

**BOX RIDGE
TRANSITION TO SCHOOL
PROGRAM
1999 - 2003**



EVALUATION REPORT

NORTH COAST AREA HEALTH SERVICE

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<u>Executive Summary</u>	<u>Section 1</u>	<u>Section 2</u>
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ABBREVIATIONS USED IN THIS REPORT

AE	Aboriginal English
AEA	Aboriginal Education Assistant
AEPS	Assessment, Evaluation & Programming System for Infants & Children
AHPO	Aboriginal Health Promotion Officer
ASA	Aboriginal Support Assistant
ASPARD	Annual Service Plan and Reporting Document for DoCS
BRTTSP	Box Ridge Transition to School Program
CDEP	Community Development Employment Projects
COR	High/Scope Children's Observation Records
CPS	Coraki Primary School
DET	NSW Department of Education and Training
DoCS	Department of Community Services (NSW)
ECHIDNA	Empowering Communities Holistically in Determining Needs for Aboriginal People
FF	Families First
GTP	Goonellabah Transition Program
HPU	Health Promotion Unit, NCAHS
IHP	Individual Health Plan
IEP	Individual Education Plan
IFSP	Individual Family Service Plan
KLA	Key Learning Areas
NGO	Non-Government Organisations
NCAHS	North Coast Area Health Service
NCHP	North Coast Health Promotion
NSW	New South Wales
PLAI	Pro-educational Preschool Language Assessment Instrument (1 st and 2 nd editions)
PSFP	Priority Schools Funding Program (now known as the Priority Schools Program)
SAE	Standard Australian English
SES	Socioeconomic status
UK	United Kingdom
USA	United States of America



Please note: Throughout this report, the word 'Aboriginal' refers to people of both Aboriginal and Torres Strait Islander descent.

* **Jarjum –meaning child.**

Derived from the Bundjalung Nations language.

EXECUTIVE SUMMARY

This report consists of two sections. Section 1 provides an overview of the Box Ridge Transition to School Program. Section 2 highlights the results of interviews conducted with:

- parents/carers whose children attended the program between 1999 and 2003, and
- staff of both the Box Ridge Transition to School Program and Coraki Primary School.

The Box Ridge Transition to School Program (BRTTSP), were identified as needing a more structured, multidisciplinary and intensive program pre-Kindergarten. Consequently, the BRTTSP was developed to support children and their families, in the year prior to the commencement of school, to transition from a home and preschool setting to a formal school Kindergarten setting. The program provides a holistic, flexible early learning program with an early intervention focus, building on the strengths of children and their immediate environment.

The program is funded through the DoCS *Rural Child Care Initiative* and is located within the grounds of Coraki Primary School. It operates two days per week throughout each of the four NSW school terms and could service approximately 10 to 12 children per year.

In 2000, the BRTTSP formed a partnership with the Northern Rivers Area Health Promotion Unit (HPU) to evaluate the program. An Advisory Committee and Working Group were established to support the process.

A comprehensive evaluation plan was developed including both short-term & long-term outcomes. Information was to be collected about:

- **Parent/Carer's satisfaction** levels with the program and perceived impacts of the program
- **Parent/Carers/Staff perceptions** of children's satisfaction with the program and perceived impacts of the program
- **Coraki Primary School & BRTTSP staff satisfaction** with the program and perceived impacts of the program
- **School-based data** such as attendance, behavioural and academic data – parental permission was obtained to extract this information from existing school records
- **Box Ridge Transition Program Classroom**
- **School Health Access data**

Because the data collection process was problematic and had to be scaled down, the final analysis was based on:

- **Parent/Carers satisfaction with the BRTTSP**
- **Coraki Primary School & BRTTSP staff satisfaction with the program**
- **Parent/Carers/Staff perceptions of children's satisfaction with the program and perceived impacts of the program**

Semi-structured face to face interviews were conducted with the parents/carers of children enrolled during 1999-2003. Semi-structured face to face interviews were also conducted with Coraki Primary School & BRTTSP staff who had been involved in the program during 1999-2003. Children's satisfaction with the program was not

measured directly. However, some indirect feedback regarding children's satisfaction was obtained through the parent/carer and staff interviews.

Over the four year period there were a total of 27 parents/carers whose children went through the program. In total, 17 parents/carers participated in the semi structured interview. These 17 parents collectively had 29 children attend the BRTTSP over four years (1999-2003). The parents/carers were asked 15 questions in relation to what they thought about /what they liked/ did not like about the program and perceived impact on the child, siblings, family and school. A mixture of open ended and prompted responses were recorded.

A total of seven staff were interviewed including the Principal of the Primary School, Kindergarten teacher, DET Integration Consultant, BRTTSP Coordinator, the Primary School AEA, two BRTTSP Aides and a parent volunteer who assisted regularly in the BRTTSP.

The analysis of the data revealed that a key question was omitted from the Parent/Carer interview process: **why** the parent/carer felt the need to enrol their child in the BRTTSP or what specific help the child needed from the program. This information would have provided a baseline to measure whether attending the program had met the parent identified child need. As it stands from the data collected, we know that the program has improved children's educational and health outcomes, however, we cannot determine if the child's needs as identified by the parent/carer were met based on the initial reason/s for referral.

From the analysed data we know that overall, parents/carers and staff were very satisfied with the program. Both parent/carers and staff stated that they felt the program had met expectations that is, improved school readiness and helped children to feel comfortable with starting school.

Both parents/carers and staff also agreed that the program had helped the children a lot, improving their:

- social skills;
- literacy and numeracy knowledge;
- communication with teachers;
- general classroom behaviour; and
- attitudes towards school and towards authority figures

Parents/carers and staff felt that the program not only had an impact on the children but also had some positive impact on the parents/carers themselves and on other family members. They also felt that the program had a positive impact on staff of both the BRTTSP program and Primary School. Parents/carers and staff all felt that the program helped the teachers to better understand, communicate and deal with children, especially Aboriginal children, in the classroom. Nearly all the parents/carers and staff believed that children attending BRTTSP for two days per week was sufficient, when attended in conjunction with a preschool program.

Overall both interviewed parent/carers and staff interviewed were very happy with the program and felt that there was very little they could advise regarding changes or additions to the program. Some suggestions from the parents/carers included improving written communication between parent/carer and teacher, more integration between the school and the BRTTSP program and to include more excursions.

These results show that the parents/carers and staff interviewed were very satisfied with the BRTTSP. The program is very successful in transitioning children from Preschool to the classroom setting and has had positive consequences not only for the children but for parents/carers, other family members and staff of both the Transition Program and Primary School.

RECOMMENDATIONS

FOR PROGRAM IMPLEMENTATION

- Given the results, BRTTSP staff may need to consider more integration with the whole school routines such as assemblies and providing opportunities for transition students to play with Kindergarten children during recess and lunch periods.
- There was also a request for additional educational excursions for students. This will require improved community transport options, as transport costs have been the main barrier to date due to the small number of children involved.
- It is evident from the limited number of male participants in the parent/carer interview process that there is a need to continue to implement strategies which seek to increase the participation of fathers across all aspects of the BRTTSP.
- There was a request for more written communication by a parent. When a child is enrolled in the BRTTSP the Coordinator chats informally with parents and carers about information sharing. This enables the Coordinator to identify with parents/carers whether information is provided verbally or in writing. However, there may be a need to consider incorporating more written communication into the program to meet the needs of specific families.
- Staff identified that the ongoing development of literacy and numeracy resources, which include individual children and family photographs, requires administration time to develop and construct. Program and resource development administration time was not included in the original budget. Any further funding applications will need to consider additional administration time for the Coordinator and Teacher Aide to develop and construct literacy, numeracy and health resources if this major component of the program is to be sustained.
- Home visits are an integral part of the program and parents/carers respond well to the visits. Presently, there are several constraints on the continuation of home visits through the BRTTSP. Firstly, due to OH&S requirements two people are required to conduct visits, this requires a commitment from other services to provide a staff member to support the BRTTSP Coordinator. To December 2003, this support had been provided by the NCAHS AHPO which included transport. From 2004, alternative home visit support staff needed to be found. Without staff the home visits cannot continue. Therefore it is recommended that specific CPS staff and BRTTSP Coordinator time is allocated to the home visiting process on a regular basis.
- Given the positive response to the BRTTSP from the parents, carers, staff and community members it is obvious that the community supports the program and wants to see it continued. There is an ongoing financial commitment to the continuation of the BRTTSP, however, staff stated that the current premises do not adequately meet the needs of the evolving program. It therefore may be worthwhile to seek capital

grants funding to construct a purpose built early childhood dwelling which includes adequate storage, classroom, office space and a room which will ensure conditions suitable for health and education assessments, screenings and consultations within the transition setting.

- It is recommended that long term funding opportunities are investigated for this type of project. The long term nature of DoCS funding (20 years) has played a major role in allowing the BRTTSP to evolve in response to children, family and community needs without the need to demonstrate the short term outcomes associated with many of the shorter term funding options.
- Secure funding to develop the browser format of the Individual Health Plan (IHPs) and pilot with General Practitioners, Health Professionals, Paediatricians and parents/carers.

FOR FUTURE EVALUATIONS

- Many of the questions contained within the parent/carer interview process specifically asked the parents/carers to consider how the program had helped their child. However, questions to gain baseline data of initial child needs for entering the program were omitted from the interview process. Therefore, when reading some of the responses of parents/carers to individual questions regarding specific areas of development, it may be construed that, in some instances, the program had limited relevance to specific issues or that parents/carers were not very responsive to *all* the educational and health needs of their children. On reflection, this may be a result of an interview process which asked parents and carers questions pertaining to areas of development that had no relevance to their child's needs.
- When reading the responses to the parent/carer interviews, it must be noted that as the parent/carer interview progressed, responses to latter questions became less detailed or were not provided. As the parent/carer interview contained 15 questions in total with sub parts, it may be stated that the interview process was too long and did not sustain the interest of participating parents/carers. It is recommended that in future evaluations shorter interviews are conducted.
- Given that educational resources are a major component of the BRTTSP service provision, it is recommended that a question pertaining to the effectiveness of the resources in literacy and numeracy learning within the home setting be included as an interview question for parents and carers.
- There is a need to explore actual short and long term impact of children's performance in Kindergarten and throughout their school lives.

SECTION 1: BACKGROUND

What is the Box Ridge Transition to School Program?

The Box Ridge Transition to School Program (BRTTSP) is an early learning program developed to support Aboriginal children and their families from the Box Ridge and Coraki communities during the transition from a home and preschool setting to the formal Kindergarten setting. Non-Aboriginal children, residing in the Coraki area, who have been identified as requiring additional intensive learning support to transition into the Kindergarten setting at Coraki Primary School (CPS), are also serviced by the program. The BRTTSP provides a holistic, flexible, play-based, early learning program, within an early intervention framework, that seeks to build on the strengths of children and their immediate environment.

Aims of the Box Ridge Transition to School Program

The BRTTSP aims to provide a culturally-sensitive program in a family-friendly environment to ensure Aboriginal and other children identified as requiring additional learning support have the best possible start to their primary schooling lives by:

- acknowledging the 'funds of knowledge' that children bring from home to school and, through this, identifying individual strengths;
- identifying factors which may impact on children's learning and interactions and implementing individualised education and health programs to support them;
- providing a family-focused service that endeavours to achieve self-determined family outcomes and goals as outlined in the Individual Family Service Plans (IFSPs);
- providing opportunities for positive relationships, based on a two-way communication style, to develop between families, BRTTSP CPS staff;
- supporting children and their parents/carers through the transition period from home and preschool into the formal school setting;
- recognising the importance of parental and community participation in learning, especially pertaining to literacy and numeracy, and utilising a variety of strategies to encourage and promote such involvement within the home setting;
- providing explicit links between early childhood numeracy and literacy outcomes and the NSW DET's *Foundation Literacy* and *Count Me In Too Emergent Maths* outcomes;
- ensuring students are familiar with the physical school environment, basic routines and relevant school staff before starting Kindergarten;
- ensuring primary school staff are aware of the individual student strengths and continuing educational and health needs before entering Kindergarten.
- ensuring Aboriginal culture and language is reflected in the resources used within the BRTTSP;
- networking with health services to foster a collaborative relationship between the education and health systems;
- identifying and providing opportunities for access to health services within the BRTTSP setting;
- and devising and implementing culturally-appropriate methods of ongoing evaluation and assessment.

Why was the Box Ridge Transition to School Program developed?

Community and stakeholder consultation

The need for the BRTTSP was identified in 1997/1998 through a round of community and stakeholder consultations, initiated by the DoCS, as part of the Far North Coast Area's Integrated Community Services Planning process. From this planning process it became evident that children from the Box Ridge and Cabbage Tree Island communities would benefit from a transition to school program. Under the DoCS '*Rural Child Care Initiative*' funding was allocated to establish pilot transition projects to service each community. Initially, the aim was to have one program coordinator for both programs. However, after the interview process, two teachers were employed, with one establishing the transition project in Coraki and the other at Cabbage Tree Island. It was envisaged that each project would operate for two days per week and would each be capable of servicing a total of 20 children per day. Over time, each individual transition project has evolved to meet the unique needs of the communities for which the programs were established.

When establishing the Coraki transition project it was understood that a preschool service was already operating within the Coraki area. However, it had been identified by Coraki Primary School staff and local health professionals that many Aboriginal children and non-Aboriginal children with additional education and health needs, required an intensive transition to school program, in conjunction with a preschool program, to help prepare them and their families to enter the primary school setting. It was determined that a program functioning within an early intervention framework, be established, which provided a structured and multidisciplinary transition to school service for children and families. Community consultation with relevant stakeholders emphasised the importance of maintaining community harmony by ensuring all children identified as requiring additional support to transition into Kindergarten would be serviced by the program. As the BRTTSP was founded on a strengths-based philosophy, it was recognised that not every Aboriginal child would require an intensive transition into the school setting. Therefore, the subsequent BRTTSP '*criteria for enrolment*' were developed and sought to ensure equitable access to the transition program. There was an acknowledgement across all stakeholders of the importance of children continuing to access local preschool services. Therefore, the BRTTSP was funded for children to attend for two days per week ensuring children and families could continue as well, to access local preschool and Family Day Care services. Accessing preschool services or a similar early childhood setting in addition to the Transition program, was incorporated into the criteria for enrolment. Based on Preschool enrolment and early intervention need, the BRTTSP was set up for a maximum of 12 children per day.

Literature review

The first five years of life are critical to a child's lifelong development. [1] Children who are nurtured and supported throughout childhood are also more likely to reach their full potential at school, in higher education, in work, in sport, artistic activities and in society. [2] This has positive benefits for individuals and for the whole of society. [3] It is now widely accepted that the early childhood years have a substantial impact on a child's cognitive, social, emotional and physical development and wellbeing throughout the life course. [4] Major international reports, such as *Start Right: Importance of Early Learning* (UK), *Rethinking the Brain: New Insights into Early Childhood Development* (USA) and *Reversing the Real Brain Drain: Early Years Study, Final Report* (Canada), have identified the need to establish early childhood development programs that improve educational, health and behavioural outcomes, thereby improving children's transition into Kindergarten. [5, 6]

A prolific body of research on early childhood programs in the US focuses on the effects of programs intended for disadvantaged children, in particular ethnic minority, low educated, single parent or low income families. [4] The strongest effects of high quality early childhood programs are found with at risk children, children from homes with the fewest resources and under social and economic stress. [1, 2] The evidence from these studies has consistently pointed to short term cognitive improvements as well as long term gains in terms of academic achievement, reduction in special education placement, employment, earnings and crime. [4] In addition parents were positively affected as well, with benefits being reported in terms of maternal employment and increased involvement in their child's school. [4]

Comprehensive, strengths-based, well implemented early childhood development programs are a valuable community resource that promote the wellbeing of young children, improving their cognitive, social and emotional functioning which, in turn, influences their readiness to learn in the school setting, resulting in improved educational, social, psychosocial and health outcomes throughout the life course. [7] Such programs have shown positive outcomes not only for the children themselves, but also for their families and communities overall, demonstrating they more than pay for themselves, in terms of reducing later health, socio-economic, physical and social needs. [8]

Demonstrated need

Studies show that at least half of the educational achievement gaps between disadvantaged and other children exist at kindergarten entry and the larger the gap at this age, the harder it is to close. [1] Children from low income families are more likely to start school with limited school-based language skills plus health and social/emotional issues that interfere with learning. [1] Overseas evidence suggests that many children enter Kindergarten ill prepared: a national American study of over 3,000 kindergarten teachers found that, on entry, 46% of children had difficulty following directions, working independently and working in groups [4]. Anecdotal evidence from Australian teachers suggests similar difficulties among children entering Kindergarten. [9-12]

Many aspects of a child's social environment, from socioeconomic factors (eg: income, education) through to community factors (eg: violence and social cohesion) and family factors (eg: parenting styles and intra-family conflict), impact greatly on educational outcomes and are vital determinants of a child's future development and wellbeing [13]. In particular, children experiencing high levels, or long periods, of disadvantage (eg: family conflict, abuse, neglect, parents in the criminal justice system) are more likely to experience poorer life course outcomes [13]. Also, movement between settings for example from family to school, primary school to high school, are often points of vulnerability especially for children in families that are transient or dealing with other kinds of life changes or crises. [3].

Despite these higher needs for support, studies have found that children from lower SES groups are less likely to have access to early childhood education. [14] This places Aboriginal and low-SES children at higher risk, impacting on their readiness to learn. [14] The consequences of these increased risks are evident across a wide range of outcomes. Aboriginal children, in particular, have markedly poorer educational, emotional, social, mental and health outcomes across the life course. [14] The Western Australian Aboriginal Health Survey (2000-02) reviewed the health, wellbeing and education of over 5000 Aboriginal and Torres Strait Islander children 0-17 years

of age. [14] The aim of the survey was to collect information to help plan ways to improve the health, wellbeing, education and work opportunities of Aboriginal children. The survey showed that:

- Aboriginal children are performing much lower at school than non-Aboriginal children and this is occurring from the first year of schooling and widens in proceeding years.
- The differences in educational outcomes is greater than the differences between the physical or mental health outcomes of Aboriginal and non Aboriginal children. This educational difference starts from the earliest years of school and increases throughout their school life regardless of where they live.
- The drivers of this educational difference are school attendance, social and emotional wellbeing of the child and the education level of the parent/carer. [14]

The survey recommends that to improve academic levels for Aboriginal children requires the provision of education and learning programs for very young children so when they start school they are ready to learn, preventing them falling behind in the crucial early years of life. [14] This involves Education working with other sectors including Health, to provide early childhood education and developmentally appropriate readiness to learn programs including language and cognitive enrichment programs for pre kinder Aboriginal children. Children will not enter school ready to learn unless families, schools and communities provide environments and experiences that support the physical, social, emotional, language, literacy and cognitive development of preschool children and younger. [1]

How was the Box Ridge Transition to School Program developed?

In 1998, following the allocation of funding via the DoCS' *Rural Child Care Initiative*, a committee was formed to establish the BRTTSP. The committee consisted of members of the local Ginnabee Women's Group from the Box Ridge Community, the Coraki Community Health Aboriginal Community Development Officer, the Principal of Coraki Primary School and their Aboriginal Education Assistant and the Children's Services Adviser – Clarence Valley and Ballina Shires for the DoCS Far North Coast Area. The program was one of two pilot transition programs established by DoCS in NSW specifically for Aboriginal children. Originally, the Ginnabee Women's Group sought to have the program located within the Box Ridge Community, however, after discussions, the committee decided to base the program within the grounds of Coraki Primary School. In 1999, a Coordinator was employed and the pilot program began. Initially, a core program was developed however, this core program is continually evolving to meet the needs of the children, families and communities that access the service. The program has been in continual operation for the past 8 years.

It was recognised that the parents/ carers of these children may choose to have their child remain in the Transition and Preschool settings for an additional year. However, at the time, Coraki Primary School Kindergarten enrolment records indicated that many parents did not choose to delay enrolling their child in Kindergarten for an additional year, even if advised by preschool and health staff that it may be in the best educational and health interests of their child to do so.

In response to community feedback, there was a need to define the term 'transition to school' and its associated aims and objectives. This process sought to clarify for all relevant stakeholders the role of the BRTTSP in providing

an early childhood service for local children, particularly Aboriginal children, to complement the local preschool service currently being offered.

The transition to school period, for the purposes of the BRTTSP, was defined as being the year prior to the commencement of Kindergarten. This included enrolling children that would turn 5 years by the 31st July in their Kindergarten year. The BRTTSP was defined as a program operating for a twelve month period prior to the commencement of Kindergarten through to the end of the first term of Kindergarten. The program sought to establish positive, ongoing relationships and a sense of shared responsibility between parents and carers, school and health staff. Transition provides individual learning support to students with identified needs across the developmental domains to promote a seamless transition into Kindergarten. The core program provides a structured and multidisciplinary service based within a capacity building, early intervention framework that builds upon the strengths of the children and families. In consultation with the school, preschool, Health and community members, the project aims and objectives were developed. These aims and objectives complement the current preschool programs by providing a structured, multidisciplinary and intensive program with a specific focus on the two key learning areas of literacy and numeracy. The BRTTSP also sought to develop teachers' knowledge and understandings of the strengths and needs of potential Kindy students prior to school entry and continued to provide strategies and information to support the staff and students until the end of first term in Kindergarten.

As the BRTTSP evolved, the importance of BRTTSP and Coraki Primary School staff networking with both health and preschool services and NGO's that supported families and children between birth to 3.6 years, became more evident. As children moved into the BRTTSP, the need for a *Families First* supported playgroup to service Box Ridge families was identified. Through inter-departmental consultation with Families First the *Aboriginal Supported Playgroup* was established. The Principal of Coraki Primary School sought to strengthen interagency networks by providing the playgroup with access to the BRTTSP classroom facilities each Wednesday. Providing a space within the CPS grounds to operate the playgroup enabled CPS staff to facilitate positive and long term relationships with playgroup staff, the families and the children attending the playgroup. Liaison between the BRTTSP and the Aboriginal Supported Playgroup Coordinators also ensured early identification of children or siblings who may eventually require additional learning support through the BRTTSP. This collaboration created a sense of continuity and connectedness across services for families attending the playgroup whose children may eventually move into the BRTTSP and then the Coraki Primary school setting.

The BRTTSP also provided early learning support to children currently enrolled in Kindergarten, who had not previously accessed Transition, and who were seen to be experiencing significant difficulties in adjusting to the Kindy setting.

METHODS

How did the Box Ridge Transition to School Program operate?

Basic principles and philosophies

The BRTTSP is based on a number of fundamental principles, or philosophies:

- recognising and valuing the importance of providing a culturally-appropriate service, including using resources that reflect the children's language, community and culture;
- recognising the importance of involving children's families and the broader community and capacity-building within these communities;
- adopting a strengths based, early intervention approach;
- being centred around a developmental, health, linguistic and social framework;
- adopting a multidisciplinary, multi-sectoral approach

Operational overview

The BRTTSP is located within the grounds of Coraki Primary School and operates for two days per week, 9 am to 3 pm, throughout each of the four NSW school terms. The program began operating in February 1999 and now services approximately 10 to 12 children per year. The majority of enrolments are Aboriginal children residing within the Box Ridge and Coraki Communities. At least three enrolments per year are non- Aboriginal children who have been identified as requiring intensive support across the educational and health domains to ensure a successful transition into the Kindergarten setting. The majority of the referrals to the program come from parents, the CPS Aboriginal Education Assistant, the NCAHS Coraki Health Team and DoCS.

It is recognised through the BRTTSP, the family is central to the transition process. At the beginning of each term, Transition staff meet with families in the home setting for a **Family Team Meeting**. During these meetings an **Individual Family Service Plan** or **IFSP** is written. (Appendix 1) The IFSP functions within a capacity building framework, enabling parents and carers to identify child and family strengths and prioritise goals for their child each term across the cognitive, psychomotor, language, social, affectual, adaptive and health domains. This process ensures parents are given opportunities for self determination as the IFSP goals reflect the *family's* priorities for their child's health and educational program. The people or services that are able to support the families in achieving these goals are also identified within the IFSP. The BRTTSP staff collaborate with outside agencies such as the North Coast Area Health Service to ensure individual children can access services within the BRTTSP setting. IFSP goals are reviewed at the beginning of each remaining term and both short term and long term goals continue to be revised.

Within the BRTTSP, each child is initially assessed across all areas of health and development using a variety of assessment tools such as the PLAI-1 and 2, COR and AEPS – 3-6 years. Results are collated in conjunction with the IFSP and IHP's developed in collaboration with the families and form the basis of each child's Individual Education Plan (IEP). Explicit and sequential teaching and learning experiences are play based ensuring children have opportunities to take risks in their learning within a secure and fun environment.

Home visits outside the Family Team Meeting process are also an important part of the BRTTSP. Since 2000, support from the Northern Coast Health Promotion Unit enabled the BRTTSP staff to implement additional weekly home visits. The informal weekly home visits were conducted by a male Aboriginal Health Promotion Officer (AHPO) and the female Aboriginal Support Assistant from the BRTTSP, who was replaced in the classroom by a female AHPO. These home visits provided an opportunity to informally share information with families and to focus on the literacy and numeracy learning for the week. The visits enabled staff to outline the aims of the home readers

and resources that the children had made which were sent home for that particular week. This process fostered a two-way partnership between BRTTSP staff and parent/carers in regards to their child's learning in both the home and school settings.

Staffing and management

The classroom component of the BRTTSP is staffed by a Coordinator and an Aboriginal Support Assistant (ASA), both 0.4 FTE, with additional support from volunteer parents and CDEP participants. From 2002—2004 the North Coast Area Health Promotion Unit further supported the BRTTSP by funding the Coordinator's salary for an additional day per week to help with ongoing program development and evaluation tasks. The BRTTSP's budget was supervised by the Coraki Primary School Principal and Senior Administrative Assistant. Each year the BRTTSP Coordinator completes the ASPARD document in accordance with the DoCS reporting requirements for continued funding.

Eligibility requirements

All children are to be enrolled in an early childhood service such as preschool in addition to the BRTTSP. Children aged 3.6 years at the beginning of a school year (February) who meet any of the following criteria are eligible to enrol in the BRTTSP. The criteria are presented in order of priority for enrolment:

1. Aboriginal children living in the Box Ridge community;
2. Aboriginal children living in Coraki township;
3. Aboriginal children enrolled in Kindergarten at Coraki Primary School;
4. Aboriginal children enrolled at Coraki and Evans Head Preschools identified as needing Early Learning Support
5. Non-Aboriginal children enrolled at Coraki Primary School identified as needing Early Learning Support; and
6. Non-Aboriginal children enrolled at Coraki and Evans Head Preschools identified as needing Early Learning Support.



Program overview

The program content, resources and strategies have developed during the life of the program in response to needs identified among the children and their families. Currently, the core program components are:

Improving the identification of risk factors which may impact on the child's health and the achievement of positive, long-term educational outcomes

This occurs through:

- establishing long-term partnerships between the BRTTSP, CPS staff and the NCAHS Coraki Health Team. The Health Team includes a Speech Pathologist, Occupational Therapist, Nurse Audiometrists and Psychologist.
- developing an Individual Health Plan (IHP) for each child and family.
- developing culturally-appropriate health resources which are tailored for the local community.
- providing a non-threatening environment where families can be introduced to health professionals and services within the transition setting.
- providing a setting through which children can receive health screenings and assessments.
- implementing Community Health-developed health programs.

Strengthening children’s literacy and numeracy concepts and skills:

In the home this occurs:

- by establishing and fostering positive relationships between Transition staff and parents/carers through which two way sharing occurs about the: home literacy and numeracy practices; parent/carer’s own experiences in school, parents/carer’s insight to their own levels of literacy functioning and developing an understanding of each parent/carer’s sense of self-efficacy in supporting their child’s literacy and numeracy learning .
- by observing and talking with parents and carers about how literacy and numeracy teaching and learning occurs in schools and how this is and can continue to be supported in the home setting.
- by assisting parents in clearly identifying daily home based activities currently in place which already support literacy and numeracy learning and how these can be extended using everyday objects and experiences.
- seeking to increase actual time spent on school based literacy and numeracy learning by developing a range of literacy and numeracy resources, specifically games and books, for the home setting that reflect the children, their families and community members through digital photographs.
- by recognising the role of siblings and extended family members in supporting children’s learning in the home setting.

Within the Classroom this occurs:

- by recognising the ‘funds of knowledge’ children bring from the home setting.
- by developing a program with a specific focus on meaningful literacy and numeracy learning, across the Key Learning Areas (KLA’s), through play.
- by identifying explicit links between early childhood learning outcomes and the DET foundation outcomes in literacy and the *Count Me In Too* emergent outcomes in numeracy.
- through in-servicing staff on the linguistic features of Aboriginal English and Australian Standard English
- developing staff knowledge of the terms bi-dialectal and code switching and the subsequent implications for the educators to assessment, planning and instruction practices in the classroom setting.
- implementing the *Home Talk - School Talk* program. The *Home Talk – School Talk* program is based on a strengths-based approach which acknowledges Aboriginal English as a language with its own linguistic, semantic & syntactic structure, while acknowledging that the language of schools is Australian Standard English.

Familiarising students with the school setting and routines :

This occurs by:

- operating the program within the Coraki Primary School setting.
- developing a range of books, specifically social stories, based on digital photographs of children in the Transition and Kinder / school settings.
- introducing the children to school staff and routines.
- teaching and providing opportunities for children to practise self-help skills and routines.
- developing social and language skills through integration activities with Kindergarten.

Increasing family self-efficacy in determining and achieving positive health and education outcomes for their children

This occurs through:

- identifying child and family strengths.
- adopting a proactive, prevention approach to health management.
- illustrating to parents the explicit links between healthy children and the achievement of positive, long-term education outcomes.
- by developing in consultation with families, Individual Family Service Plans (ISPs) and Individual Health Plans (IHP) each term to ensure self-determination in goal setting and prioritising services required for their child's health and education.
- by viewing families as intrinsic to the progress reviewing process.
- by supporting families in identifying current knowledge of the local health and education providers plus identifying the processes required to access to these services.
- by continuing to capacity build by developing parent/carer knowledge and competencies necessary to meet their own needs and those of their children.
- by conducting weekly home visits, which enable more informal communication between families and the BRTTSP and provide the BRTTSP Coordinator with current and relevant family / community news and feedback.



DETAILED OVERVIEW OF BRTTSP COMPONENTS

The BRTTSP has utilised and developed a variety of resources and strategies in working towards supporting children's wellbeing and transition into the formal school setting. There are five major foci to the BRTTSP:

- Health oriented
- Literacy and Numeracy
- School Familiarisation
- Communication/Behaviour Management
- Family oriented

Health-oriented components

Individual Health Plans

Individual Health Plans or IHP's (Appendix 2) are a strengths-based, family-focused tool that actively involves parents/carers by acknowledging the integral role they play in managing their children's health. The IHP's build upon the capacity of parents /carers to effectively manage the health needs of their children. The philosophy of the IHP is towards prevention or early intervention rather than solely focusing on acute health issues. Currently in the BRTTSP, the Individual Health Plans (IHP's) are utilised in conjunction with the IFSP's to document the family's health goals and priorities for their child. In addition, the process for accessing health services plus any support required by families to achieve these aims may also be identified.

Also recorded on the IHP's are:

- current and potential health referrals,
- initial screenings and consultations and
- if follow-up assessment or consultations have been recommended.

This information is recorded onto a paper-based proforma which has been developed for the BRTTSP. The IHP's illustrate to parents/carers the connections between health and the achievement of positive social and educational outcomes and provide a process for monitoring and evaluating the management of the children's health care. The IHP's also ensure equitable access to services based on informed choice.

In 2001, both Health Promotion and BRTTSP staff began the process of developing the Individual Health Plans (IHPs) as a *Microsoft Access* database. The decision to develop the IHP's as a database was in response to many children, especially Aboriginal children, being identified with substantial long-term health needs which required, in collaboration with parents and carers, a coordinated *inter-sectoral* approach to manage effectively. The intention was to apply for funding to further develop the IHP's as an encrypted browser based web site with affiliated health pages. The concept was that these pages could only be accessed by identified health and education professionals with permission from a site administrator. For this to occur efficiently, a tool needed to be developed that provided a *broad* health overview for children which could be accessed by all relevant stakeholders. Unique to the *Microsoft Access* database and proposed browser IHP's, is the ability of parent / carer to record observations of their children's health needs and relevant health information in collaboration with school staff. This would enable General Practitioners and Paediatricians to view parental observations and concerns before consultations. From this, consultations based on a 'yarning' style of interaction could occur rather than the more formal, and possibly limiting, question and answer format which the GP's and Paediatricians identified as common.

By late 2006, after substantial consultation with parent, allied health, medical and education professionals, the development of the IHP's *Microsoft Access* database had been finalised. Currently the tool is being trialled within the BRTTSP and Coraki Primary School settings. To date, on going funding to continue to develop the browser format of the IHP's has not been secured.

Introduction and access to health services within the BRTTSP setting

The BRTTSP provides a non-threatening environment where families can be introduced to health professionals and services. It provides a setting for a variety of initial health screenings of children, including:

- dental,
- hearing screening / evidence of otitis media
- vision checks

Whenever possible, these screenings take place with parents/carers in attendance. To further develop parent/carer knowledge and understandings of otitis media and conductive hearing loss, inter-departmental networks are utilised. After children have had their hearing screened by the NCAHS Nurse Audiometrist, the DET Itinerant Conductive Hearing Loss Teacher explains the results to the parents. This includes demonstrating how and why glue ear occurs using an ear model; as well providing opportunities for parents/carers to hear an example of what their child hears with their current hearing loss. This assists parents/carers to understand the effect of the hearing loss on their child's behaviour and learning. Strategies are also provided to parents/carers to illustrate how to support the child with ongoing otitis media and conductive hearing loss. Within the transition program, the Australian Hearing - Soundfield Amplification system and Makaton Keyword signing are utilised to support students with conductive hearing loss.

Culturally-appropriate health resources

Culturally-appropriate health resource books have been developed as a visual information guide about local health services for Aboriginal families and children. Parents/carers and children from the Coraki and Box Ridge communities participated in making the resources. The booklets depict photographs of families from both the Box Ridge and Coraki communities accessing local health resources and health professionals. The core objective of the books is to clearly illustrate to families what will happen when utilising a local health service.

To date, two books have been published and are being used in the BRTTSP and by local health professionals:

- ***Smilin'! Gettin' our jarjums' teeth checked***

This book outlines the steps involved in having a child's teeth checked at Northern Coast Area Health Service Dental Clinic in Goonellabah.



the

- ***Huh? Gettin' our jarjums' ears checked***

This book outlines the steps involved in having a child's hearing assessed by the Nurse Audiometrists at the local Child and Family Health Clinic in Goonellabah.

A third book outlining the process of the child entering hospital to have teeth removed is still in the process of being developed.

Lilly, Tommy Turtle and the Snot Program & 'Jarjums can ya hear me?' book + CD

Many children attending the BRTTSP were identified as having ongoing health issues pertaining to otitis media and consequently, conductive hearing loss. The Lilly, Tommy Turtle and the Snot Program and the 'Jarjums can ya hear me?' book + CD resources were developed as educational tools for both children and adults.



The Lilly, Tommy Turtle and the Snot Program provides a multi-sensory approach to educating children about ear health and hearing. It focuses on the sensation, taste, texture, and appearance of snot and seeks to heighten the child's own awareness of when their nose needs to be blown. Using interactive puppets called Lilly and Tommy, the program incorporates common children actions in managing snot such as licking, wiping and sucking and moves children from these actions to blowing their own noses. The program also recognises that not all households contain handkerchiefs and tissues and teaches children alternate ways of blowing their noses ie: with toilet paper.

- The '*Jarjum's can ya hear me?*' booklet and CD was developed to reinforce the learnings contained within the Lilly, Tommy Turtle and the Snot Program. The booklet consists of photographs of children from the local Aboriginal Communities and provides visual cues on the different types of snot and how to blow the nose to completely empty it.



All of these resources have been utilised by the BRTTSP Coordinator in numerous presentations to NCAHS Nurse Audiometrists and Early Childhood Nurses, Dharah Gibinj Aboriginal Medical Service (AMS) General Practitioners and NSW DET Itinerant Teachers (Hearing) to demonstrate motivational ways to educate young Aboriginal children about hearing and ear health.

Implementing health programs developed by Community Health therapists

The BRTTSP staff have been trained in implementing programs developed for individual students by Community Health therapists (eg: Occupational Therapists, Speech Pathologists and Paediatric Physiotherapists). All health programs are incorporated into the IEP's and daily activities within the BRTTSP. The therapists also work directly with children within the BRTTSP setting, in small groups or individually, for part of one day per week. To further support children with articulation and receptive language skills numerous language-based games and activities have been developed and implemented within the BRTTSP setting by staff.

Literacy and numeracy-oriented components

BRTTSP philosophy of literacy learning

The BRTTSP seeks to define literacy from a socio-cultural perspective. That is, different communities use print in different ways to construct meaning in the home environment. How children use the knowledge gained from print is

interdependent with the ways in which they learn language and are socialised through family, peer and community interactions. Through literacy events such as story telling, story book reading and discussions about text, young children learn about the family/community culture, as well as ways of reading, writing and comprehending texts. Some patterns of language (ie: accent) and behaviour (taking turns when speaking) are selectively reinforced and others discouraged. The knowledge that children develop through language and literacy events at home is known as a 'socio-cultural identikit' or Primary Discourse. [15]

Therefore, early literacy development is not tied solely to maturity or age but to early cultural experiences and learning styles. These learning styles vary according to ethnic, socio-economic, gender, racial dimensions. [16] Many children identified by their social, ethnic or racial status fail to get off to a good start in school literacy learning as some dialects used by some minority groups often do not match those used and valued by teachers [15, 17] Students who present to schools with literacy practices similar to those found in schools are better equipped to accommodate the values and knowledge of the school culture. These students are seen to possess 'cultural capital'. [18] Children from low socio-economic, ethnic and racial minorities may have difficulty connecting with the ways of knowing and doing if their primary discourse does not complement those of the school [15, 16]

The importance of valuing Aboriginal English has been emphasised in many education documents, however strategies which could be incorporated to provide *meaningful* early childhood literacy learning experiences for children whose primary language was Aboriginal English appear to be limited. The majority of strategies focused on moving the child towards Australian Standard English structures in literacy learning. When establishing the BRTTSP, observations were made of Aboriginal children in Kindergartens across a number of schools. Within these Kindergartens, the majority of teachers recognised that the children spoke AE and stated that the role of AE was valued in literacy learning. However, observations of literacy sessions in which children's stories were being scribed consistently demonstrated that the teacher inadvertently wrote what the child had said in ASE. An example of this is when a child said, "im go fishin' in river, ay!" the teacher scribed 'He went fishing in the river', denying young Aboriginal children an 'authentic voice'. Observations of Aboriginal children during reading and writing sessions, structured on the formal question/answer format, showed that many of the Aboriginal children did not answer questions or actively participate when asked. It became evident with further observations that when literacy events were presented in a narrative/statement based format which supports AE student interactions, responses from the Aboriginal children were often spontaneous and animated.

Home Talk - School Talk Program

The *Home Talk – School Talk* Program was developed based on these core understandings. Australian Aboriginal English (AE) is a language with its own rules and specific language features; Standard Australian English (SAE) is the basis for all literacy learning and instruction in schools. The program recognises the differences in the structures of AE and ASE and seeks to provide learning experiences for children which support these structures. The *Home Talk-School Talk Program* is founded on the understanding that children bring to school a wealth of knowledge about their world that have been reinforced through home literacy practices. The program emphasises the importance of educators recognising the values placed upon dialect and language within the school setting and how these can position children, either positively or negatively, in the classroom.

Discussions with parents/carers, whose children attended the BRTTSP in the first and second years of operation, continually reinforced the view that many of the parents and carers did not like school and found activities involving reading and writing 'hard'. When it was raised that this may be due to the differences between AE and ASE one mum stated that she had never thought of it in that way she just thought she was 'a dummy, ay!'. Parents were asked how they would feel about a program that clearly illustrated to children when the language demands were in ASE and AE. It was stated to parents the importance of having literacy experiences which supported both the child's home language and which also provided opportunities for the children to practice *processing* the language demands of ASE in preparation for Kindergarten. From this, the *Home Talk-School Talk Program* was developed.

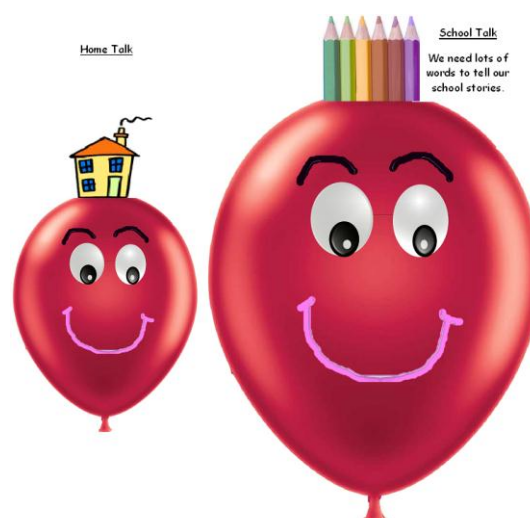
There are seven components of the *Home Talk -School Talk* program:

- recognising that the majority of Aboriginal students are bi-dialectal and the subsequent implications for teachers' in assessment, planning and instruction;
- recognising that children come to school with a 'Primary Discourse';
- identifying and recording vocabulary that is unique to the local Aboriginal communities;
- developing a common set of terms and visual cues to describe Aboriginal English (Home Talk) and Australian Standard English (School Talk) to young children and which could be utilised to explicitly illustrate to children the language demands of activities;
- providing opportunities through play, games and literature for Aboriginal children to practise *processing* the language structure of Australian Standard English, including the questioning style found in most primary school settings;
- a home program with books and games; and
- in-servicing to develop teachers' understanding of the linguistic structures of Aboriginal English and how to incorporate this knowledge into planning literacy activities.

The program uses the PLAI -2 assessment tool to determine a baseline on which to develop explicit, sequential, quality teaching and learning experiences that support and continue to strengthen children's literacy functioning within the school setting.

The *Home Talk - School Talk* program incorporates literature from the 'Children Come Talk' and the Preschool Language Assessment Tool (PLAI-2)

plus aspects of the Directing Early Discourse program. The **Directing Early Discourse Program** encompasses four levels of questioning from the concrete (Level 1) to the abstract (Level 4). The program utilises explicit and sequential teaching and learning experiences which provide opportunities for children to learn about the language demands of Levels 1 to 4 style questions that are commonly used by educators in Kindergarten classrooms.



Early Literacy and Early Numeracy bags

After consultation with local families and observations of home literacy and numeracy practices, it was acknowledged that many families did not have access to books and games which reflected the literacy and numeracy practices predominantly found in the formal school setting. It was also noted, that whilst some families did own some books and games, these were not identified by parents as an integral part of the home literacy and numeracy practices. Further discussions with families and observations within the home illustrated that photographs of children and family members, both immediate and extended, were highly valued. From this a variety of literacy and numeracy resources incorporating digital photographs of the children, their families and community members were developed. These resources developed for use within the home and BRTTSP settings, sought to move beyond the iconic representation of Aboriginal culture to reflect the contemporary local Aboriginal Communities, its members and culture. The resources provided children and their families with opportunities to familiarise themselves with the language of books and instruction found within Kindergarten classrooms. The literacy experiences in the BRTTSP classroom focused on constructing meaning through texts rather than basic skills development.

Furthermore, observations and consultations with family and community members demonstrated that the notion of parent participation was often too narrowly defined by school staff. Strategies seeking to increase parent participation were usually school based and focused. The success of these strategies were often measured by the number of parents partaking in activities within the school setting. These very practices which focus on activities within the school setting may be seen as limiting opportunities for teachers and parents to develop partnerships which support a child's learning by neglecting to understand or undervaluing the role that parents play in their child's learning within the home setting. The BRTTSP sought to consider how parent/carer participation in their literacy and numeracy learning could be supported and thereby, increased within the home setting.

The **Early Literacy Bags** and **Early Numeracy Bags** were developed for parents and children enrolled in the BRTTSP as a fun interactive learning tool to:

- provide parents/carers with an opportunity to develop their knowledge and understandings of how early literacy and numeracy are taught within the BRTTSP and Kindergarten settings;
- increase parent/carer and extended family members participation in literacy and numeracy learning in the home setting and;
- provide opportunities for children to build upon current literacy and numeracy knowledge, understandings and skills within the home setting.

Each bag contained a supply of games and books based on early NSW DET foundation literacy and Count Me In Too emergent numeracy outcomes across the NSW DET Key Learning Areas (KLA's). Every week, a child took home a bag and parents and extended family members were encouraged to play and read with their children. The parents were supported in the implementation of this strategy through the weekly home visits by the BRTTSP ASA and the NCAHS AHPO. The literacy and numeracy bags have been well received by both parents and the children. Through this strategy, a partnership of 'shared responsibility' has emerged between parents/carers and BRTTSP staff.

Early Literacy and Early Numeracy resources developed through the existing BRTTSP have been recognised within the National Literacy Award for Coraki Primary School (1999) and included in the NSW Department of Education and Training 'Specialised programs to support learning in Mathematics' CD Rom.

Child constructed literacy and numeracy resources within the BRTTSP setting.

Home Readers

- Home reader templates have been developed by the BRTTSP Coordinator of books and games which the children make each week within the BRTTSP setting. Each literacy home reader template introduces children to the NSW DET Early Stage 1 - text types of a recount, procedure, explanation and narrative. Making these books incorporates children's drawing, manipulation and cutting skills and when completed, the children have a home reader or game to keep and use at home. This strategy introduces BRTTSP students to the home reader scheme which is implemented in Kindergarten.
- The numeracy home reader templates reinforce Count Me In Too concepts such as one to one correspondence and measurement. Again, students contribute to the making of these readers.



Big Books

- Visual arts and craft activities are incorporated into big books in which BRTTSP staff scribe for the children. As the year progresses, child made big books become a key component of the 'Home Talk-School Talk' program thereby enabling the BRTTSP staff to provide modelled reading and writing activities for students based on their own work.

School familiarisation-oriented components

Social Stories: an Introduction to the Routines of Kindergarten and the People we find in our School!

Digital photographs of BRTTSP children and school staff have been used to develop *Social Stories* and sequencing games to introduce children to the Kindergarten staff and the routines of school. Depending on the individual needs of children, social stories have been written that cover self-help skills such as looking after belongings, wearing a hat outside, asking for help, putting your hand up to talk, standing in a line, buying something from the canteen, going to the office, etc. These stories are introduced to the children and then in the following terms, the children are provided with opportunities to meet and interact with staff and to practise each self-help skill and routine.

Communication/Behaviour Management

Hands Off! Program

Within the BRTTSP it is recognised that many young Aboriginal students enrolled in Transition are extremely self-sufficient. Many of the children have been encouraged through home practices to meet their own needs such as getting themselves something to eat and drink or going to the toilet. This proficiency in adaptive skills are seen as strengths. It is noted, however, that at times this self-sufficiency may be in direct contrast to the behaviours

expected in school in which a child needs to ask the teacher if they can leave the classroom. The BRTTSP endeavours to maintain these strengths whilst also teaching the children the expectations of teachers in the classroom setting.

Some children enrolled in the BRTTSP need intensive support to manage their own behaviours. The Hands Off! Program was developed to:

- meet the needs of children with identified behaviours that impact upon learning and positive social interaction;
- provide teachers with a philosophy of behaviour management which sought to develop the child's internal locus of control *without* the use of strategies such as time out and extrinsic reward systems;
- develop staff understanding of the role/function of the brain on emotion and the implications of this to behaviour management practices;
- develop teacher and parent understandings of the intrinsic role of language in learning and social interaction;
- provide parents/carers with alternatives to smacking;
- encourage educators and parents to view their child as an active participant in the management of their own behaviours;
- provide opportunities for teachers and parents to reflect on their own emotional response to situations and how this influences behaviour management practices;
- recognise the integral role of protective behaviours for some children in individual behaviour management plans; and
- encourage educators to reflect on their own instructional and programming practices to better understand the impact of these on learning and social interaction within the classroom setting.

The Hands Off! Program provides the child, peers, parents and educators with *common* terminology such as 'Hands Off!', use your words, strong words and actions, hard words and actions, stop, think, say and do, and listen. also provides strategies plus associated sequences and sensory cues including visual prompts, which can be effectively and consistently utilised across the home, preschool

and transition settings. The *Hands Off!* Program also utilises narratives and social stories, which focus on individual child and family needs, to support and develop parent/carer parenting skills and practices.



Family-oriented components

Individual Family Service Plans

The IFSPs, (Appendix 1) otherwise known as Family Team Meetings, are essential if intervention is to be relevant and effective. The IFSP is family-focused, rather than solely child-focused and identifies and organises resources to facilitate reaching the family's goals for themselves and their children. It requires a family-centred approach that

acknowledges families and enables them to develop the competencies necessary to meet their own needs and those of their children.

At the beginning of each school term, BRTTSP staff travel to each family's home for a Family Team Meeting, where the family's goals and priorities for their child, for that school term, are discussed, incorporating the following areas of learning:

- problem-solving (cognitive);
- movement (fine and gross motor skills);
- talking and understanding (expressive and receptive language);
- play and behaviour (social and affectual skills);
- self-help / following familiar routines (adaptive skills)
- speaking, listening, reading and writing (early literacy)
- rote counting, attributes, positioning, one to one correspondence (early numeracy).

Progress against these plans is monitored by the BRTTSP Coordinator and the children's families, with IFSP meetings at the beginning of each term.

This process recognises and identifies:

- the knowledge parents/carers have of their child;
- the child's knowledge, skills and functioning within the home setting;
- areas parents/carers may need support with in the home setting; and
- the family strategies that are currently being used.

This process also provides the BRTTSP Coordinator with an opportunity to share with parents/carers about the skills, knowledge and functioning their child has developed or still needs to practise within the Transition setting, before beginning formal schooling. The IFSP is presented in both a written and visual format, with progress being reviewed by both the parents/carers and the BRTTSP Coordinator at the beginning of each school term.

Regular home-visits to families

Throughout the school year, families are visited at home each week, by the BRTTSP's Aboriginal Support Assistant, Coraki Primary School's Aboriginal Education Assistant and/or the Health Promotion Unit's Aboriginal Health Promotion Officer. These visits create a *yarning*, or narrative, type of interaction, where information can be shared verbally and informally in an environment which is familiar and comfortable for the families. This fosters the development of quality, trusting relationship between families, the BRTTSP, Coraki Primary School and the allied health services. It also provides the BRTTSP Coordinator with community news and feedback about issues which may affect children's functioning within the transition setting, or may need to be considered in BRTTSP future planning.



SECTION 2: HOW WAS THE BOX RIDGE TRANSITION TO SCHOOL PROGRAM EVALUATED?

Developing an evaluation plan

In 2000, the BRTTSP formed a partnership with the North Coast Health Promotion (NCHP) to evaluate the program. An Advisory Committee and Working Group were established to support and guide the evaluation process. The Working Group included a mix of staff from both the BRTTSP and North Coast Health Promotion.

The Advisory Committee was established to support the Working Group and its primary function was to provide advice and support to the process. This Committee included representation from the Area Health Promotion Unit, Community Health, DoCs, DET, the Principal Coraki Primary School and representation from the Box Ridge community.

This collaboration resulted in a comprehensive evaluation plan, including both short-term & long-term outcomes, which would allow the program's impact to be assessed, across its broad range of aims, including:

- children's developmental and educational outcomes;
- children's social and behavioural outcomes;
- children's participation and conduct in school;
- children's health outcomes;
- families' attitudes towards the health and education systems;
- families' engagement in their children's health and education; and
- children's ongoing educational, work, behavioural, social and family developments throughout high school and their early adulthood.

This involved the NCHP's Research & Evaluation Coordinator reviewing the various tools currently used to monitor children's development through the program; identifying standardised tools to streamline and strengthen this monitoring; developing other tools to assess parents' and both BRTTSP and CPS staff's opinions about the program; and identifying other routinely-collected outcomes which could be monitored into children's school lives, and beyond.

For school-collected outcomes, comparisons were to be made between results for Aboriginal children attending the Program, Aboriginal children not attending the Program (both concurrent and historical groups) and non-Aboriginal children.

In the longer term, it was planned to monitor children's progress against a similar range of outcomes throughout high school. Given the strong rapport developed with the families involved, it was also hoped to establish a way of

regularly updating the children's ongoing educational, behavioural, social and family developments throughout their early adulthood.

METHODS

Types of information collected

As a new project it was important to monitor a wide range of indicators:

- **Process indicators** – to explore how well the program was implemented and attended and how satisfied parents/carers and staff were with it.
- **Impact indicators** – to explore the program's perceived impact on:
 - the children, as perceived by the parents/carers/ staff
 - the parents/family members
 - the school environment – culture, philosophy, policies
 - school staff
- **Outcome indicators** – to explore the programs impact on the children's ability to successfully adapt to and function within the Kindergarten setting.

Data sources

To obtain this information four access points were established:

1. **Parent/Carer's** feedback about the BRTTSP
2. **Coraki Primary School & BRTTSP staff** feedback about the BRTTSP
3. **School based data** such as attendance, behavioural and academic data – permission was obtained to extract this information from existing school records.
4. **Box Ridge Transition Program Classroom and School Health Access data**

What data were included in the evaluation process?

Parent/Carers feedback about the BRTTSP

Semi structured face to face interviews (Appendix 3) were conducted with the parents/carers of children enrolled during 1999-2003. Parents/carers were asked to sign a permission note (Appendix 5), distributed by the classroom teacher providing consent to be interviewed. Only those parents/carers who had agreed to participate were interviewed. Interviews were conducted by the Health Promotion Research Officer and the Coraki Primary School Aboriginal Education Assistant within the parents/carer's homes or within the grounds of Coraki Public School. Interviews ranged between 30-45 minutes and were conducted in August and September, 2004

Coraki Primary School & BRTTSP staff feedback about the program

Semi structured face to face interviews (Appendix 4) were conducted by the Health Promotion Research Officer over the months of March, April and May, 2004. Staff interviews were conducted during school hours and ranged between 30-45 minutes.

Children's satisfaction

Children's satisfaction of the program was not measured directly. However, some indirect feedback was obtained through the parent/carer and staff interviews.

RESULTS

This report summarises information collected from parents/carers & staff about children who participated in the Box Ridge Transition to School Program: 1999 to 2003.

The data collection process was problematic and had to be scaled down. Decisions had to be made to reduce the scope of data collected and exclude the school based data, the classroom and school health data in the final analysis due to:

- reduced staffing
- reduced staff hours allocated to the project
- incomplete and inconsistent data available

The following data was collected:

Parents/Carer profile

The parents/carers were asked 15 questions through which a mixture of open ended and prompted responses were documented. The interview questions were structured into two parts: Part 1 looked at general feedback about the BRTTSP and what the parents/carers thought they their child would gain from attending it; Part 2 looked at what the parents/carers believed their child had actually gained from the program.

Over the four year period there was a total of 27 parents/carers whose children went through the program. Out of this number, 19 parents/carers signed permission slips to participate in the interview process. At the time of the interviews four of the parents/carers were out of the area, four of the parent/carers chose not to participate (three of these parent/carers had previously signed permission slips to participate). In total, **17 parents/carers** participated in the semi structured interview.

These 17 parents collectively had 29 children attend the Transition program over five years (1999- 2003). During this period, nine of the parent/carers had one child attend the program, five parents/carers had two children attend the program, two parents/carers had three children attend the program, one parents/carer had four children attend the program.

Staff profile

A total of seven staff were interviewed between March – May, 2004 in response to the program's operation between 1999-2003. Staff interviewed included the Principal of the Primary School, Kindergarten teacher, DET Integration Consultant, BRTTSP Coordinator, the Primary School AEA, two BRTTSP Aides and a parent volunteer who assisted regularly in the transition program.

Over half of the staff had been involved in the program since it commenced operation. Only the Integration Coordinator had been involved minimally with the program over the five years. At the time of the interview, the Principal and Kindergarten teacher had been with the school for 16-17 years, respectively. The AEA's had been with the school for approximately 4 years, while the Aides had been with the program between 2-3 years.

Student profile

From 1999-2003, 45 children were enrolled in the program of which:

- 15 Aboriginal children resided within the Box Ridge Community;
- 24 Aboriginal children resided within the Coraki Community;
- 5 non-Aboriginal children resided within the Coraki Township;
- 1 non Aboriginal child residing in Evans Head.

Six of these children attended the program for two consecutive years. In the first year of operation, four of these children received BRTTSP support for two days per week in addition to attending Kindergarten for three days per week.

1. Parents/Carers Feedback about the Box Ridge Transition to School Program

The following compares Part 1 and Part 2 parent/carer responses. Part 1 looked at what the parents/carers thought their child would gain from attending the BRTTSP; Part 2 looked at what the parents/carers believed their child had actually gained from attending it.

Of the 17 parents/carers interviewed:

- Over $\frac{1}{3}$ (6) thought that the BRTTSP would improve school readiness and get their children comfortable with starting school.
- Post BRTTSP, all felt that the program '*had worked*' with $\frac{1}{2}$ of the parents/carers (8) believing that the '*Program definitely did what was expected*'.

Views regarding specific aspects of the BRTTSP:

Learning

- Almost $\frac{1}{2}$ of the parents/carers (8) thought the BRTTSP would provide general learning for their children consisting of writing, the alphabet, numbers, colours, fine motor skills such as cutting out.
- $\frac{3}{4}$ of the parents/carers (12) said that it '*actually did achieve this*'.

Social skills

- Roughly $\frac{1}{3}$ parents/carers (6) thought the BRTTSP would improve social skills,
- Nearly $\frac{1}{2}$ of the parent/carers (8) said that it actually **did** achieve this.

Self confidence at school

- A $\frac{1}{3}$ of the parents/carers (6) thought that the BRTTSP would improve self confidence.
- The same number (6) stated that it actually **did** achieve this.

Discipline/attitude/self control skills/settle

- Two parents/carers thought the BRTTSP would achieve this.
- Three parents/carers believed that it actually **did** achieve this.

Fix separation anxiety

- One parent thought the program would achieve this and said post BRTTSP that it actually **did** achieve this.

Improve speech –

- Two parents/carers thought the BRTTSP would achieve this.
- Three parents/carers believed that it actually **did** achieve this.

Satisfaction with the BRTTSP

Five parents/carers, were **satisfied** with the BRTTSP, whereas nearly $\frac{3}{4}$ (11) of the parents/were *stoked*. Only one parent with two children did not answer or did not know. Nearly all of the Parents/carers felt that the program understood the needs of Aboriginal children. Two parents/carers felt that it depended on the Teacher and one parent/carer did not respond.

Examples of parent/carer responses:

'I liked everything that Transition has done for my children.....liked a lot of things'

'Yeh... I reckon he will handle going to school now from just being at Transition class. Not like other siblings who actually hate school'

'Happy environment...it was great...fantastic...liked it...kids loved going there'

'It's wonderful (program) should be kept going for ever and ever'

'I'm pretty happy with it (program)...yeah it's great actually'

The six things that the parents/carers stated that they liked the most about the BRTTSP were:

- the happy environment;
- readiness for school;
- social & positive benefits of the parents/carers;
- activities/reading/loved the coordinator

Examples of parent/carer responses:

'I love the little books they put together on teeth and hearing.... using our kids...and that the parents seeing the books with their kids faces on them....you know'

'Best thing was the home visits'

'Made learning fun... that's why the kids love going there'

'[19] is great...funny has great communication skills with kids and parents and is approachable'

'I liked the activities/reading we loved the Co-ordinator who taught the kids to enjoy books'

Just over a $\frac{1}{2}$ of the parents/carers (9) felt that two days was just right and the other half felt the two days was not enough. No one felt that two days was too much. Some timetable suggestions included:

- Split the two days up

- Increase to 3-5 days
- Increase to three days for the 4& 5 years olds in Term 4.

Examples of parent/carer responses:

*'No its not too much....um.. some weeks its not enough (laugh) but no 2 days yeh
I reckon its all right'*

The majority of parents/carers who still had children in the BRTTSP said they would definitely keep sending their children to it. Just under ¾ of the group (11) said that they would **definitely** tell their family and friends to send their children to Transition with a ⅓ of the group (5) already spreading the word. Three parents/carers did not answer the question. Nearly all of the parents/carers felt that the BRTTSP understood the needs of Aboriginal children. Two parents/carers felt that it depended on the Teacher and 1 parent/carer did not respond.

Examples of parent/carer responses:

'I reckon its helped my children know who they are'

'I think it has helped because it gets the Aboriginal kids in a bit earlier and gets them to know what's expected of them in the school system. Before we had Transition they just come straight into school and maybe not had much discipline and maybe not talked the white fellas language so much. And they come in you know and lose that first 6 months cause they don't know what's going on. but if you got them here by the time they actually start Kinder they know more'

On children

The major areas where parents/carers agreed that the program had helped the Jarjums **a lot** were:

- school readiness/understanding their role in the school
- social skills
- literacy- learning about books, reading books and book talk
- communication/relationships between Teachers
- general classroom Behaviour
- attitudes towards school, towards authority figures

Examples of parent/carer responses:

'I like the way they get them ready for Kindy cause before when they didn't have no Transition they used to like...you know...be very shy and wouldn't talk up and it feels...they just build a little confidence up and you know...learn them to read and count and know their colours really well now'

'Yeah it helped with his speech therapy...yeh because when he couldn't talk properly ...he'd sit quietly wouldn't talk, wouldn't play with other kids. He's sit in the corner and just watch other kids play...now he's come right out of his shell'

'It taught him how to interact with other cultures besides white kids'

Parents/carers also felt that the BRTTSP helped their Jarjums **a lot** in:

- following instructions from other people
- relationships with other children
- speech- Aboriginal English

- numbers – learning about early number skills

About ⅓ (6) of the Parents/carers and most of the staff believed that the program helped **a lot** with their Jarjums health status. The same number of parents/carers believed that the program improved access to health services whereas only around half of the staff agreed.

Examples of parent/carer responses:

‘It was when they started Transition that we actually found out about his few little problems um they helped me a lot at Transition ...we were told 6 months into transition that he would not do Kinder next year but with the help of Transition he is now in Kinder’

‘so without the health checks I reckon that half the kids wouldn’t have got their eyes seen to, their ears seen to and their teeth seen to...so that’s an asset of transition and the school...to force parents to go and do it and encourage them to do it’

Although they felt that the program had helped, three parents/carers felt that the BRTTSP had helped only **a bit/sometimes** in relation to:

- conflict resolution skills
- understanding others feelings
- playground & at home behaviour
- school English language skills

On parent/carers

Around ½ of the parent/carers (8) interviewed believed that the BRTTSP helped them **a lot** with their:

- attitudes towards their own children’s education and;
- attitudes towards school

Examples of parent/carer responses:

‘It helped me and my Jarjum as it made me understand how to treat my kids and how to be patient with them’

‘Did BRTP improve your relationship with your Jarjums? Excellent, definitely’

About ⅓ of the parents/carers believed that the program helped them **a lot** with their:

- relationship with their children (5)
- attitude towards their children’s health (5)
- attitude towards authority figures (4)
- self esteem/ self confidence (4)
- relationships with Teachers/School system/health service (4)
- quality of life generally (4)

Examples of parent/carer responses:

‘It has made my social life a lot easier... I can now take him to a girlfriend’s house that has children and not worry that their kid’s will be black and blue by the time we leave...yeh so it was good’

On other family members

In relation to what impact the BRTTSP had on 'other' family members, ¼ of the parents/carers (4) felt that the BRTTSP impacted **a lot** on their attitude towards school.

Impact of program on the rest of the Primary School

Nearly half of the parents felt that the BRTTSP had improved the Teacher's understanding of the needs of children when starting school and assimilating into mainstream education. In particular they felt the program helped teachers to:

- understand Jarjum needs when starting school (7)
- better communicate with Jarjums (7)
- better deal with Jarjums in the classroom (6)

Examples of parent/carer responses:

'Yeh I think the program has opened the Teachers eyes to ah you know...before Transition our kids had no interaction with white kids or white Teachers and imagine how scary that must have been.. and I think Transition opened their eyes to preschool...parents now sending their kids more to preschool'

Six the parents/carers felt that the program did help change the culture/philosophy/policies of the school. Only 1 parent/carer did not agree. Ten parents did not respond. Those that agreed felt that change had occurred in the areas of:

- readiness for school
- racism
- interaction issues
- ease in merging cultures
- teaching skills

Examples of parent/carer responses:

'Well its good for the kids and the teachers too...I mean communicating more with the teachers and the kids. When they get to kinder they may not be so scared of their teacher now'

2. Staff Feedback about the Box Ridge Transition to School program

Staff were asked general information about the BRTTSP and its operation. In specific, staff were asked to comment on program impact on the children, remaining family members and the type of impact if any, the BRTTSP actually had on staff.

When asked what they **knew** about the program, over half of the staff interviewed thought that the BRTTSP prepared the children, including children with disabilities, for school. One respondent felt the BRTTSP helped children and their families with their health while another thought the BRTTSP focused on the parent and trying to get them involved.

Staff **expected** the BRTTSP to assist **children** in the areas of:

- school readiness and how to behave in class.
- literacy skills/handling books/language work – providing the opportunity to extend vocabulary and language structure, preparing the child for school language
- numeracy skills
- social skills

Over half of the respondents felt that the children entered kindergarten at a higher level of school readiness after attending the BRTTSP.

Staff **expected** the program to help **families** understand more about what school is like, to feel comfortable with the main school, the Principal and Kindergarten teacher. Over half of the respondents including the Principal and Kindergarten teacher, felt that the BRTTSP **did** achieve this and stated that they had received positive feedback from the families. Nearly half of the staff including the Principal, felt that the BRTTSP had helped them a lot and had been highly successful in meeting their own personal satisfaction levels. The Teacher's Aides felt that the BRTTSP had helped them become better Aides.

Nearly all staff stated they were very satisfied with the BRTTSP and overall staff interviewed felt that the quality of the BRTTSP was excellent. One respondent stated that even though they were very satisfied with the BRTTSP, they felt that the BRTTSP '*still had a way to go*'. Likewise, the Coordinator raised the importance of continually reflecting on what was happening in the community '*as there is always room for growth*'.

When asked, staff felt the most useful components of the BRTTSP were:

- school readiness
- access to health workers, early intervention in health
- the structure

Examples of staff responses:

'I reckon it's helped them a lot it's helped them with their attitude....at home and at school'

'OK you can see, in the students coming into Transition you can see the change over the four terms. In term 1 you'd only have a small percentage of them that would be socially aware of the behaviour we expect...but as the year goes on we see their language, vocabulary and language structure and their social skills improve....so that by term 4 they are able to be involved in other school activities...you see a great transition from where they are at the start of the year to where they are at the end of the year.'

'It definitely improves their attitude towards school and their relationship with teachers has definitely improved....its just been wonderful'

'I think the most useful thing is the structure of the program...it has a structure and the students know the structure, the students are aware of what is expected of them and we are getting results from those structures'

Nearly all of the staff involved felt 2 days was just right and fair for that age group. Two staff members thought that extending the hours would help the children however they weren't sure how this could be done.

Examples of staff responses:

'2 days still gives them a chance to be with their families and also attend Preschool if they wanted'

Over half of the staff respondents felt that the program was **very** culturally appropriate, the remainder felt that it was pretty good, with one respondent stating that the cultural appropriateness of the program was dependent on who the Transition teacher was.

Staff perceptions of program impact

On children

The major areas where staff that the program had helped the children **a lot** were:

- school readiness/understanding their role in the school
- social skills
- literacy- learning about books, reading books and book talk
- communication/relationships between Teachers
- general classroom Behaviour
- attitudes towards school, towards authority figures

Around half of the staff believed that the program had helped **a lot** in relation to:

- Aboriginal English language skills
- basic numeracy

For the majority of staff, they believed the program also helped **a lot** in relation to:

- helping the child to be less anxious about school
- attitudes towards authority figures
- self confidence/ self esteem
- conflict resolution skills
- school English literacy/reading books
- general behaviour in the classroom and in the playground
- understanding other's feelings

Examples of staff responses:

'Sometimes it's a very scary place coming into kinder. If you've got no idea what is going on especially when you come from a home that doesn't have much to do with books or anything.....so we give them an idea of what's it all about....how to treat things, how to mix in socially with others, how to deal with conflict which is a real social interaction'

'Its just made my job easier to teach kindergarten...it gives them a good start and settles them down....I get to know the kids before they start kinder which is wonderful'

'The program shows the families how the health of the child really impacts on learning'

'I think its given them a good insight into how important school is and what school is all about'

On other family members

In relation to what impact the program had on 'other' family members, ¼ of the parents/carers (4) felt that the BRTTSP impacted **a lot** on their attitude towards school.

Staff felt that the program helped the families in relation to:

- health status and access to health care – Staff believed that there had been improved awareness and better relationships established with health services although there was still confusion over identifying actual professionals. Staff stated they believed that parents/carers display more self confidence in dealing with the health system then when the program first started.
- improved attitude towards the school – families appeared more comfortable in coming to school and there appeared to be better relationships with teachers in the school. Staff felt that the program improved parent/carer's confidence in dealing with the school system
- improved attitude towards the child's education – because of the program, parents/carers seemed more interested in their child's education/developmental stages
- providing an opportunity for the parents/carers to get out and develop better relationships with other parents/carers – it was felt that the program provided the opportunity for parents to better support each other.

Staff

Staff felt the program had specifically helped to make their job easier by transitioning the children to the school system.

In specific staff felt the program helped them **a lot** in:

- understanding Koori kid's needs when starting school
- improving communication with Koori kids and their families
- dealing with Koori kids in the classroom

There was a mixed range of responses from staff in relation to whether the program had impacted in some way on philosophy, culture and existing policies of the school.

Examples of staff responses:

'We realise that we have to have other things in place before we can teach them to read and write...they have to be able to hear, they have to be able to talk so that we can teach them these other things as well after that...that's the underlying thing that has come out of the program'

'I think we recognise the children's strength. I believe that because we are coming from a strengths based model we are saying to parents...you possess many skills to make decisions about your child's health and education. We are giving them a choice, a bit of self determination'

'Um...knowing the teachers aides, knowing the teacher that is such a good thing you know....They are there in the playground, they integrate, the kids all know them, the kids know what to expect of them'

Is there anything more to add

Eight parents/carers said that there was nothing they did not like about the BRTTSP, 5 parents/carers did not respond. Some of the suggestions for change and improvement included:

- more communication between parent/carer and teacher
- more days
- more field trips and excursions
- BRTTSP not being held on the first day of school
- more integration between the School and the BRTTSP especially relating to school processes such as assembly and using the canteen.
- greater consistency regarding discipline between the school and transition

Examples of parent/carers responses:

'I liked going there when there's a cuppa and that and sit down and watch the reading with the kids...[19] has a real good connection with the kids which was good cause you know there was some that wouldn't go...you know you've got to have that connection with the Teacher'

'Kids need to be more out there in the school....maybe in second term....going to assembly more and using the canteen....More out there, you know in the school so that they're not still so afraid to be out there and use their words and speak up when heard'

'Transition is separate...the school keeps going on around us'

Overall, over half of the respondents stated that they thought the BRTTSP was wonderful/excellent. One participant actually moved to Coraki so that their children could attend the BRTTSP. Most of the staff were very happy and could not think of anything they could improve with the BRTTSP.

Examples of parent/carers responses:

'Well I was really happy. ..you know it gives them (Jarjums) that little leg up....changed them from babies to smarty pants'

'It's wonderful excellent..running really good..really happy with it..liked it all...works well...10 points'

'Should keep going forever...why aren't they all transition schools?'

Examples of staff responses:

'The question is that maybe it's the school system that needs to change here not necessarily the child'.

'Oh I find it a highly successful program that targets particular areas that we need to work on. We've made changes as people recommend changes and if we can change things we change them for the better and if it doesn't we don't change it.'

'Keep it going....keep it going , yeh definitely. Attendance and interest improves greatly in the kids...we've just gotta keep it going.'

School Based Data

School based data was collected however, a review of the data identified that records kept were inconsistent and incomplete. Consequently no results are available for this data. Feedback was given to the school and as a result, practices have been input in place to improve record management.

BRTSP Classroom and Attendance Data

Many files were destroyed as a result of a computer hard drive melt down. Consequently retrospective data could not collated. Therefore this data was not included in the analysis.

CONCLUSION

From the analysed data we know that overall, parents/carers and staff were very satisfied with the BRTTSP. Both parent/carers and staff stated that they felt the BRTTSP had met expectations that is, improved school readiness and helped children to feel comfortable with starting school.

Both parents/carers and staff also agreed that the BRTTSP had helped the children a lot, improving their:

- social skills,
- literacy and numeracy knowledge,
- communication with teachers,
- general classroom behaviour and;
- attitudes towards school and towards authority figures.

Parents/carers and staff felt that the BRTTSP not only had an impact on the children but also had some positive impact on the parents/carers themselves and on other family members. They also felt that the BRTTSP had a positive impact on staff of both the BRTTSP and Primary School. Parents/carers and staff all felt that the program helped the teachers to better understand, communicate and deal with children, especially Aboriginal children, in the classroom. Nearly all the parents/carers and staff believed that children attending BRTTSP for two days per week was sufficient, when attended in conjunction with a preschool program.

Overall interviewed parent/carers and staff were very happy and felt that there was very little they could advise regarding changes or additions to the BRTTSP.

From these results, the BRTTSP is very successful in transitioning children from home and preschool to the Kindergarten setting and has had positive consequences not only for the children but for parents/carers, other family members and staff of both the BRTTSP and Primary School.

POSTSCRIPT

The staff of CPS have recognised the role of the BRTTSP in establishing positive relationships between staff and young students who attend the program and their families. These relationships have fostered a whole school culture built on learning partnerships which value the contributions of all students, families and community members. Because of the success of the BRTTSP, in 2001, the CPS processes for 'transition into school' was extended to funding a pre-Kindy class through the Priority Schools Funded Program (PSFP). The Pre-Kindergarten class was established in consultation with the local community preschool staff. The Pre-Kindergarten class operates within the BRTTSP premises and utilises the program's resources and facilities. All families who have stated that their child will be enrolling in Kindergarten at CPS the following year are invited to enrol their child in the Pre-Kindergarten class. This also includes the children who have been attending the BRTTSP. Children attend the Pre-Kindy class for one day per week during the fourth term of the year prior to the commencement of Kindergarten. The Pre-Kindergarten staff consists of one DET teacher and one teacher's Aide. The Pre-Kindergarten class provides an intensive orientation to the school program for potential students of CPS. It also continues to foster positive partnerships between the school and preschool staff through which a culture of sharing has been firmly established.

Early 2004, federal funding was sought from the Department of Families, Community Service and Indigenous Affairs (FACSIA) under the *Stronger Families and Communities – Invest to Grow* initiative to establish a Transition to School program within Goonellabah Primary School. It was envisaged that the Goonellabah Transition Program would be based on the BRTTSP model. The submission for funding was successful and the Goonellabah Transition Program (GTP) began operation in 2005. It must be acknowledged that the submission to establish the GTP would not have been successful without the learnings gained from the BRTTSP. GTP interim evaluation data to date has been extremely positive demonstrating that the core BRTTSP model may be effectively implemented in other communities.



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APPENDIX 1: INDIVIDUAL FAMILY SERVICE



Box Ridge Transition Program

'walking together, learning together'

Child:..... D.O.B:

Goals for this term

People involved

Achieved



APPENDIX 2: INDIVIDUAL HEALTH PLANS



Box Ridge Transition Program

'walking together, learning together'

Child:..... D.O.B:

Please include dates where appropriate / only tick report if we have a copy in our files.

Health Overview

<input type="checkbox"/> Service	<input type="checkbox"/> Referral	<input type="checkbox"/> Assessment in Transition setting	<input type="checkbox"/> Assessment in other setting (where?)	<input type="checkbox"/> Report	<input type="checkbox"/> Program	<input type="checkbox"/> Referred onto....
<input type="checkbox"/> School Counsellor Who?						
<input type="checkbox"/> Speech Pathologist 1 Who?						
<input type="checkbox"/> Speech Pathologist 2 Who?						
<input type="checkbox"/> Occupational Therapy Who?						
<input type="checkbox"/> Paediatrician Who?						
<input type="checkbox"/> NCAHS Dental						
<input type="checkbox"/> NCAHS Audiometrist Who?						
<input type="checkbox"/> NCAHS Vision Who?						
<input type="checkbox"/> ENT Specialist Who?						
<input type="checkbox"/> Psychologist						



APPENDIX 3: BRT INTERVIEW QUESTIONS- PARENTS

B RTP Semi Structured Interview Questions: Parents

Question	
Tell me, how many of your jarjums have gone to transition to Kimberlii.	
When your jarjum started goin' to transition tell me what you reckoned your jarjum would get from goin' there. ➤ Open-ended response, prompt for multiple answers	
So you're tellin' me that you reckoned your jarjum was gonna get.....from goin' to transition. How do you reckon it worked. ➤ Open-ended response, prompt for multiple answer	
Lookin' at everything that happens in transition how satisfied was your family with the transition program.	
Do you think the two days a week the transition runs is ➤ Not enough, just right, too much	
Do you think the transition program understands the needs of Aboriginal kids.	
How do you reckon the transition program has helped your jarjum? ➤ Open-ended response, prompt for multiple answers	
<p>Tell me if you reckon transition <u>helped your jarjum</u> with the following:</p> <p><i>(open response first, then prompt for issues not mentioned – has it helpeda lot, a bit, not really, not at all)</i></p> <ul style="list-style-type: none"> ➤ Learning about books and book talk, ➤ Learning about early number skills, ➤ Aboriginal English language skills, ➤ School English language skills, ➤ General readiness for school, ➤ General behaviour in the classroom, ➤ General behaviour in the playground, 	<ul style="list-style-type: none"> ➤ General behaviour at home, ➤ Self-esteem/self-confidence, ➤ Attitudes towards school, ➤ Attitudes towards authority figures, ➤ Conflict resolution skills, ➤ Social skills, ➤ Understanding others' feelings, ➤ Relationships with teachers, ➤ Health status, ➤ Access to health services?

Question	
<p>How would you rate the B RTP at <u>improving your</u>: <i>(open response first, then prompt for issues not mentioned – has it helpeda lot, a bit, not really, not at all)</i></p> <ul style="list-style-type: none"> ➤ Attitudes towards the school, ➤ Attitudes towards your jarjum’s education, ➤ Attitudes towards your jarjum’s health, ➤ Attitudes towards authority figures, ➤ Self-esteem/self-confidence generally, ➤ Self-confidence at dealing with the school system, ➤ Self-confidence at dealing with the health system 	<ul style="list-style-type: none"> Conflict resolution skills Relationships with the teachers/school system Relationships with the health service Relationships with your jarjums Own health status Own access to health services Quality of life generally Involvement in B RTP activities (field trips, parent events, health assessments, etc) Involvement in CPS activities (field trips, parent events, etc)
<p>How would you rate the B RTP at <u>improving other family members</u>’: <i>(open response first, then prompt for issues not mentioned – has it helpeda lot, a bit, not really, not at all)</i></p> <ul style="list-style-type: none"> ➤ Attitudes towards the school, ➤ Attitudes towards your jarjum’s education, ➤ Attitudes towards your jarjum’s health, ➤ Attitudes towards authority figures, ➤ Self-esteem/self-confidence generally, ➤ Self-confidence at dealing with the school system, 	<ul style="list-style-type: none"> ➤ Self-confidence at dealing with the health system ➤ Conflict resolution skills, ➤ Relationships with the teachers/school system, ➤ Relationships with the health service, ➤ Relationships with your jarjums, ➤ Own health status, ➤ Own access to health services, ➤ Quality of life generally?
<p>How would you rate the B RTP at <u>improving the teachers</u>’: <i>(open response first, then prompt for issues not mentioned – has it helpeda lot, a bit, not really, not at all)</i></p>	<ul style="list-style-type: none"> ➤ Understanding Koori jarjums’ needs when starting school, ➤ Ability to communicate with Koori jarjums, ➤ Ability to deal with Koori jarjums in the classroom?
<p>Do you reckon the B RTP has helped change the CPS’s school culture, philosophy or policies at all? If yes, in what ways? Open-ended response, prompt for multiple answers</p>	
<p>Are you gonna keep sending your jarjums to transition Yes, maybe or no</p> <p>Would you tell your family and friends to send their jarjums to transition. Yes, maybe or no</p>	
<p>Tell me, what you liked about transition for you and your jarjums. Open-ended response, prompt for multiple answers</p> <p>Is there anything you didn’t like and would wanna change. Open-ended response, prompt for multiple answers</p>	

APPENDIX 4: BRT INTERVIEW QUESTIONS – CPS&PRTP STAFF

BRT Semi Structured Interview Questions: CPS & BRT staff

Hi, I'm Denise Hughes from the Health Promotion Unit – thanks for agreeing to help us with this interview. We're interested to find out what you know about the Transition Program that runs at the school – and whether you think it's helping the children, families and staff involved – and how you think it could be improved.

1. First, can you tell me what you know about the Transition Program and how you've been involved in it.
2. And how long have you been working at BRT / CPS?
3. And what sort of things did you expect from the Transition program – how was it meant to help the children, families and yourself? **Prompt for multiple responses – jot down main points to refer back to in next question.**

4. And how well do you think the program has met these expectations?
Prompt for multiple responses – in relation to each of the expectations mentioned at Q3.

5. So, overall, how satisfied are you with how the Transition Program is going? **Circle one number.**

Not at all satisfied	1
Not very satisfied	2
Quite satisfied	3
Very satisfied	4

6. And, overall, how would you rate the quality of the Transition Program? **Circle one number.**

Terrible	1
Poor	2
Fair	3
Good	4
Excellent	5

7. Do you think the 2 days a week the Transition Program runs is? **Circle one number.**

Not enough	1
Just right	2
Too much	3

8. And do you think the Transition Program is culturally appropriate for the children attending? **Circle one number.**
- No not at all culturally appropriate 1
- Yes, somewhat culturally appropriate 2
- Yes, very culturally appropriate 3
9. In what ways do you think the Transition Program has helped the children? **Prompt for multiple responses – ticking issues below as they're mentioned – in "Own comment" box.**
- 9b. And just thinking of some other issues – how much do you think the Transition Program has helped the children with each of the following? **Ask for each issue not already ticked.**

How much TP has helped children with ...	Own comment	A lot	A bit	Not really	Not at all
Basic literacy / reading		1	2	3	4
Aboriginal English language skills		1	2	3	4
School English language skills		1	2	3	4
Basic numeracy		1	2	3	4
General school readiness		1	2	3	4
General behaviour – in the classroom		1	2	3	4
General behaviour – in the playground		1	2	3	4
General behaviour – at home		1	2	3	4
Attitudes towards school		1	2	3	4
Relationships with teachers		1	2	3	4
Attitudes towards authority figures		1	2	3	4
Conflict resolution skills		1	2	3	4
Self-esteem/self-confidence		1	2	3	4
Social skills		1	2	3	4
Understanding others' feelings		1	2	3	4
Health status		1	2	3	4
Access to health services		1	2	3	4

10. And how do you think the Transition Program has helped the children's families? **Prompt for multiple responses – ticking issues below as they're mentioned – in "Own comment" box.**

10b. And just thinking of some other issues – how much do you think the Transition Program has helped the children’s families with each of the following? **Ask for each issue not already ticked.**

How much TP has helped children’s families with ...	Own comment	A lot	A bit	Not really	Not at all
Involvement in TP activities (eg: field trips, parent events, health checks)		1	2	3	4
Involvement in CPS activities		1	2	3	4
Attitudes towards the school		1	2	3	4
Attitudes towards their kids’ education		1	2	3	4
Attitudes towards their kids’ health		1	2	3	4
Attitudes towards authority figures		1	2	3	4
Relationships with teachers / school		1	2	3	4
Relationships with health service / workers		1	2	3	4
Relationships with their kids		1	2	3	4
Conflict resolution skills		1	2	3	4
Self-confidence/esteem – generally		1	2	3	4
Self-confidence – dealing with school system		1	2	3	4
Self- confidence – dealing with health system		1	2	3	4
Own health status		1	2	3	4
Own access to health services		1	2	3	4
Quality of life generally		1	2	3	4

11. And how do you think the Transition Program has helped you? **Prompt for multiple responses – ticking issues below as they’re mentioned – in “Own comment” box.**

11b. And just thinking of some other issues – how much do you think the Transition Program has helped you with each of the following? **Ask for each issue not already ticked.**

How much TP has helped you ...	Own comment	A lot	A bit	Not really	Not at all
Understand Koori kids’ needs when starting school		1	2	3	4
Communicate with Koori kids		1	2	3	4
Communicate with Koori kids’ families		1	2	3	4
Deal with Koori kids in the classroom		1	2	3	4

12. Do you think the Transition Program has contributed to changing the CPS’s school culture, philosophy or policies at all? If yes, in what ways? **Prompt for multiple responses.**

13. What do you feel are the most useful components of the BRTP? **Prompt for multiple responses.**

14. And the least useful ones? **Prompt for multiple responses.**

15. And finally, any other comments or suggestions about the Transition Program? **Prompt for multiple responses.**

APPENDIX 5: PERMISSION NOTE

Permission Note for Box Ridge Transition to School Program

Contact: Kimberlii Austen – 6683 2073 or 6683 2911

Dear parent,

Our program has been running for a few years now and we think it's helping the kids to be ready for school life. But we want to know more clearly about ways the program has helped children and other areas where we can still do better. So, we need to do some more formal evaluation work. As you've had a child (or children) in the program, we'd like your help in the following ways:

For parents of children in the program from 2003 onwards:

- Tell us what you think of the program during our regular home visits – what you do and don't like.
- Let us summarise this information and include it in a group report about the program.
- Let us summarise existing information from the Transition Program, the school and local health services about your child(ren)'s progress (in development, health, schoolwork, attendance and behaviour) and include it in a group report about the program.

For parents of children in the program between 2000 and 2002:

- Tell us what you think of the program – what you do and don't like.
- Let us summarise this information and include it in a group report about the program.
- Let us summarise existing information from the Transition Program, the school and local health services about your child(ren)'s progress (in development, health, schoolwork, attendance and behaviour) and include it in a group report about the program.

For parents of Koori children starting at Coraki Public School between 1995 and 1999:

- Let the school summarise and give us group information about all Koori children's progress (in schoolwork, attendance and behaviour) before the Transition Program started.
- Let us summarise this information and include it in a group report about the program.

All information will be treated confidentially. No individual children or families will be identified in any reports. Taking part is voluntary and you can change your mind at any time. Not taking part won't change how you or your children are treated in the program, or at the school.

Please tick one box:

I'm happy to help as explained above = Thanks - please fill in your details below

I'd rather not be involved in this = Thanks for thinking about it anyway

Name: _____
Address: _____ Postcode: _____
Tel No: _____
Signature: _____ Date: _____