AISNSW School Based
Research Project Application Form

Not just 'cherry-picking aspiration': Implementing CPS for students with special needs.

Important information

The AISNSW School Based Research Projects are designed to provide new opportunities for schools to undertake, access and utilise education research in their practice. These are conducted over a two year period by practising teachers and/or school leaders. Projects are in areas of education which ultimately impact student outcomes and make a substantial contribution to the education sector, in and beyond individual schools.

Before completing this application please read the Application Guidelines.

A school may apply to undertake a research project on its own, or alternatively a cluster of schools may apply for a project, with one school identified as the lead school.

School principal approval is required for the submission of this application.

Key contact details

Please enter your school and project contact details.

School details

School name	St Philips Christian College DALE
School address	98 Georgetown Rd, Waratah, NSW 2298
School phone number	02-49492929
Principal's name	Bronwyn Thoroughgood
Principal's email	Bronwyn.Thoroughgood@spcc.nsw.edu.au
Principal's approval (signature)	*B Thoroughgood*

Project contact details

Contact name	Brant Maslen
Contact role/position	Deputy Principal
Contact email	brant.maslen@spcc.nsw.edu.au
Contact phone number	02-49492929
We are interested in participating as a	☐ Single school ☒ Lead school of a cluster of schools

Project outline

Rationale

Background:

St Philip's Christian College (SPCC) was founded in 1981, and has grown into an extensive network of schools through pursuing excellence in education within a socially-responsive and transformative Christian ethos. Now comprising 6 schools distributed across the Central Coast and the Hunter Valley regions of NSW, the College network enrols close to 4000 students. In most of its schools, SPCC is a major contributor to social, cultural, and educational outcomes for the broader community, some of which (such as Cessnock) rank among the lowest SES contexts in the state. Among these schools are special purpose programs such as DALE (Dynamic Alternative Learning Environment) and DALE Young Parents. The DALE schools of the St Philip's Christian College group of schools are specifically oriented towards providing education to students diagnosed with mental health disorders, while the Young Parents campuses allow teens and young people into their twenties the opportunity to complete the HSC in an environment catering for their parental responsibilities as well as providing a range of student services unmatched by any other institution in the region. The ability to innovate and bring to bear worlds' best practice in these areas is a key contributor to the schools' ability to serve its students and the region. They also play a key role in demonstrating the 'flip' side of the standard social argument, ie. that independent schools simply 'cherry pick' aspirational students and so undermine egalitarian educational opportunity. In and through its Christian ethos of calling for educational excellence, St Philip's DALE schools are outstanding models of successful public/ private partnerships which transform the lives of students from every type of background and need profile.

Rationale:

SPCC maintains an embedded continuous improvement process based on research cycles, up to and including doctoral level study. In seeking to improve interventions for its DALE campuses, the College is supporting the implementation of Collaborative & Proactive Solutions (CPS), a non-punitive, non-adversarial, trauma-informed model of care developed by Dr. Ross Greene, as described in his various books such as *The Explosive Child, Lost at School, Lost & Found*, and *Raising Human Beings*. The CPS model is recognised as an empirically-supported, evidence-based treatment (by the California Evidence-Based Clearinghouse for Child Welfare or CEBC) in an area in which public authorities around the world are investing very large amounts of money. On 8 March 2015, the New South Wales Government, for instance, announced that it would provide a total of $167.2 million over four years for a comprehensive package of support to promote positive student wellbeing, including $51.5 million of flexible funding for wellbeing services such as 'positive behaviour for learning'. The current evidence on the results of such spending is such that alternative models are socially desirable. The CPS model has been implemented for 'behaviourally challenged' children in a number of school settings around the world, but not among students specifically identified with Autism, mental health disorders and other disabilities. These are a large and growing subset of all students in schools, for whom evidentiary support for an effective intervention such as CPS would be of considerable general help. A successful study of CPS in a DALE subject pool would aim to:

1. Expand the Australian evidentiary base for an approach now being used around the world.
2. Provide workable data against which other behavioural systems can be compared.
3. Develop world's best practice guidelines for the independent school sector, and for a major provider in the Central Coast/ Hunter Valley region.
4. Develop skills and ongoing research capacity in an area of significant social policy development.

Students with mental health issues including social, emotional, and behavioural difficulties disproportionately disengage from learning (Callingham, 2013). It is likely that young people experiencing mental health difficulties

find the school environment particularly demanding and struggle to actively engage with school work, concentrate on tasks, tolerate uncertainty or demands, engage with social networks and cope with the various day to day demands of study. This can present in various ways, for example, drop in grades or school performance; lack of engagement with learning; non-compliance with basic requests; more serious behavioural problems; angry or emotional outbursts; school refusal; or becoming increasingly withdrawn from friends or peers (Sawyer et al., 2000).

The CPS Model

Based on research from neuroscience, Dr. Ross Greene established a Collaborative & Proactive Solutions (CPS) model to offer a new conceptual framework for understanding the difficulties of children with social, emotional and behavioural challenges (2008). Dr. Greene is also the author of *"Lost at School,"* (2009) and *"The Explosive Child"* (2010) and co-author of *"Treating Explosive Kids: The Collaborative Problem-Solving Approach"* (Greene and Ablon, 2006). Dr. Greene originally developed the CPS model to address challenging behaviours in children and youth diagnosed with disorders such as oppositional defiant disorder (ODD), conduct disorder (CD), and Attention Deficit Hyperactivity Disorder (ADHD). Over the past ten years, the CPS model has been used with many children and adults exhibiting social, emotional and behavioural challenges and has been promoted as effective in a variety of settings including the home, schools, clinics, and juvenile detention facilities.

In contrast with standard behavioural methods that provide incentives for meeting adult expectations, CPS focuses on identifying and treating lagging cognitive skills that interfere with children's ability to meet these expectations (Pollastri, A. R., et al.). The aim of the CPS model is for adults and children to identify undeveloped cognitive skills, and through collaborative problem solving, learn to solve the problems precipitating challenging behaviour, while learning new skills. These children, Greene believes, have a kind of learning disability—difficulty being flexible, solving problems and dealing with frustration. Dr. Greene emphasises the notion that '*kids do well if they can',* and he asserts that children with behavioural challenges are not attention-seeking, manipulative, limit-testing, coercive, or unmotivated, but that they lack the skills necessary to behave adaptively. He claims that when adults recognise the factors underlying difficult behaviour and teach children the necessary skills in increments they can handle, the results are overwhelmingly positive. The children overcome their obstacles; the frustration of teachers, parents, and classmates diminishes; and the well-being and learning of all students are enhanced (Greene, 2010).

Literature Review:

There is a growing body of research and reviews that have shown that CPS is a highly effective approach in reducing challenging behaviours (Martin, Krieg, Esposito, Stubbe & Cardona, 2008). The CPS model has also demonstrated effectiveness in reducing stress associated with the management of challenging behaviour (Schaubman, Stetson and Plog, 2011) and has had a positive impact on staff dynamics (Greene, Ablon & Martin, 2006), and improved teacher-parent, teacher-student and parent-child communication and relationships (Epstein & Saltzman-Benaiah, 2010). The CPS model has been used with many children ranging in age from three to eighteen years and adults, including parents, and teachers.

In a clinical trial comparing the efficacy of the CPS approach with Barkley's (1997) behavioural Parent Training (PT) on children diagnosed with Oppositional Defiant Disorder (ODD), showed that children involved in the CPS intervention were found to have greater gains in more global domains of functioning, such as a reduction in parental stress and improved interactions between parents and children (Rennicke, 2008). Further, results of a published study conducted by Greene, Ablon and Martin (2006) in an inpatient unit, showed that after implementing CPS results showed a significant decrease in the rates of restraint and seclusion, and reduced injury rates to patients and staff.

In 2016, Dr Greene looked at the application of the CPS model in schools and juvenile detention settings. The study found a significant reduction in discipline referrals, detentions, restraint and suspensions over a 4-year period following teachers being trained in the CPS model and the implementation of CPS by staff (Greene, R.W.,

2016). Further, in a study conducted by Schaubman, Stetson and Plog (2011) a reduction in disciplinary action included students who were not specifically targeted for intervention. Secondary benefits following implementation of CPS across settings, demonstrate reduced teacher and parental stress, improved staff relationships and working environment dynamics, and improved adult-child interactions.

A number of non-published school studies report additional promising findings for the implementation of the CPS Model (Pollastri, et. al., 2013). Some unpublished studies have provided outcome measures of increased positive factors after the implementation of CPS, along with measures of reductions in disciplinary outcomes (Dickson, C. A., 2013). For example, an alternative school in New York accommodating 44 students with severe behaviour and/or academic challenges reported a reduction in school suspensions in one year from 200 pre-intervention to one post-intervention following the implementation of CPS. In addition, it was reported that there was a significant increase in school attendance and family participation. Similarly, six schools across Colorado implemented CPS with a reported decrease in teacher perceived stress in the classroom, increase in teacher confidence in their general ability to work with challenging students, and a significant proportion of teachers reported an improved relationship with students (Pollastri, et. al., 2013).

Dickson (2013) states that although CPS has been implemented in a number of school wide special and mainstream settings, much of the research remains unpublished, limiting reliability of the conclusions. However, findings from both published and unpublished research has demonstrated that the implementation of CPS in schools has produced consistent results in the management of school behavioural challenges and improved relationships between students and teaching staff (Pollastri et al., 2013). In addition, benefits to the implementation of CPS have resulted in improved social skills, executive functioning, student attendance and family participation in schools. Pollastri et al., (2013) and Dickson (2013) assert that in order to validate these preparatory, reassuring findings rigorous and controlled future research is necessary.

Why CPS?

In their book, *Treating Explosive Kids: The collaborative problem-solving approach*, Greene and Ablon (2006) reject both the "the automatic assumption that a child has learned that explosive episodes are an effective means of seeking attention" (p.216) and the rationale that time-out and parental withdrawal of attention is the best means of intervention for explosive behaviour. This challenges classical learning theory and behavioural parent training models, which are also efficacious modalities.

Barkley's (1997) Parent Training method has been extensively reviewed with success. In this model, parents are advised to learn to issue commands effectively, set up systems of rewards with points or tokens and use time-outs when a child violates rules. For the parents, social workers at group homes, teachers and juvenile detention workers, this method has been the recommended approach, and has been found to be effective in some studies (McNeil et al., 1991). Studies have shown that parents seem to feel better about their child after attending a parent-training program, and indicators of child behaviour improve with parent training (Gorman, 2007). Parent training has also been found to have positive results that generalise to the school setting (McNeil et. al., 1991), but is not set up like to CPS model which can be implemented in the school setting by school staff. Parent training relies on parent-child interaction in a therapeutic setting to decrease challenging behaviour. The CPS model emphasises the development of cognitive skills crucial for handling life's social, emotional and behavioural challenges which can be implemented and taught within the school context.

Student Engagement

According to the Glossary of Education Reform (2016), in education, student engagement refers to the degree of attention, curiosity, interest, optimism, and passion that students show when they are learning or being taught, which extends to the level of motivation they have to learn and progress in their education. In general, the concept of student engagement is predicated on the belief that learning improves when students are inquisitive, interested, or inspired, and that learning tends to suffer when students are bored, dispassionate, disaffected, or otherwise disengaged. Hanock and Zubrick (2015) suggest that the term 'student engagement' has grown in popularity in recent decades, most likely resulting from an increased understanding of the role that certain intellectual, emotional, behavioural, physical, and social factors play in the learning process and social development.

Hancock and Zubrick (2015) state "that the majority of Australian students are engaged at school, attend regularly, see the value education provides for their future, and achieve above benchmark levels. About 10 percent of students might be regarded as having low engagement, another 7 percent have very low engagement, and another 3 percent have persistent, serious disengagement with additional challenges such as mental health distress. This would suggest that overall about one in five students (20%) could be considered to have some level of disengagement with school" (pg. 7). From this we could deduce that in the DALE context the proportion of disengagement would be magnified due to 100% of our students having being diagnosed with mental health disorders or intellectual delay.

Callingham (2013) asserts that research in the Australian context of educational disengagement suggests that there is a disproportionate number of students who have disabilities, mental health disorders, or are disadvantaged with respect to material, social and emotional support, and that the current Australian education and schooling leaves these students behind. Hancock and Zubrick (2015) suggest that "educational institutions, schools and their staff have the fundamental responsibility to implement approaches that establish and sustain engagement and reduce the likelihood of disengagement" (p. 41)

Studies conducted from the student perspective about student engagement have a common theme of relationships as the main predictor of school engagement. These relationships in particular refer to the student-teacher relationship, but also relationships with their peers and families (Carrington et al., 2010; Jackson and Cartmel, 2010; Rowe and Savelsberg, 2010). Anderson et al. (2004) found that student perceptions of the closeness and quality of their relationships were found to be associated with improved engagement in terms of school attendance, and teacher perceptions of their relationships with students were associated with increased teacher-rated learning engagement. The pipeline study (Angus et al., 2009) looked at disengaged and unproductive classroom behaviours such as: aggression, non-compliance, disruptive, inattentive, erratic, impulsive, unmotivated, unresponsive, unprepared, and irregular attendance; and their effect on academic performance. They found that students who were uncooperative and did not comply with the classroom behaviour norms generally performed at the lowest levels. Typically, these students were unproductive in five or more categories and were usually disengaged from schoolwork. However, their performance was only marginally better than students who did not challenge the class rules but were also disengaged from their schoolwork. Thus, suggesting that disengagement is prime correlate of student underperformance.

Rationale for Evaluating CPS within a DALE Context

We have found at DALE that many of the children who attend our school with primary diagnoses of ASD, ADHD, Anxiety, Post Traumatic Stress Disorder, Depression, and/or Mild Intellectual disabilities display some oppositional and challenging behaviour and want to research the benefits of using the CPS model in our environment. What we have found in our setting is that children with these diagnoses often have challenging behaviours due to the nature of their mental health condition and either their inability to meet expectations, or their mental health disorder prevents them from trying. It is believed that by incorporating the CPS model into our pedagogy that our students will present with less challenging behaviour, the student-teacher relationship will improve, and students will engage more readily with their learning.

The Collaborative & Proactive Solutions Model as its name suggests is a relationship building tool. It seeks the engagement of teachers and students in working together to come up with and implement strategies to proactively solve unsolved problems in their environment. With the implementation of the CPS model at DALE, we predict that there will be an increase in positive student-teacher relationships which in turn will increase student engagement.

Associated Literature

Anderson, A.R., Christenson, S.L., Sinclair, M.F., Lehr, C.A. (2004). Check & Connect: The importance of relationships for promoting engagement with school. *Journal of School Psychology*, Volume 42, Issue 2, 2004, pp. 95-113.

Angus, M., McDonald, T., Ormond, C., Rybarcyk, R., Taylor, A. & Winterton, A. 2009. Trajectories of classroom behaviour and academic progress: a study of engagement. Mount Lawley: Edith Cowan University.

Barkley, R. A. (1997). *Defiant children: A clinician's manual for assessment and parent training* (2nd ed.). New York: Guilford Press.

Callingham, M. (2013). Democratic youth participation: a strength-based approach to youth investigating educational engagement. *Youth Studies Australia,* 32**,** 48-56.

Carrington, S., Bland, D. and Brady, K. (2010). Training young people as researchers to investigate engagement and disengagement in the middle years. *International Journal of Inclusive Education,* 14**,** 449-462.

Clark, S.G. (2000). The IEP process as a tool for collaboration. *Teaching Exceptional Children*, 33(2), 56-66.

Dickinson, C. A. (2013) Appraisal of Collaborative Problem Solving (CPS) within a Context of Current Waikato Principles and Practices. Massey University, Albany New Zealand.

Fredricks, J. A., and McColskey. W. (2012). The Measurement of Student Engagement: A Comparative Analysis of Various Methods and Student Self-report Instruments. *Handbook of Research on Student Engagement*, 37, 763-782.

Greene, R. W., Ablon, J. S., Monuteaux, M., Goring, J., Henin, A., Raezer, L., et al. (2004). Effectiveness of collaborative problem solving in affectively dysregulated youth with oppositional defiant disorder: Initial findings. *Journal of Consulting and Clinical Psychology*, 72(1),157-1,164.

Greene, R. W. (2009). Lost at School: *Why our kids with behavioural challenges are falling.* New York: Scribner.

Greene, R. W. (2010). Calling all frequent flyers. *Educational leadership interventions that work, 68*(2), 28-34.

Greene, R. W. (2012). Explosive child (Review of the book Explosive child). New York: Harper.

Greene, R. W. (2010). Collaborative problem solving. In R. Murrihy, A. Kidman, & T. Ollendick (Eds.), A clinician's handbook for the assessment and treatment of conduct problems in youth. New York: Springer Publishing.

Greene, R.W. (2016). Collaborative & Proactive Solutions*: Applications in schools and juvenile detention settings. Presented at symposium, *Advances in conceptualisation and treatment of youth with oppositional defiant disorder: A comparison of two major therapeutic models*, Eighth World Congress of Behavioural and Cognitive Therapies, Melbourne, Australia.

Hancock, K. J., and Zubrick (2015). Children and young people at risk of disengagement from school. University of Western Australia for the Commissioner for Children and Young People Western Australia.

Jackson, A. & Cartmel, J. (2010). Listening to children's experience of starting school in an area of socio-economic disadvantage. *International Journal of Transitions in Childhood,* 4*,* 13-25.

Larson, R.; Csikszentmihalyi, M. (1983). The experience sampling method. *New Directions for Methodology of Social and Behavioral Science*. **15**: 41–56.

McNeil, C. B., Eyberg, S. M., Eisenstadt, T. H., Newcomb, K., & Funderburk, B. W. (1991). Parent-Child Interaction Therapy with behaviour problem children: Generalization of treatment effects to the school setting. *Journal of Clinical Child Psychology*, 20, 140-151.

Pollastri, A. R., Epstein, L. D., Heath, G. H., & Ablon, J., S. (2013). The collaborative problem solving approach: Outcomes across settings. *Collaborative Problem Solving 21*(4), 198.

Rennicke, C. (2008). *Cognitive Behavioural Therapy Book Review* 4(5), 1-3.

Rowe, P. and Savelsberg, H. 2010. How are young people's experiences of 'home' affecting their engagement with schooling and community? *Youth Studies Australia,* 29*,* 36-42.

Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B., Patton, G.C., Prior, M.R., Raphael, B., Rey, J., Whaites, L.C., Zubrick, S.R. (2000). Child and adolescent component of the National Survey of Mental Health and Wellbeing: The mental health of young people in Australia. *National Mental Health Strategy,* Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, October 2000.

The Problem

CPS has not, as far as DALE staff have been able to discover, been implemented in campuses such as the DALE campuses, which focus on children with diagnosed Mental Health Disorders (as per DSM-V) such as higher functioning Autism Spectrum Disorder (Level 1 or 2) students, ADHD, PTSD, Anxiety and Depression or Mild Intellectual Disabilities. Children with Mental Health Disorders tend to become 'problematized' or pathologized by education systems. This is not in line with St Philip's Christian College's ethos, which through its DALE schools seeks to equip its students with the skills to live rich and self-directed lives. Research shows that children with mental health issues including social, emotional and behavioural difficulties disproportionately disengage from learning. There is also broader evidence that ramping up testing and diagnosis has not contributed to overall solutions. There has been extensive implementation of CPS within Australia, though a recent visit by Greene to this country has raised considerable interest. The broader need for more effective, research-based implementations of behaviour management to improve learning in schools, the large public investment in such implementations, the need to provide implementations such as CPS with an evidentiary base, and to extend the possible applications to a significant subset of Australian students, are the contextual drivers for this research.

The Research Question:

- What is the evidence that the 'Collaborative & Proactive Solutions' (CPS) approach can improve student engagement in students with mental health disorders?

  - *Subquestion 1*: Does increased student engagement through CPS result in changes in key direct markers (such as measures of student engagement)?
  - *Subquestion 2*: Does changing the thinking by staff regarding student behaviour, measurably change behaviour among students?
  - *Subquestion 3*: Does increasing staff skills in CPS interventions bring about measurable changes in student engagement?

- **Hypothesis 1**: that changing the general approach to student engagement via CPS methodology will result in improved teacher-student relationships.
- **Hypothesis 2**: that increasing teacher skills in CPS-related approaches will result in effective changes in classroom management and student behaviour.
- **Hypothesis 3**: that improving student engagement through CPS interventions (as per H2) will have a positive impact on the meta-objectives of the DALE approach, ie. that students will emerge with a wider range of adaptive social and emotional skills.

Greene's proposition is that the elicitation of collaboration and empathy (rather than punitive or exclusionary approaches) improves learning outcomes. The aim of **Stage 1** of the Project is to evaluate the effectiveness of CPS in the DALE mental health context, in the first instance as an extension of the literature on CPS in more general behavioural needs settings. In **Stage 2** of the Project, the aim will be to assess the various implementations of CPS for generalizability beyond the highly intensive pilot approach taken in the first phase, and more common in the 'consultant' model implemented.

The Method

H1, H2, H3 imply the need to measure:

1. Teacher new skill learning - Professional Development and mentoring
2. Student engagement (self-reported and observational)
3. Contributions to overall DALE program objectives.

Fredricks and McColskey (2012) recommend that researchers should use multiple methods to assess the construct of student engagement. They ascertain that qualitative methods can help to supplement our psychometric understanding of the contextual factors that are associated with engagement, and suggest that one promising approach to assess the dynamic nature of engagement is 'experience sampling methods'. The experience sampling method, also referred to as a daily diary method, or ecological momentary assessment (EMA), was developed by Larson and Csikszentmihalyi (1983). It is an intensive longitudinal research methodology that involves asking participants to report on their thoughts, feelings, behaviours, and/or environment in the moment, on multiple occasions over time.

It is possible that using both a standardised psychometric assessment of student engagement, such as the Elementary Student Engagement Instrument in conjunction with an experience sampling method would yield the best results in measuring student engagement over time (Fredricks and McColskey, 2012).

Stage 1: Trial Implementation (Year 1)

1. Subject pool definition
2. Permissions and Ethics
3. Establish expert mentor relationship and aggregate materials
4. Baseline testing - we have chosen not to use a control group for ethical reasons. (Variable 1: Background level of student engagement)
5. Staff training - this is an iterative process, involving exposure to CPS principles, trial applications, reflection and improvement, and then end of PD observation. (Variable 2 - Level of skills acquisition by teachers)
6. Observational methods and data collection - as per Larson and Csikszentmihalyi (1983)
7. CPS implementation
   a. Skills inventory per V2
   b. Engagement inventory per V1
8. Data gathering
   a. CPS direct data (observational)
   b. Other contingent data (literature, observation of teacher actions, interviews)
9. Data analysis
10. Stage 1 Findings

Stage 2: Implementation prototyping (Year 2)

11. Decision tree, either:
    a. Assess reasons for failure (if unsuccessful) and variations required for a second round of testing.
    b. Assess costings and other forms of resource requirements for expansion of the program (if successful)
12. Systems Analysis of implementation
13. Staff training
14. Observational methods and data collection
15. CPS implementation - describe steps
16. Data gathering
17. Data analysis
18. Stage 2 Findings

Ethical Considerations

Who will be involved?

- ✓ Bronwyn Thoroughgood - Principal DALE and DALE Young Parents.
- ✓ Brant Maslen - Deputy Principal DALE and DALE Young Parents.
- ✓ Hayley Adcock - Head of Mental Health & Wellbeing DALE and DALE Young Parents.
- ✓ Salina Mayall - DALE Teacher & PhD candidate.
- ✓ A selection of DALE teachers.
- ✓ All DALE Stage 2-12 Students

Ethical considerations:

Due to the fact that the program will run in a co-op format with the higher degree by research (HDR) program at Alphacrucis College, the ethical clearances required will be managed by the AC Human Research Ethics Committee. These equal or exceed the requirements of the AIS Research Guidelines. Further, DALE is a registered educational institution which runs according to government accredited criteria relating to persons at risk.

Considerations include:

1. Human Research requirements
2. Research with persons in 'high risk categories', such as adolescents, Aboriginal and Torres Strait Islanders, persons from low SES backgrounds, and young single parents.
3. Research with persons under care
4. The avoidance of manipulative research interventions
5. The use of methods which permit subjects voices to be heard in their own terms.
6. Parental/ guardian permissions for data retention and use
7. Anonymization protocols (as per AC Human Research Ethics Guidelines)
8. Security of confidentiality and storage of data.
9. Institutional permissions and clearances.

Dissemination Plan:

Should the project achieve its ends, the aim is to publish the result in 2 or more academic article publications, and develop a model which can be articulated through Professional Development materials and seminars into mainstream schools. These will include, but not be limited to: web-based materials for teacher improvement; testing regimes for student engagement, and interactive resource lists connecting teachers to worlds best practice.

Budget

As a minimum, the proposed project budget needs to identify expenditure in the line items listed below. A **nil** value is acceptable where appropriate.

A. Staffing costs

Item	Amount
Teacher release	One staff member, 1 day per week = $35,000
Staff salary component	$35,000
Specialist mentor	$▮▮▮▮▮
Other (please identify in field below)	
▮▮▮▮▮▮▮▮▮▮▮▮▮▮	▮▮▮▮▮

B. Research related Activities

Item	Amount
Purchase of materials	$7500
Conducting and/or attending events/activities	$3000
Accessing additional external expertise	$2000
Other (please identify in field below)	

Please describe other item/s:

C. Travel

Item	Amount
Visits to other schools or research sites	$1000
Other (please identify in field below)	$4500

Please describe other item/s:

D. Other items

	Description	Amount
Item 1		
Item 2		
Item 3		

E. Total funding requested

	Amount
Total of all funding requests (A+B+C+D)	███████

F. School contribution (where appropriate)

	Description	Amount
Financial	Staff time	$20,000
In-kind (please identify)	Office space Access to classrooms Observation space Stationery etc	$10,000
Other (please identify)		

TOTAL PROJECT COST

	Amount
Total funding requested and school contributions (E+F)	▮▮▮▮▮

Your team

Please list proposed members of your research team (if known)

Name	Position and school	Research role
Hayley Adcock	Head of Mental Health & Wellbeing, DALE	
Salina Mayall	DALE Teacher and PhD Candidate	

Cluster schools

Please supply contact details of each school in your cluster for the project. If you have more than one additional school in your cluster, copy and paste the two tables below as appropriate.

Cluster school details

Cluster school name	St Philip's Christian College DALE
School website address	https://www.spcc.nsw.edu.au/dale
Contact person	Bronwyn Thouroughgood
Contact person's email	bronwyn.thouroughgood@spcc.nsw.edu.au
Contact person's phone	(

Cluster school team

Please list proposed members of the research team (if known)

Name	Position and school	Research role
Hayley Adcock	Head of Mental Health & Wellbeing, DALE	
Salina Mayall	DALE Teacher and PhD Candidate	

Specialist mentor details

Please add details of the specialist mentor (if known at this time).

Participating schools commit to establishing or building on an existing specialist mentor relationship with an academic from an institution such as a university. The specialist mentor will work closely with the school research team for the duration of the project.

The school can identify seek the assistance of the AISNSW in identifying a specialist mentor suitable to the intended field of research if required.

Do you already have Specialist Mentor?

☒ Yes ☐ No

Mentor's name	Dr David Hastie
Organisation (if applicable)	Centre for the Future of Schooling, Alphacrucis College
Website address (if applicable)	http://www.cfs.ac/our-team.html
Role/Position	Associate Dean, Education, Faculty of Education, Arts and Social Sciences
Contact email	david.hastie@ac.edu.au
Contact phone number	1300 228 355

Thank you for completing the AISNSW School Based Research Project Application. If you have any further enquiries please email the Research and Data Division at RandD@aisnsw.edu.au.