Goonellabah Transition Program

“Walking together, Learning together”

Final Evaluation Report – Executive Summary

June 2008

Prepared by:
Dr Sallie Newell
Assoc Prof Anne Graham

Southern Cross UNIVERSITY
This work may be reproduced, in whole or part, for study or training purposes, subject to the inclusion of an acknowledgement of the source. It should not be used for commercial purposes.

Suggested Citation

Disclaimer
The Centre for Children & Young People prepared the information in this report about the Goonellabah Transition Program Invest to Grow funded project. It draws on information, opinions and advice provided by a variety of individuals and organisations, including the Commonwealth of Australia. The Commonwealth accepts no responsibility for the accuracy or completeness of any material contained in this report. Additionally, the Commonwealth disclaims all liability to any person in respect of anything, and of the consequences of anything, done or omitted to be done by any such person in reliance, whether wholly or partially, upon any information presented in this publication.

Caution
Material in this publication is made available on the understanding that the Commonwealth is not providing professional advice. Before relying on any of the material in this publication, users should obtain appropriate professional advice. Views and recommendations which may also be included in this publication are those of the authors, Dr Sallie Newell and Associate Professor Anne Graham, only and do not necessarily reflect the views of the Commonwealth, the Minister for Families, Housing, Community Services and Indigenous Affairs, or the Department of Families, Housing, Community Services and Indigenous Affairs or indicate a commitment to a particular course of action.

For further information please contact:
Dr Sallie Newell - Senior Research Officer
Centre for Children & Young People
Mail: Southern Cross University, PO Box 157 Lismore NSW 2480
Phone: 02 6620 3802 Fax: 02 6620 3423 Email: sallie.newell@scu.edu.au
Acknowledgments

The authors would like to gratefully acknowledge:

- The children and families of the Goonellabah Transition Program - for their enthusiastic participation in the various program strategies and evaluation activities.
- Kimberlii Austen-Baker, Kate Holt, Lee Murphy, Lisa Klenk, Leanne Hore, Lisa Klenk, Kevin Anderson, Clare Cassin & Miriam O’Grady (Goonellabah Transition Program staff) and Laurel Rogers (Aboriginal Health Promotion Officer, NCAHS) - for their commitment to collecting &/or collating the comprehensive internal implementation and evaluation data.
- Denise Hughes (NCAHS Health Promotion Unit) - for her expertise with developing and support with accessing the comprehensive databases used to monitor the internal implementation and evaluation data.
- Wendy Britt, Anna Huddy & Chris White (CCYP staff) for their expertise and enthusiasm with collecting &/or coding the various child, family staff surveys presented in this report.
- The principals and administrative staff of the partner primary schools for their assistance with providing information about GTP Graduates’ and the comparison children’s early progress in school.
- CHEGS Inc. and the GTP Management Committee and Advisory Group for engaging and supporting us as the evaluator for this project.
- The support of the Australian Government’s Department of Families, Housing, Community Services & Indigenous Affairs, who provided the funding for this project - through the Invest to Grow arm of its Stronger Families & Communities Strategy.
- The Widjabul people, from the Bundjalung Nation, who are the traditional custodians of the Lismore area.

In addition, the GTP Coordinator would also like to gratefully acknowledge:

- Geoff Spargo and the other Box Ridge Transition Program Advisory Group members - for sharing their interim evaluation data for use with seeking the initial funding for the Goonellabah Transition Program.
- Mary Ward (CHEGS Coordinator) - for auspicing the funding to implement the program.
- Clancy Benson, Yvonne Donohoe, Geoff Spargo and Carolyn Bennett (NSW DET staff) - for their generous and enthusiastic professional and collegial support with developing and implementing the program.
- Donna Lloyd (Coordinator - Health Equity, NCAHS) - for her continual commitment and support as a member of the GTP Working Party.
- Uta Dietrich (Director of Health Promotion, NCAHS) - for providing invaluable in-kind support for the home visiting program and to Laurel Rogers (Aboriginal Health Promotion Officer, NCAHS) whose commitment was integral to its success.
- Leanne Friis and everyone else involved across the interagency partnerships (North Coast Area Health Service (NCAHS), the NSW Department of Education & Training’s Lismore District Office and Yabur Yulgun Aboriginal Corporation) - that have been intrinsic to the success of the program.
- The members of the immediate and extended GTP team - for their passion, commitment and vision and for their belief in the children and families of the program.
- The Centre for Children & Young People - for working with the GTP team to develop an evaluation that has included the authentic voices of all relevant GTP stakeholders.
EXECUTIVE SUMMARY

Rationale & Background ............................................................................ 1
GTP Program Overview ........................................................................... 1
About the GTP Participants ....................................................................... 2
Evaluation Approach .................................................................................. 3
Participation in Evaluation Activities ....................................................... 3
Main Findings ............................................................................................ 4
  Low Level Outcomes ........................................................................... 4
  Medium Level Outcomes .................................................................... 4
  High Level Outcomes .......................................................................... 5
Significance of the Findings ...................................................................... 5
Strengths & Limitations of the Evaluation ............................................... 6
Recommendations for the Future .............................................................. 6

ABBREVIATIONS USED THROUGHOUT THIS REPORT

AEA Aboriginal Education Assistant
AHPO Aboriginal Health Promotion Officer
BRTP Box Ridge Transition to School Program - the program on which the GTP is based
CCYP Centre for Children & Young People, Southern Cross University - the local evaluator
CHEGS Community Health Education Groups
NSW DET NSW Department of Education and Training
DoCS Department of Community Services
ECHIDNA Empowering Communities Holistically in Determining Needs for Aboriginal People - a local Aboriginal Self-Determination Project developed by a NCAHS Aboriginal Health Promotion Officer
FTE Full-time equivalent positions
GTP Goonellabah Transition Program - the Invest to Grow program
NCAHS North Coast Area Health Service

Note: Throughout this document, the word Aboriginal is intended to be inclusive of both Aboriginal and Torres Strait Islander peoples.
Executive Summary

Rationale & Background
Extensive national and international research from many different fields has consistently demonstrated the critical importance of children's early life experiences and circumstances on their subsequent development and wellbeing throughout their lives. There is clear evidence that well-founded, well-implemented prevention and early intervention programs, starting early in life, can improve young children’s cognitive, social and emotional functioning. This results in a positive influence on their readiness to learn in the school setting and improves educational, social, emotional and health outcomes throughout their lives. Cost-effectiveness analyses have shown that such programs more than pay for themselves, by reducing the later need for government-funded services. As well as these positive outcomes for the children, there are also “ripple” effects across a range of outcomes for their families and communities generally.

The Goonellabah Transition Program (GTP) developed from the concerns among some primary school principals in the Lismore/Goonellabah area that some children were starting school at a significant disadvantage to most other children. While some had attended early childhood education services, it was felt they also needed a more structured, multidisciplinary and intensive program to help them prepare to enter Kindergarten on a more level playing field. Therefore, the principals liaised with the Coordinator of the nearby Box Ridge Transition to School Program (BRTP), a locally-developed program which began in 1999 and was receiving positive responses from families and school staff - about establishing a similar program for Lismore/Goonellabah children.

GTP Program Overview
Based on the BRTP, the GTP is a flexible, holistic early learning program for children and families needing intensive support with transitioning from home and preschool settings into Kindergarten. It works in partnership with, and across, sectors to provide a strengths-based, family-friendly and culturally-sensitive program within a developmental, health, linguistic and social framework. GTP staff work with families to identify health, educational and behavioural factors impacting on their child’s ability to learn and interact socially - and then develop and implement individualised support programs and continually review children's progress against them. Children (aged 3½-5 years) attend two days per week during school terms (for the school year before entering Kindergarten) and families receive regular home visits. Children are strongly encouraged to attend mainstream preschools or day-care services during the remaining three days per week.

Although both the BRTP and the GTP were developed long before its publication, both programs incorporate all the key characteristics recently found to be associated with more successful transitions into school for Aboriginal children - in a comprehensive review of such programs conducted for the NSW Department of Education & Training (Dockett et al, 2007).
About the GTP Participants

Over 120 children were referred to the GTP, with 56 children ultimately enrolled at some point during 2006 &/or 2007 - with 47 (84%) families actually engaging with the program. Of these 47 children, 41 (87%) graduated and enrolled in primary schools. The main reason for families not engaging with the GTP and for children not graduating was that they moved out of the area before or soon after the school year began.

While all 41 graduating children received some additional support across many of the following developmental areas, the priorities identified on children’s referrals were:

- 33 (81%) with their fine motor skills;
- 29 (71%) with behavioural issues;
- 27 (66%) with their speech;
- 27 (66%) with their social skills; and
- 17 (42%) with their cognitive skills.

Of these 41 children:
- 27 (66%) were Aboriginal and 14 (34%) were non-Aboriginal;
- 29 (71%) were boys and 12 (29%) were girls;
- their total length of enrolment in the GTP ranged from 6 to 75 weeks, with a mean enrolment length of 37 weeks;
- ages at enrolment ranged from 3.7 to 5.3 years, with a mean age of 4.6 years; and
- ages at completion ranged from 4.5 to 5.9 years, with a mean age of 5.3 years.

Many of these children lived in families experiencing a combination of the following social and economic challenges, including:

- 25 (61%) children had no parent, or guardian, in full-time paid work;
- 21 (51%) families were living in government housing and a further 4 (10%) families currently had no home of their own and were staying with friends or relatives;
- 14 (34%) families had at least one parent dealing with drug &/or alcohol issues;
- 13 (32%) children had experienced physical &/or emotional abuse or neglect;
- 10 (24%) families had experienced or were currently experiencing domestic violence issues;
- 9 (22%) families had at least one parent dealing with mental health issues &/or their own learning or developmental disability;
- 8 (20%) children had been allocated Department of Community Services case-workers;
- 7 (17%) children were partly or fully under the care of other family members, usually their grandparents; and
- 3 (7%) children had siblings with severe disabilities.
**Evaluation Approach**

In collaboration with the Department of Families, Housing, Community Services & Indigenous Affairs, a comprehensive evaluation plan and framework was developed - to routinely monitor the GTP’s implementation, acceptability and impact (on children, families, GTP & school staff) across its full range of planned outcomes:

<table>
<thead>
<tr>
<th>Healthy Young Families</th>
<th>Early Learning &amp; Care</th>
<th>Supporting Families &amp; Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children perform better academically during Kindergarten and Year 1</td>
<td>Children transition into Kindergarten more happily and successfully</td>
<td></td>
</tr>
</tbody>
</table>

**High level outcomes**
- Improved social outcomes for children
- Improved behavioural outcomes for children
- Improved health outcomes for children
- Improved developmental outcomes for children
- Increased family participation in children’s health & education
- Improved school culture

**Medium level outcomes**
- Improved social outcomes for children
- Improved behavioural outcomes for children
- Improved health outcomes for children
- Improved developmental outcomes for children
- Increased family participation in children’s health & education
- Improved school culture

**Low level outcomes**
- Children attend regularly
- Families participate in planning
- Families happy with GTP
- School & GTP staff happy with GTP
- Improved family attitudes
- Improved school & GTP staff attitudes

A quasi-experimental, pre-post evaluation design aimed to use routinely-collected data wherever possible - in order to minimise the need for additional direct question and answer processes &/or written surveys. However, some information that only children, families or GTP and school staff could provide was also collected - using less formal, narrative methods and/or semi-structured interviews.

**Participation in Evaluation Activities**

These additional data collections included:

- **Child Surveys** - completed with 20 children (91%) from the 2006 GTP Intake, late in their last term at the GTP;

- **Family Surveys** - completed with 29 families (representing 71% of the graduating children) early in their child’s first or second term in Kindergarten;

- **Home Visit Worksheets** - completed after each 93 (52%) of the fortnightly home visits with 34 (83%) children’s families; and

- **GTP & School Staff Surveys** - completed with all GTP staff and a range of staff from the partner primary schools late in 2005 and at the end of Term 1 of the 2007 and 2008 school years.
Main Findings
The findings presented in detail throughout this report suggest that the GTP has been highly effective at achieving progress across all of the low, medium and high level outcomes outlined above:

Low Level Outcomes
- Children attended regularly - as a group, the 41 GTP Graduates to date attended 81% of their combined days enrolled in the program; individually, 73% of Graduates attended 75% or more of the days they were enrolled, including 41% who attended at least 90% of days enrolled.

- Families participated in planning - all families participated with GTP staff in the termly Family Team Meetings, where children’s needs and progress were regularly reviewed and future goals were set.

- Parents, children and GTP & school staff were happy with the GTP - with very high levels of support for and satisfaction with the program, from all groups.

- Family attitudes towards and engagement in their children’s health and education improved - with consensus across various forms of feedback from families and GTP and school staff; 93% of families taking sole responsibility for transporting their children to and from the GTP; and 83% of families engaging with the fortnightly home visits.

- School staff attitudes and confidence to support families improved - with increases (between baseline and followup surveys) in the proportion of school staff reporting high levels of confidence in their ability to support children and families with additional support needs and Aboriginal children and families during their transition into school; and in the proportion of school staff perceiving ways in which Aboriginal children and families were better equipped to handle the transition. However, the staff interviewed didn’t attribute any change in their perceptions to the GTP directly.

Medium Level Outcomes
- Children’s social, behavioural and developmental outcomes improved - with substantial improvements in children’s fine motor, cognitive (including early literacy and numeracy) and social skills and moderate improvements in their language, self-help and gross motor skills, where many children were already performing well when they started at the GTP. Findings from the GTP developmental assessments were supported by feedback from families and GTP and school staff.

- Children’s health outcomes are likely to have improved - with Individual Health Plans developed for all children, resulting in over half the GTP Graduates receiving assessment, treatment &/or referrals in relation to their dental health, vision, hearing and speech therapy; over half the Graduates receiving support from a paediatrician; and 10-17% receiving support from an occupational therapist, ear, nose & throat specialist &/or a psychologist, as needed.
High Level Outcomes

- Children transitioned into Kindergarten successfully - with consensus across various forms of feedback from families and GTP and school staff, in terms of the success of the children’s transition and in terms of the contribution of the support provided by the GTP to achieving this success. Over a third of children received support from NSW DET school counsellors &/or itinerant support teachers. This success is also demonstrated by the high levels of school attendance rates and lack of school suspensions among GTP Graduates.

- Children appear to be performing comparably academically during Kindergarten and Year 1 - although it is early days with these assessments, the GTP Graduates appear to be keeping up with their peers and performing better than may have been expected without their attendance in the GTP - based on their academic results, feedback from school staff and that all 2006 GTP Graduates progressed from Kindergarten (in 2007) to Year 1 (in 2008).

Significance of the Findings

The findings presented in this report are very significant given their strength and consistency across a comprehensive range of quantitative and qualitative data sources - gathered from all key stakeholders.

The high level of children’s GTP attendance, their families’ engagement with the GTP, including their taking responsibility for transporting their children to and from it, and the children’s successful transitions into their early school lives are particularly significant in light of the various, and often serious, developmental &/or domestic challenges experienced by many of the children and families involved - which can make it more difficult for services to successfully engage these children and families.

The improvements in children’s basic skills and development before school entry demonstrate that it is possible for children identified as needing intensive early intervention support to enter Kindergarten on a much more level playing field - across a number of key domains critical to their future success in the education system.

However, early findings on the GTP Graduates’ early school academic progress raise some concerns about how well these developmental gains are being sustained after the children enter Kindergarten. Therefore, additional followup area is recommended.
**Strengths & Limitations of the Evaluation**

The main strengths of this evaluation are its comprehensiveness and depth - in terms of seeking and incorporating data from all key stakeholders and in relation to all program objectives (including process, impact and outcome indicators). This has involved the triangulation of both quantitative and qualitative, subjective and objective information across most key outcomes, as well as comparison data for children not involved in the GTP where possible. Another strength is the generally high response & completion rates achieved in relation to most data sources, increasing confidence in the overall accuracy of the information synthesised from them.

The main limitations of this evaluation are the small number of children and families and the short period of followup time on which it is based. However, the additional 3-year funding period offers the opportunity to collect data for more children and families and over longer followup periods. Another limitation is the relative lack of evaluative information obtained directly from the children involved in the GTP - which had been planned to be a larger part of this evaluation but proved difficult to achieve for a number of practical and pragmatic reasons. However, this is something else that could be explored further during the extra funding period.

**Recommendations for the Future**

Based on preliminary evaluation results, the GTP has received an additional $600,000 in funding from the Australian Government’s Department of Families, Housing, Community Services & Indigenous Affairs. This funding will allow three additional intakes of children into the program - in the 2008, 2009 and 2010 school years. The following recommendations are proposed to enhance future implementations of the GTP and for any similar projects implemented in the future:

**Recommendation 1:** The GTP should continue. It is not yet ready for a wide-scale roll-out but there is potential for this in the future.

**Recommendation 2:** For optimum outcomes, priority should be given to recruiting and retaining suitably qualified & experienced teachers (including the Coordinator) for both classes.

**Recommendation 3:** Funding should be allocated to allow a third work-day for both teaching positions - to allow for improved mentoring (including team teaching), paperwork completion workloads associated with the extra liaising needed with families, preschools and schools.

**Recommendation 4:** Funding should be allocated to allow the GTP Coordinator time to capture the key principles, activities and resources of the GTP in a comprehensive resource package (possibly including videotaped classroom sessions) - which would allow the program to be rolled out in other communities, within the context of a comprehensive training &/or mentoring program.

**Recommendation 5:** Attention is needed regarding ways to further improve the proportion of families receiving fortnightly home visits and the frequency of home visits throughout the whole school year.

**Recommendation 6:** Funding should be allocated to allow the continued evaluation of the GTP’s effectiveness for the children and families involved - to track the continued progress of the existing GTP Graduates as well as the progress of the GTP Graduates to come over the next 3 years.
Recommendation 7: However, as a number of outcomes have been clearly demonstrated within the current evaluation, all key stakeholders should meet to review the needs and priorities for this continued evaluation process - and collaborate to produce a new evaluation plan for the next funding period.

Recommendation 8: The future evaluation plan should prioritise further exploring ways to more routinely capture the feedback of the GTP Graduates - about both their experiences at the GTP and about their transition into and their experiences and progress through their early school lives.

Recommendation 9: Funding should be allocated to review and overhaul the GTP database to best meet the needs of the new evaluation plan - by better capturing more of the routinely-collected GTP implementation and evaluation information.

Recommendation 10: In the future, there may be a need to explore avenues for funding additional transition programs using the BRTP & GTP model - within the local area, given the large excess number of referrals and much of the feedback received from families and school staff - but also in other regions.