2)	0.528	-0.3 (1.8)	0.999
Total Score	23	11.7 (4.1)	11.9 (4.5)	9.5 (3.2)	0.2 (5.2)	0.981	-2.4 (5.1)	0.039
Primary schools only								
Behavioural Problems	14	3.2 (1.5)	2.7 (1.5)	2.5 (1.7)	-0.5 (1.2)	0.156	-0.2 (1.6)	0.521
Impairment	14	1.8 (1.1)	1.6 (1.0)	1.4 (1.5)	-0.1 (1.0)	0.680	-0.2 (1.2)	0.410
Symptomatic Problems	14	2.1 (1.5)	2.2 (1.6)	1.9 (1.1)	-0.1 (2.2)	0.993	-0.4 (2.2)	0.787
Social Problems	14	4.5 (2.0)	4.6 (2.4)	3.5 (1.7)	0.1 (2.8)	0.873	-1.1 (2.7)	0.226
Information	14	2.9 (1.7)	2.9 (1.6)	2.5 (1.6)	0 (2.4)	0.881	-0.4 (2.0)	0.844
Total Score	14	11.6 (4.5)	11.1 (4.8)	9.3 (3.3)	-0.5 (5.4)	0.642	-1.9 (6.0)	0.273
Preschools only								
Behavioural Problems	9	3.1 (0.8)	2.7 (1.0)	2.3 (1.5)	-0.4 (0.9)	0.313	-0.3 (1.1)	0.563
Impairment	9	2.1 (1.5)	2.8 (1.0)	2.2 (1.4)	0.7 (1.5)	0.148	-0.6 (0.9)	0.180
Symptomatic Problems	9	2.2 (0.8)	2.2 (1.0)	1.8 (1.1)	0 (1.3)	1.000	-0.4 (1.4)	0.594
Social Problems	9	4.2 (1.5)	5.3 (1.8)	3.4 (1.4)	1.1 (2.5)	0.469	-1.9 (2.2)	0.047
Information	9	3.0 (1.6)	2.7 (0.7)	2.6 (1.5)	-0.3 (2.1)	0.445	-0.1 (1.6)	1.000
Total Score	9	11.7 (3.6)	13.0 (4.0)	9.8 (3.3)	1.3 (5.0)	0.594	-3.2 (3.5)	0.031

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

*Wilcoxon signed rank sum (exact) test used as the scores are not normally distributed.

Children with pre-program and mid-program† scores

	N	Pre-program	Mid-program	Difference (Mid - Pre) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Paired t-test p value
Children's Global Assessment Scale (CGAS)					
All schools/preschools					
CGAS Rating	33	57.6 (9.2)	59.1 (7.3)	1.5 (10.6)	0.438
Primary schools only					
CGAS Rating	19	59.1 (10.1)	60.5 (4.5)	1.5 (11.6)	0.586
Preschools only					
CGAS Rating	14	55.6 (7.9)	57.1 (9.8)	1.4 (9.6)	0.589

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

Children with pre-program, mid-program† and post-program scores

	N	Pre-program	Mid-program	Post-program	Difference (Mid - Pre-program) in mean scores		Difference (Post-program - Mid-program) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Paired t-test p value	Mean (SD)	Paired t-test p value
Children's Global Assessment Scale (CGAS)								
All schools/preschools								
CGAS Rating	23	59.1 (9.9)	60.3 (7.3)	60.9 (8.0)	1.2 (11.5)	0.630	0.6 (6.8)	0.670
Primary schools only								
CGAS Rating	14	60.3 (11.3)	61.1 (5.0)	61.0 (7.6)	0.8 (13.2)	0.827	0.1 (6.9)	0.970
Preschools only								
CGAS Rating	9	57.3 (7.4)	59.1 (10.2)	60.8 (9.0)	1.8 (9.1)	0.575	1.7 (6.8)	0.484

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

Children with pre-program and mid-program† scores

	N	Pre-program	Mid-program	Difference (Mid - Pre) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Wilcoxon signed rank sum test p-value*
Factors Influencing Health Status (FIHS)					
All schools/preschools					
FIHS Rating	29	2.1 (1.6)	1.9 (1.4)	-0.2 (1.9)	0.599
Primary schools only					
FIHS Rating	15	2.3 (1.4)	2.0 (1.7)	-0.3 (2.0)	0.539
Preschools only					
FIHS Rating	14	1.9 (1.9)	1.8 (0.9)	-0.1 (1.9)	0.892

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

*Wilcoxon signed rank sum test was used as FIHS Rating is ordinal.

Children with pre-program, mid-program† and post-program scores

	N	Pre-program	Mid-program	Post-program	Difference (Mid - Pre-program) in mean scores		Difference (Post-program - Mid-program) in mean scores	
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Wilcoxon signed rank sum test p-value*	Mean (SD)	Wilcoxon signed rank sum test p-value*
Factors Influencing Health Status (FIHS)								
All schools/preschools								
FIHS Rating	19	1.9 (1.4)	1.8 (0.9)	0.6 (0.9)	-0.1 (1.5)	0.926	-1.3 (1.0)	0.0001
Primary schools only								
FIHS Rating	10	2.4 (1.5)	2.0 (1.1)	0.8 (1.0)	-0.4 (1.4)	0.500	-1.2 (1.2)	0.016
Preschools only								
FIHS Rating	9	1.4 (1.2)	1.7 (0.7)	0.3 (0.7)	0.2 (1.6)	0.641	-1.3 (0.7)	0.008

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

*Wilcoxon signed rank sum test was used as FIHS Rating is ordinal.

CATEGORICAL VARIABLES

Children with pre-program and post-program scores								Pre- vs post-program
N	Abnormal		Borderline		Normal		Stuart_Maxwell Test of Marginal Homogeneity p value	
	Pre	Post	Pre	Post	Pre	Post		
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)		
Parent SDQ (all schools/preschools)								
Total	31	8 (25.8)	11 (35.5)	10 (32.3)	7 (22.6)	13 (41.9)	13 (41.9)	0.613
Conduct	31	11 (35.5)	11 (35.5)	6 (19.4)	7 (22.6)	14 (45.2)	13 (41.9)	0.854
Parent SDQ (primary schools only)								
Total	18	6 (33.3)	6 (33.3)	6 (33.3)	5 (27.8)	6 (33.3)	7 (38.9)	1.000
Conduct	18	6 (33.3)	5 (27.8)	3 (16.7)	4 (22.2)	9 (50.0)	9 (50.0)	1.000
Parent SDQ (preschools only)								
Total	13	2 (15.4)	5 (38.5)	4 (30.8)	2 (15.4)	7 (53.9)	6 (46.2)	0.500
Conduct	13	5 (38.5)	6 (46.2)	3 (23.1)	3 (23.1)	5 (38.5)	4 (30.8)	1.000
Teacher SDQ (all schools/preschools)								
Total	31	9 (29.0)	8 (25.8)	5 (16.1)	5 (16.1)	17 (54.8)	18 (58.1)	0.641
Conduct	31	8 (25.8)	7 (22.6)	2 (6.5)	4 (12.9)	21 (67.7)	20 (64.5)	0.795
Teacher SDQ (primary schools only)								
Total	19	3 (15.8)	5 (26.3)	3 (15.8)	2 (10.5)	13 (68.4)	12 (63.2)	0.398
Conduct	19	2 (10.5)	4 (21.1)	1 (5.3)	3 (15.8)	16 (84.2)	12 (63.2)	0.375
Teacher SDQ (preschools only)								
Total	12	6 (50.0)	3 (25.0)	2 (16.7)	3 (25.0)	4 (33.3)	6 (50.0)	0.563
Conduct	12	6 (50.0)	3 (25.0)	1 (8.3)	1 (8.3)	5 (41.7)	8 (66.7)	0.375

Children with pre-program, post-program and follow up scores											Pre- vs post-program	Post-program vs follow up
N	Abnormal			Borderline			Normal			Stuart_Maxwell Test of Marginal Homogeneity p value	Stuart_Maxwell Test of Marginal Homogeneity p value	
	Pre	Post	Follow up	Pre	Post	Follow up	Pre	Post	Follow up			
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)		
Parent SDQ (all schools/preschools)												
Total	30	7 (23.3)	10 (33.3)	12 (40.0)	10 (33.3)	7 (23.3)	8 (26.7)	13 (43.3)	13 (43.3)	10 (33.3)	0.613	0.634
Conduct	30	10 (33.3)	10 (33.3)	10 (33.3)	6 (20.0)	7 (23.3)	7 (23.3)	14 (46.7)	13 (43.3)	13 (43.3)	0.854	1.000
Parent SDQ (primary schools only)												
Total	18	6 (33.3)	6 (33.3)	10 (55.6)	6 (33.3)	5 (27.8)	2 (11.1)	6 (33.3)	7 (38.9)	6 (33.3)	1.000	0.252
Conduct	18	6 (33.3)	5 (27.8)	5 (27.8)	3 (16.7)	4 (22.2)	5 (27.8)	9 (50.0)	9 (50.0)	8 (44.4)	1.000	0.719
Parent SDQ (preschools only)												
Total	12	1 (8.3)	4 (33.3)	2 (16.7)	4 (33.3)	2 (16.7)	6 (50.0)	7 (58.3)	6 (50.0)	4 (33.3)	0.500	0.375
Conduct	12	4 (33.3)	5 (41.7)	5 (41.7)	3 (25.0)	3 (25.0)	2 (16.7)	5 (41.7)	4 (33.3)	5 (41.7)	1.000	1.000
Teacher SDQ (all schools/preschools)												
Total	11	2 (18.2)	4 (36.4)	2 (18.2)	0(0)	2 (18.2)	3 (27.3)	9 (81.8)	5 (45.5)	6 (54.6)	0.375	0.625
Conduct	11	1 (9.1)	2 (18.2)	2 (18.2)	1 (9.1)	2 (18.2)	0(0)	9 (81.8)	7 (63.6)	9 (81.8)	1.000	0.500
Teacher SDQ (primary schools only)												
Total	7	1 (14.3)	3 (42.9)	1 (14.3)	0 (0)	0 (0)	2 (28.6)	6 (85.7)	4 (57.1)	4 (57.1)	0.625	0.500
Conduct	7	0 (0)	0 (0)	0 (0)	1 (14.3)	2 (28.6)	0 (0)	6 (85.7)	5 (71.4)	7 (100)	1.000	0.500
Teacher SDQ (preschools only)												
Total	4	1 (25.0)	1 (25.0)	1 (25.0)	0 (0)	2 (50.0)	1 (25.0)	3 (75.0)	1 (25.0)	2 (50.0)	0.500	1.000
Conduct	4	1 (25.0)	2 (50.0)	2 (50.0)	0 (0)	0 (0)	0 (0)	3 (75.0)	2 (50.0)	2 (50.0)	1.000	1.000

Children with pre-program and post-program scores						Pre- vs post-program Stuart_Maxwell Test of Marginal Homogeneity p value
N	Normal		Abnormal		p value	
	Pre n (%)	Post n (%)	Pre n (%)	Post n (%)		
Parenting Scale (all schools/preschools)						
Total	27	6 (22.2)	15 (55.6)	21 (77.8)	12 (44.4)	0.012
Laxness	27	15 (55.6)	19 (70.4)	12 (44.4)	8 (29.6)	0.289
Over-reactivity	27	20 (74.1)	21 (77.8)	7 (25.9)	6 (22.2)	1.000
Hostility	27	15 (55.6)	18 (66.7)	12 (44.4)	9 (33.3)	0.453
Parenting Scale (primary schools only)						
Total	16	2 (12.5)	6 (37.5)	14 (87.5)	10 (62.5)	0.125
Laxness	16	7 (43.8)	10 (62.5)	9 (56.3)	6 (37.5)	0.375
Over-reactivity	16	12 (75.0)	11 (68.8)	4 (25.0)	5 (31.3)	1.000
Hostility	16	9 (56.3)	10 (62.5)	7 (43.8)	6 (37.5)	1.000
Parenting Scale (Preschools only)						
Total	11	4 (36.4)	9 (81.8)	7 (63.6)	2 (18.2)	0.125
Laxness	11	8 (72.7)	9 (81.8)	3 (27.3)	2 (18.2)	1.000
Over-reactivity	11	8 (72.7)	10 (90.9)	3 (27.3)	1 (9.1)	0.500
Hostility	11	6 (54.6)	8 (72.7)	5 (45.4)	3 (27.3)	0.625

Children with pre-program, post program and follow up scores								Pre- vs post- program Stuart_Maxwell Test of Marginal Homogeneity p value	Post-program vs Follow up Stuart_Maxwell Test of Marginal Homogeneity p value
N	Normal			Abnormal			p value		
	Pre n (%)	Post n (%)	Follow Up n (%)	Pre n (%)	Post n (%)	Follow Up n (%)			
Parenting Scale (all schools/preschools)									
Total	25	6 (24.0)	14 (56.0)	15 (60.0)	19 (76.0)	11 (44.0)	10 (40.0)	0.022	1.000
Laxness	25	14 (56.0)	17 (68.0)	17 (68.0)	11 (44.0)	8 (32.0)	8 (32.0)	0.453	1.000
Over-reactivity	25	18 (72.0)	19 (76.0)	19 (76.0)	7 (28.0)	6 (24.0)	6 (24.0)	1.000	1.000
Hostility	25	14 (56.0)	16 (64.0)	19 (76.0)	11 (44.0)	9 (36.0)	6 (24.0)	0.688	0.375
Parenting Scale (primary schools only)									
Total	15	2 (13.3)	6 (40.0)	7 (46.7)	13 (86.7)	9 (60.0)	8 (53.3)	0.125	1.000
Laxness	15	6 (40.0)	9 (60.0)	8 (53.3)	9 (60.0)	6 (40.0)	7 (46.7)	0.375	1.000
Over-reactivity	15	11 (73.3)	10 (66.7)	10 (66.7)	4 (26.7)	5 (33.3)	5 (33.3)	1.000	1.000
Hostility	15	9 (60.0)	9 (60.0)	11 (73.3)	6 (40.0)	6 (40.0)	4 (26.7)	1.000	0.625
Parenting Scale (Preschools only)									
Total	10	4 (40.0)	8 (80.0)	8 (80.0)	6 (60.0)	2 (20.0)	2 (20.0)	0.219	1.000
Laxness	10	8 (80.0)	8 (80.0)	9 (90.0)	2 (20.0)	2 (20.0)	1 (10.0)	1.000	1.000
Over-reactivity	10	7 (70.0)	9 (90.0)	9 (90.0)	3 (30.0)	1 (10.0)	1 (10.0)	0.500	1.000
Hostility	10	5 (50.0)	7 (70.0)	8 (80.0)	5 (50.0)	3 (30.0)	2 (20.0)	0.625	1.000

Children with pre-program and post-program scores						Pre- vs post-program Stuart_Maxwell Test of Marginal Homogeneity p value
N	Clinically significant*				p value	
	No		Yes			
	Pre n (%)	Post n (%)	Pre n (%)	Post n (%)		
Eyberg Child Behaviour Inventory (ECBI)						
All schools/preschools						
Intensity Score	29	11 (37.9)	14 (48.3)	18 (62.1)	15 (51.7)	0.375
Problem Score	29	16 (55.2)	21 (72.4)	13 (44.8)	8 (27.6)	0.227
Primary schools only						
Intensity Score	18	9 (50.0)	11 (61.1)	9 (50.0)	7 (38.9)	0.625
Problem Score	18	10 (55.6)	15 (83.3)	8 (44.4)	3 (16.7)	0.125
Preschools only						
Intensity Score	11	2 (18.2)	3 (27.3)	9 (81.8)	8 (72.7)	1.000
Problem Score	11	6 (54.6)	6 (54.6)	5 (45.5)	5 (45.5)	1.000

*Intensity score is clinically significant if ≥ 131 . Problem score is clinically significant if ≥ 15 .

Children with pre-program, post-program and follow up scores								Pre- vs post- program Stuart_Maxwell Test of Marginal Homogeneity p value	Post-program vs Follow up Stuart_Maxwell Test of Marginal Homogeneity p value
N	Clinically significant*						p value		
	No			Yes					
	Pre n (%)	Post n (%)	Follow Up n (%)	Pre n (%)	Post n (%)	Follow Up n (%)			
Eyberg Child Behaviour Inventory (ECBI)									
All schools/preschools									
Intensity Score	25	10 (40.0)	14 (56.0)	16 (64.0)	15 (60.0)	11 (44.0)	9 (36.0)	0.125	0.688
Problem Score	25	12 (48.0)	19 (76.0)	22 (88.0)	13 (52.0)	6 (24.0)	3 (12.0)	0.039	0.375
Primary schools only									
Intensity Score	15	8 (53.3)	11 (73.3)	9 (60.0)	7 (46.7)	4 (26.7)	6 (40.0)	0.250	0.500
Problem Score	15	7 (46.7)	13 (86.7)	13 (86.7)	8 (53.3)	2 (13.3)	2 (13.3)	0.031	1.000
Preschools only									
Intensity Score	10	2 (20.0)	3 (30.0)	7 (70.0)	8 (80.0)	7 (70.0)	3 (30.0)	1.000	0.125
Problem Score	10	5 (50.0)	6 (60.0)	9 (90.0)	5 (50.0)	4 (40.0)	1 (10.0)	1.000	0.250

*Intensity score is clinically significant if ≥ 131 . Problem score is clinically significant if ≥ 15 .

Children with pre-program and post-program scores

	N	CGAS Rating (categorical)*			
		≤70		>70	
		Pre n (%)	Mid† n (%)	Pre n (%)	Mid† n (%)
Children's Global Assessment Scale (CGAS)					
All schools/preschools					
CGAS Rating	33	31 (93.9)	33 (100)	2 (6.1)	0 (0)

*CGAS score: ≤70 = problem(s) in need of treatment; >70 = normal functioning.

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

Children with pre-program, post program and follow up scores

	N	CGAS Rating (categorical)*					
		≤70			>70		
		Pre n (%)	Mid† n (%)	Post n (%)	Pre n (%)	Mid† n (%)	Post n (%)
Children's Global Assessment Scale (CGAS)							
All schools/preschools							
CGAS Rating	23	21 (91.3)	23 (100)	23 (100)	2 (8.7)	0 (0)	0 (0)

*CGAS score: ≤70 = problem(s) in need of treatment; >70 = normal functioning.

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

Children with pre-program and post-program scores

	N	FIHS Problems			
		No		Yes	
		Pre n (%)	Mid† n (%)	Pre n (%)	Mid† n (%)
Factors Influencing Health Status (FIHS) - Individual problems					
All schools/preschools					
Maltreatment syndromes	29	25 (86.2)	29 (100)	4 (13.8)	0 (0)
Negative events in childhood	29	19 (65.5)	18 (62.1)	10 (34.5)	11 (37.9)
Related to upbringing	29	17 (58.6)	22 (75.9)	12 (41.4)	7 (24.1)
Related to primary support group	29	19 (65.5)	18 (62.1)	10 (34.5)	11 (37.9)
Related to social environment	29	17 (58.6)	17 (58.6)	12 (41.4)	12 (41.4)
Certain psychological circumstances	29	15 (51.7)	20 (69.0)	14 (48.3)	9 (31.0)
Other psychological circumstances	29	29 (100)	24 (82.8)	0 (0)	5 (17.2)

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

Children with pre-program, post program and follow up scores

	N	FIHS Problems					
		Pre	No		Yes		
			Mid† n (%)	Post n (%)	Pre n (%)	Mid† n (%)	Post n (%)
Factors Influencing Health Status (FIHS) -							
All schools/preschools							
Maltreatment syndromes	19	17 (89.5)	19 (100)	19 (100)	2 (10.5)	0 (0)	0 (0)
Negative events in childhood	19	14 (73.7)	13 (68.4)	15 (79.0)	5 (26.3)	6 (31.6)	4 (21.1)
Related to upbringing	19	14 (73.7)	15 (79.0)	18 (94.7)	5 (26.3)	4 (21.1)	1 (5.3)
Related to primary support group	19	15 (79.0)	14 (73.7)	15 (79.0)	4 (21.1)	5 (26.3)	4 (21.1)
Related to social environment	19	10 (52.6)	10 (52.6)	18 (94.7)	9 (47.4)	9 (47.4)	1 (5.3)
Certain psychological circumstances	19	7 (36.8)	11 (57.9)	18 (94.7)	12 (63.2)	8 (42.1)	1 (5.3)
Other psychological circumstances	19	19 (100)	16 (84.2)	19 (100)	0 (0)	3 (15.8)	0 (0)

† Mid-program could be at any time from week 4 of the program. If there were no measures from week 4 up to the end of the program then the the next measures after the end of the program were used for mid-program.

Appendix 2

Aboriginal Got it! evaluation

Focus Group guide – parents and caregivers

Thank you for making the time to do this interview. Your feedback on the *Aboriginal Got It!* program is a very important part of the evaluation. I've got a number of questions to ask you, but I'm really interested to hear about your experiences in some detail, and in particular, any changes that you have noticed for yourself and your child because of *Aboriginal Got It!*

Before we start, I'll just remind you that whilst we may use some quotes and examples from what you say in the interview in our evaluation report, we will make sure that there is no information included that could identify you or your child personally.

So that I can capture all the detail of what you say, I would like to record our discussion. Nobody will listen to the recording apart from the researchers. This is just because I can't take notes as quick as you can talk!

Are you happy to go ahead now?

Questions

1. What aspects of the *Got It!* program had the biggest impact for you?
2. What did you learn from the *Got It!* program, if anything, about parenting and child behaviour?
3. Were there changes that you made as a result of what you learnt?
4. What do you think your child learnt from the *Got It!* program?
5. What changes have you noticed in your child, if any, because of the program?
6. Had you tried to get help with parenting before the *Got it!* program?
7. Thinking back to a few months ago, how did you feel when you were contacted about participating in the group?
8. What were you expecting from the *Got It!* group before you started?
9. Are there any new services or activities that you or your child is involved with since you started *Got It!*?
How frequently do you/child attend?
For how long do you anticipate attending?
10. Do you have any suggestions on how the *Aboriginal Got It!* program could be improved?

Aboriginal Got it! evaluation

Interview guide - Aboriginal Got it! staff

1. What has been your involvement with the Got It! program?
2. Firstly, thinking about the Got It! program in general, what do you see as the strengths and limitations of the Got It! model of care?
3. Can you tell us a bit about how the Aboriginal adaptation differs from the mainstream program? What has been added or changed and why? Are there some changes you think are especially important?
4. What have been your experiences with selecting participant schools and engaging with the school communities? What did you find to be most/least effective in terms of partnerships and engagement?
 - Was your engagement focused entirely on the school community or did you try to engage with the community more broadly? If so, how? And what was the impact of that?
5. Do you have any comments on the balance between the universal, screening, and targeted components of the model? How effectively have the 3 components worked together?
6. How have you found the engagement with participating families? Are there any specific strategies or methods you have used to help facilitate engagement?
 - What impact do you think the fact that the program was specifically for Aboriginal kids and was led by Aboriginal staff had on engagement with families?
7. Do you have any specific examples of positive changes for children and families as a result of Got It!? Are there specific types of challenges or situations you think the program works particularly well for? Are any that you think it is less suited to?
 - What effect do you think the cultural component of the program has had on its impact?
 - What effect do you think having Aboriginal staff had?
8. What does the Aboriginal Got It! model do to try to sustain a positive impact in schools and with families? What is needed in order to sustain the positive impacts of the Got It! program?
9. Overall, do you think it is important to have an Aboriginal Got It! program?
 - Do you think having an Aboriginal staff member in a mainstream Got It! team would work as well for Aboriginal families?
 - Do you think non-Aboriginal staff could successfully deliver the culturally adapted version?
10. What are some of the key pieces of advice you would give to others who wanted to deliver the Got It! program in an Aboriginal context?
 - Were there any particular challenges your team has faced in setting up the program?
 - What things have helped?
11. Other comments on Got It! or ideas for improvement?

Aboriginal Got it! evaluation

Interview guide - mainstream Aboriginal Got it! staff

Firstly, I'd like to ask you a bit about your work with the mainstream Got It! program and how you feel it has worked for Aboriginal kids and families.

1. What has been your involvement with the mainstream Got It! program?
2. During your time working on Got It!, did you notice any difference regarding how the program worked for Aboriginal compared to non-Aboriginal families?
 - **Willingness to be engage at all in the program (filling in the initial forms at school, attending initial assessments, entering the program)?**
 - Comfort or parents and kids with the Got It! team? And the rest of the targeted group?
 - How various aspects of the program were received?
 - Outcomes?
3. Did you think there was a need for the model and/or staffing to change to better support Aboriginal kids and families? What did you think may have been needed?

Now I'd like to ask you a bit about the Aboriginal Got It! program

4. Firstly, what has been your involvement with Aboriginal Got It! program?
5. Can you tell us a bit about what you have observed regarding how the Aboriginal adaptation differs from the mainstream program? What has been added, subtracted or changed and why? Are there some changes you think are especially important?
6. What have been your observations regarding the challenges associated with culturally adapting the program? What things do you think have helped make the adaptation possible?
7. If you feel you are able to comment, have you noticed any differences between how the mainstream and Aboriginal Got It! programs (in general):
 - Have engaged with participating schools and their communities
 - Have attracted initial buy in from Aboriginal families
 - Have engaged with Aboriginal kids and their parents/carers in a therapeutic sense
 - Have kept families interested and involved in the program
 - Have helped parents and carers learn and apply new skills and strategies
 - Have prompted change in the social and emotional well-being and behaviour of participating kids?
8. Do you have any specific examples of positive changes for children and families as a result of Aboriginal Got It!? Are there specific types of challenges or situations you think the program works particularly well for? Are any that you think it is less suited to?
 - What effect do you think the cultural component of the program has had on its impact?
 - What effect do you think having Aboriginal staff had?
9. Overall, do you think it is important to have an Aboriginal Got It! program?
 - Do you think having an Aboriginal staff member in a mainstream Got It! team would work as well for Aboriginal families?
 - Do you think non-Aboriginal staff could successfully deliver the culturally adapted version?
10. What are some of the key pieces of advice you would give to others who wanted to deliver the Got It! program in an Aboriginal context?
11. Other comments on Aboriginal Got It! or ideas for improvement?

School staff feedback on the Aboriginal Got It! Program

School name: _____

Position: _____

How would you rate the impact of the Aboriginal Got It! program for the following target groups?				
	No evidence of positive change	Some positive change	Considerable positive change	Don't know
1. School classrooms (level of behaviour difficulties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Children who attended the small group program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parents / carers who attended the small group program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Parents / carers across the wider school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Teachers and school staff (Understanding & management of conduct & emotional problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you think having the Aboriginal Got it! team staff at the school has been beneficial for the Aboriginal children at the school/in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. If yes, in what way do you think it has helped?				
7. Do think there has been a positive change in the extent to which Aboriginal <u>families</u> participating in Aboriginal Got It! have engaged in cultural activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do think there has been a positive change in the extent to which Aboriginal <u>children</u> participating in Aboriginal Got It! have engaged in cultural activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 = Strongly disagree	1 = Disagree	2 = Not sure	3 = Agree	4 = Strongly agree
9. The Aboriginal children most in need participated in the Aboriginal Got It! program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Comments					

The next section is about the partnership that developed between the Aboriginal Got it! team and your preschool in the implementation of Aboriginal Got it! Please rate your level of agreement with the following statements.

	0 = Strongly disagree	1 = Disagree	2 = Not sure	3 = Agree	4 = Strongly agree
11. There is shared understanding & commitment to Aboriginal Got it! by the school & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The need for a partnership is understood by both the school & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The school & the Aboriginal Got it! team are willing to share ideas & resources to fulfil Aboriginal Got it! goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The benefits of the partnership outweigh any difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. There is a history of good relations between the school & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The roles, responsibilities & expectations of each partners is understood by the other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Administration, communication & decision- making are clear & simple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 = Strongly disagree	1 = Disagree	2 = Not sure	3 = Agree	4 = Strongly agree
18. Both the school & the Aboriginal Got it! team are involved in planning & priority setting for Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The contribution of time, personnel & resources by both the school & the Aboriginal Got it! team is sufficient for Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Decision-making about Aboriginal Got it! is participatory, responsive & inclusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Managers in the school & the Aboriginal Got it! team support the Aboriginal Got it! partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The school & the Aboriginal Got it! team staff together have the required skills for delivery of Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The partnership between the school & the Aboriginal Got it! team adds value for children & families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. There are regular opportunities for contact between staff in the school & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Different priorities, goals & processes between the school & the Aboriginal Got it! team are addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. There are ways to share information and resolve difficulties with Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Alternative views about Aboriginal Got it! can be expressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The partnership between the school & the Aboriginal Got it! team in the Aboriginal Got it! program produces clear outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Comments					

Open Questions:

- 30. What are the best features of *Aboriginal Got it!*?
- 31. What ideas do you have on strategies to engage families to participate in *Aboriginal Got it!* and sustain positive changes?
- 32. What suggestions do you have for making *Aboriginal Got it!* even better?

Preschool staff feedback on the Aboriginal Got It! Program

Preschool name: _____

Position: _____

How would you rate the impact of the Aboriginal Got It! program for the following target groups?				
	No evidence of positive change	Some positive change	Considerable positive change	Don't know
1. Preschool classrooms (level of behaviour difficulties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Children who attended the small group program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parents / carers who attended the small group program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Parents / carers across the wider preschool community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Early childhood educators (Understanding & management of conduct & emotional problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you think having the Aboriginal Got it! team staff at the school has been beneficial for the Aboriginal children at the school/in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, in what way do you think it has helped?				
7. Do think there has been a positive change in the extent to which Aboriginal <u>families</u> participating in Aboriginal Got It! have engaged in cultural activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do think there has been a positive change in the extent to which Aboriginal <u>children</u> participating in Aboriginal Got It! have engaged in cultural activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 = Strongly disagree	1 = Disagree	2 = Not sure	3 = agree	4 = strongly agree
9. The Aboriginal children most in need participated in the Aboriginal Got It! program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

The next section is about the partnership that developed between the Aboriginal Got it! team and your preschool in the implementation of Aboriginal Got it! Please rate your level of agreement with the following statements.

	0 = Strongly disagree	1 = Disagree	2 = Neither agree nor disagree	3 = Agree	4 = Strongly agree
10. There is shared understanding & commitment to Aboriginal Got it! by the preschool & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The need for a partnership is understood by both the preschool & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The preschool & the Aboriginal Got it! team are willing to share ideas & resources to fulfil Aboriginal Got it! goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The benefits of the partnership outweigh any difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. There is a history of good relations between the preschool & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The roles, responsibilities & expectations of each partners is understood by the other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Administration, communication & decision- making are clear & simple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0 = Strongly disagree	1 = Disagree	2 = Not sure	3 = Agree	4 = Strongly agree
17. Both the preschool & the Aboriginal Got it! team are involved in planning & priority setting for Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The contribution of time, personnel & resources by both the preschool & the Aboriginal Got it! team is sufficient for Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Decision-making about Aboriginal Got it! is participatory, responsive & inclusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Managers in the preschool & the Aboriginal Got it! team support the Aboriginal Got it! partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The preschool & the Aboriginal Got it! team staff together have the required skills for delivery of Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The partnership between the preschool & the Aboriginal Got it! team adds value for children & families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. There are regular opportunities for contact between staff in the preschool & the Aboriginal Got it! team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Different priorities, goals & processes between the preschool & the Aboriginal Got it! team are addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. There are ways to share information and resolve difficulties with Aboriginal Got it!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Alternative views about Aboriginal Got it! can be expressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The partnership between the preschool & the Aboriginal Got it! team in the Aboriginal Got it! program produces clear outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

Open Questions:

1. What are the best features of *Aboriginal Got it!* ?

2. What ideas do you have on strategies to develop the *Aboriginal Got it!* program. In particular, how best to:
 - Engage families to participate in *Aboriginal Got it!*

 - Sustain positive changes in families and preschools

3. What suggestions do you have for making *Aboriginal Got it!* even better