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TITLE: Gudaga Goes to School Study: Methods used in understanding school transitions and early education experiences of an urban Aboriginal cohort.

Dr Cathy Kaplun, (Corresponding author):
UNSW Australia, Centre for Health Equity Training Research Evaluation (CHETRE),
C/- Ingham Institute, 1 Campbell St, Liverpool NSW, AUS 2170
E-mail:c.kaplun@unsw.edu.au; Ph:+61(2)8738 9310 Fax: +61(2)8738 9350

Co-Authors:
Dr Jenny Knight
UNSW Australia, Centre for Health Equity Training Research Evaluation (CHETRE),
C/- Ingham Institute, 1 Campbell St, Liverpool NSW, AUS 2170
Email: knightj@unsw.edu.au Ph: 612 8738 931; Fax: 612 8738 9350

Dr Rebekah Grace, Institute of Early Childhood, Macquarie University, Ryde, 2109, Australia.
Email: rebekah.grace@mq.edu.au; Phone: 02 9850 9844; Fax: 02 9850 9887

Professor Sue Dockett, Charles Sturt University, Research Institute for Professional Practice,
Learning and Education (RIPPLE), Faculty of Education, Charles Sturt University, PO Box 789
Albury NSW 2640 Australia. Ph/Fax: 61 2 6051 9403 Email: SDockett@csu.edu.au;

Professor Bob Perry,
Charles Sturt University, Research Institute for Professional Practice, Learning and Education
(RIPPLE), Faculty of Education, Charles Sturt University PO Box 789 Albury NSW 2640 Australia
Ph/Fax: 612 6051 9455; Email: bperry@csu.edu.au;

Associate Professor Elizabeth Comino, UNSW Australia, CHETRE, PO Box 7103 Liverpool 1871
NSW. Email: e.comino@unsw.edu.au Ph: 612 8738 9310; Fax: +61(2)8738 9350

Professor Lisa Jackson-Pulver, School of Public Health and Community Medicine, UNSW
Australia, Faculty of Medicine, NSW 2052 Australia
Email: lisa.jackson-pulver@unsw.edu.au; Ph: +61(2)9385 3499 Fax: +61(2)9313 6185

Professor Lynn Kemp,
Western Sydney University, Translational Research and Social Innovation (TReSI)
C/- Ingham Institute, Level 3, 1 Campbell St Liverpool, NSW, AUS 2170 Ph: +612 8738 9394
Email: Lynn.Kemp@westernsydney.edu.au
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Competing Interests

No competing interests exist.

Endnote

a The term ‘Aboriginal’ is used in recognition of the preference of the Aboriginal community in south-west Sydney.


TITLE: Gudaga Goes to School Study: Methods used in understanding school transitions and early education experiences of an urban Aboriginal cohort.

**Introduction**

A large body of research literature describes the impact of social, economic, political, cultural and environmental factors on individual health and development over the life course (Australian Institute of Health and Welfare (AIHW), 2012a, 2012b). Education impacts on health, as well as other social determinants such as income and employment (Boughton, 2000); although the nature of this relationship remains complex with underlying mechanisms not yet fully understood (Cutler & Lleras-Muney, 2006). The significant inequity for Australian Aboriginal peoples in relation to health and education outcomes is well established in both health and education literature (Ian Anderson, Baum, & Bentley, 2007; Australian Bureau of Statistics (ABS) & Australian Institute of Health and Welfare (AIHW), 2008; Department of the Prime Minister and Cabinet, 2015; Priest, Mackean, Davis, Briggs, & Waters, 2012; Priest, Mackean, Davis, Waters, & Briggs, 2012). Focusing on education, reform has been ongoing with investment from both government and non-government organisations (COAG Reform Council, 2012; Powell, 2014). Slight gains in attendance and retention rates have been made for Aboriginal children (Department of the Prime Minister and Cabinet, 2015). Targeted approaches and programs, specifically in areas of literacy and numeracy, continue to focus on improving education and later life outcomes (COAG Reform Council, 2012, 2013; Department of the Prime Minister and Cabinet, 2015; Gray & Beresford, 2008; Powell, 2014).

The transition to school, as a critical time point, offers an opportunity to set the pattern for inclusion and long term engagement in mainstream education for Aboriginal children (Jo Taylor, 2011). Primary school is generally a new environment for many Aboriginal children,
even when children have attended an early childhood education setting, often differing markedly from the physical, social and cultural contexts of home (Dockett, Mason, & Perry, 2006). The adoption of a strength-based view can assist in bridging differences between home and school environments and support positive educational outcomes for Aboriginal children (Armstrong et al., 2012; Dockett, Perry, & Kearney, 2010). A strength-based view focuses on the abilities, knowledge and capabilities children and families bring to school; it recognises and acknowledges that differences may exist between the home and school contexts, and assists children to move fluently within and between cultures (Armstrong et al., 2012; Partington, 2003). It is widely accepted that schools have a responsibility to support Aboriginal students appropriately (Cutler & Lleras-Muney, 2006). However, many Australian teachers, the majority not of Aboriginal heritage, are not adequately trained and/or mentored to support Aboriginal students in the classroom (COAG Reform Council, 2012; Partington, 2003; Powell, 2014).

The research described in this paper contributes to Australian and international research of transition to school and the provision of supportive learning environments in schools for Aboriginal children and their families. As this study is a companion study to a comprehensive health and development study, it contributes furthering understandings of the interactions between health and education, and the possible mechanisms sustaining persistent inequities for Aboriginal people (Griew et al., 2007; Shepherd, Li, & Zubrick, 2012; Talbot & Verrinder, 2009). In using social theories, researchers must remain cognisant that the social contexts of Aboriginal Australians may be unique and differ to those in which social theories have been developed (I. Anderson, 2007). Gray and Beresford (2008) suggest using a multidisciplinary approach, incorporating historical, educational and political perspectives to understand fully the complexities involved in improving educational outcomes for Aboriginal children. The Gudaga Goes to School (Gudaga-GtS) Study collected data on education
outcomes and the wider social, health and economic outcomes for urban Aboriginal children and their families, to capture the complexity of the issues involved. Data regarding broader environmental factors (level of parent education, exposure to literacy prior to school, home attitude toward and support for education), which may influence educational outcomes for Aboriginal children (Timms, Williams, Stokes, & Kane, 2014) were also included in this study.

A ‘community controlled’ model was adopted in the Gudaga-GtS Study. This model ensured decision-making power remained with the community, facilitating the tailoring of the research to be responsive to the community’s needs and interests (Knight, Comino, Harris, & Jackson-Pulver, 2009; National Health and Medical Research Council (NHMRC) & Consumers Health Forum of Australia, 2002). The Gudaga-GtS Study, in co-operation with the local Aboriginal community, described the transition to school and early education experiences of a cohort of Aboriginal children and their families. Ongoing discussions occurred with elders and community members about the early outcomes of the Gudaga study. This was complemented by feedback from families involved in the study, reported through our Aboriginal project officers. As children grew, the community expressed concerns for their transition to school, as a critical educational transition. They wanted to understand the skills, knowledge and behaviours that their children would require to bridge the cultures of home and school, as a mainstream learning environment, and to live and function well in both contexts (Nakata, 2002). The Gudaga Goes to School Study was designed to provide the community with descriptive data about the strengths and areas of potential development to improve the educational outcomes of children and families in the transition to school and early school years. This paper describes the background, underlying theoretical frameworks, study design and methods used in the Gudaga Goes to School study.
Background

The Gudaga-GtS Study builds directly on an existing longitudinal birth cohort study, the Gudaga Study, which commenced in partnership with an urban Aboriginal community in 2005 (see Comino et al., 2010). Before the Gudaga Study commenced there was a longstanding relationship between researchers at the University of New South Wales and the Aboriginal community based in the Macarthur region of south west Sydney. This relationship grew out of many hours spent “yarning” with Aboriginal elders, mothers and aunties under the gum trees in the grounds of Tharawal Medical Centre, the region’s Aboriginal Medical Service (AMS). Local mothers and aunties were concerned about the number of cot deaths and seemingly low rates of breastfeeding initiation, but they had no hard data to support their concerns and advocate for increased and targeted services. In response, NHMRC funding was obtained to describe the health, development and service use of the original cohort for an initial 12 month period. At the request of the community, and with the support of the NHMRC, the Gudaga Study has continued and is currently funded until the children reach 9 years of age.

The Gudaga Study recruited families of 149 Aboriginal infants who were born over an 18 month period in a public hospital. As the Gudaga children approached age five and became eligible to commence formal schooling, families and community leaders expressed an interest in learning more about issues relating to school transition and early education, particularly children’s experiences of starting school and how they were achieving and progressing in a mainstream school environment. Parents had received feedback about their children’s health and development from the Gudaga study and wanted this to continue as children started school. This presented a unique opportunity for the research team to expand and further develop the study beyond a primarily health focus, to include the transition to primary school and early education experiences. New research partnerships were formed with
educational researchers and practitioners and the Gudaga-GtS Study was developed with assistance from the Tharawal community and funding provided by an Australian Research Council (ARC) Discovery grant. This study ran alongside the ongoing Gudaga health and development study funded by an NHMRC grant. The Gudaga Study, with the inclusion of the Gudaga-GtS Study, explored the relationships and interconnections between health and education, established in the research literature in relation to child outcomes (Australian Institute of Health and Welfare (AIHW), 2012b; Australian Social Inclusion Board, 2010; Hirst, Jervis, Visagie, Sojo, & Cavanagh, 2011; Vinson, 1999) and long-term life outcomes (Australian Institute of Health and Welfare (AIHW), 2012b; Australian Social Inclusion Board, 2010; McLachlan, Gilfillan, & Gordon, 2013) for an Aboriginal cohort.

The Gudaga Study is one of a small number of studies collecting longitudinal data on the health; development and/or education of Australian Aboriginal children (see also Department of Social Services, 2015; S. M. Sayers et al., 2003; The SEARCH investigators, 2010; S. R. Zubrick et al., 2006). All phases of the Gudaga Study have been developed in consultation and partnership with the local Aboriginal elders and community in response to their questions and concerns about their children and their community, and with other associated organisations including: Tharawal Aboriginal Corporation (TAC), a multifunctional Aboriginal community controlled organisation; the Tharawal Land council, an organisation providing a range of services, projects and facilities for community members; and the Aboriginal Education Consultative Group, a non-profit Aboriginal organisation providing advice on education and training that is representative of the Aboriginal community viewpoint. Regular reports and feedback continue to be provided to the Tharawal board, elders and community members, and more recently to local preschools and community organisations that provide support services to adapt and develop their daily work practices with local Aboriginal children and their families based on research evidence.
Theoretical underpinnings of the Gudaga-GtS Study

The Gudaga-GtS Study adopted a life course approach to describe the education and early learning experiences of an urban Aboriginal cohort of children and their families. A life course approach is a multidimensional and multi-theoretical approach that builds on and overlaps with other psychological and sociological theories (Hutchison, 2010) including ecological theory (Bronfenbrenner, 1979, 1986), cumulative advantage/disadvantage theory (Acheson et al., 1998), and development theory (Elder, 1998). The Gudaga-GtS Study employed a longitudinal design consistent with a life course approach (Woolfenden et al., 2014). The life course approach emphasised the cumulative effects of life experiences and the impact of the historical, social, economic, and environmental risk and protective factors on health and development (Hutchison, 2010; S. Zubrick et al., 2010). In the Gudaga-GtS Study, the life course approach incorporated an ecological perspective (Bronfenbrenner, 1986; McTurk, Nutton, Lea, Robinson, & Carapetis, 2008) with data collected longitudinally from multiple informants to recognise the various circles of influence and their interconnections in the child’s life over time, including the nature of children’s relationships and self-perceptions that contributed to the process of transition to school. Multi-methods were used in data collection with the study specifically focusing on the home and school contexts to capture the various influences on health, education and development.

In the life course approach the effects of protective and risk factors are most clearly seen at critical or sensitive periods across the life span (Hutchison, 2010), such as in the early childhood period, at transition points such as starting school, and during adolescence (Woolfenden et al., 2014). Transition to school is potentially a key point in the life cycle for establishing a positive pathway for future education and life outcomes for children and their families, (Dockett et al., 2011; Rosier & McDonald, 2011). This is particularly relevant for
Aboriginal families and children as understandings of what is occurring in transition to school can potentially invoke positive changes. Transitions involve changes in a person’s role and/or status with a distinct departure from the one previously held (Hutchison, 2010). Changes are experienced in the physical environment, expectations of learning and behaviour, routines and relationships in transition to school (Hirst et al., 2011). By using a life course approach changes in the factors influencing families and children experiences, both positively and negatively, can be described and understood as they alter over time. Development, in a life course approach, is viewed as an ongoing and interactive process with acknowledgement of a person’s capacity and agency for change (Hutchison, 2010). In the transition to school, a life course approach acknowledges children’s agency in the process, and the role and capacity of families, schools and communities in supporting children’s transition and learning (Rosier & McDonald, 2011; M. Sayers et al., 2012). Trajectories of children’s development therefore remain changeable, with a successful transition to school offering children and families the opportunity to build mutually supportive relationships and engagement with school which may alter the predicted trajectory of the child and family (Australian Institute of Health and Welfare, 2013).

Boughton (2000) suggested two types of strategies in research with Aboriginal communities combining in-depth quantitative and/or qualitative studies: to understand the links between education and health; and to identify and remove obstacles to improve outcomes in education and, in turn, health. The Gudaga-GtS Study drew on both qualitative and quantitative in-depth education data to describe the transition to school and early education experiences of a cohort of Aboriginal children. Linking the education data with the previously collected health data from the Gudaga Study enabled an understanding of the links between education and health and the identification of potential supports and barriers to achieving improved education and health outcomes for Aboriginal children and their families.
Methodology

Participants

As the Gudaga children were approaching the start of Kindergarten, the first year of formal schooling in New South Wales (NSW) schools, their families were contacted by the Aboriginal Project Officer, a member of the local Aboriginal community, to discuss the Gudaga-GtS Study. Each family was given a number of options around their continued participation. They could: i) join the education study and continue with the health study (education + health); ii) join the education study and withdraw from the health study (education only); iii) continue with the health study and not become involved with the education study (health only); or withdraw completely. It was also decided at this time to refresh the Gudaga cohort, and an invitation for participation was extended to all Aboriginal children who were starting at schools in Sydney with Gudaga children. New families were informed of the study through a flyer sent out from the school at enrolment. To be eligible to join the study, children had to be born during the Gudaga Study recruitment period (October 2005 – May 2007) and have a mother or father who identified as Aboriginal. Families who agreed to participate in any part of the education study formed the Gudaga-GtS Study cohort. A total of 101 families and children became part of the Gudaga-GtS Study (Table 1). The overall retention rate at age 5 years was 72.5%.

Table 1. Participant numbers at age 5 years.

[INSERT Table 1]

Ethics Approvals

Consultation occurred with a number of relevant bodies and ethics approvals were obtained (when required) from these organisations including: the Aboriginal Education Consultative Group (AECG); NSW Department of Education and Communities (through the
State Education Research Approvals Process (SERAP); NSW Catholic Education Office, and agencies governing private and independent schools; NSW Aboriginal Health and Medical Research Council, South West Sydney Local Health District and the University of NSW Australia. Informed written consent was obtained from all participating stakeholders including school principals, teachers and parents/carers. Children verbally assented to interviews and assessments. The existing agreement with the local Aboriginal community retains all data as their property, with dissemination of materials carried out in consultation and partnership with its members.

Values and Ethics

A strong commitment was made to ensure the Gudaga Study was conducted in accordance with the values and ethics recommended by the NHMRC, published in two key documents around the time the study commenced (NHMRC, 2002, 2003). These documents provided a framework outlining the considerations and processes involved in conceiving, designing and conducting appropriate and ethical research with Aboriginal and Torres Strait Islander communities. Six values were identified at the heart of these guidelines: spirit and integrity; reciprocity; respect; equality; survival and protection; and responsibility (NHMRC, 2003). The Gudaga research has, and continues to be, grounded in these values, with the implementation of these values in the Gudaga Study already described (Hindman, Skibbe, & Morrison, 2013; Knight et al., 2009). Equality and respect were demonstrated in the research team’s commitment to working in partnership with the local Aboriginal community. Aboriginal community members were employed as Project Officers on the study, and were involved in regular consultation and feedback with community and researchers to ensure the cultural integrity of the project. Regular meetings, workshops and reports ensured consistent feedback to the Tharawal board, local community members and participating families. Members of the research team, committed to reciprocity with the local Aboriginal
community, were involved in activities independent of the research including: preparation of service development proposals; involvement on advisory groups; and contributions to funding proposals and program development with representatives of TAC and other local organisations. Research team member/s were invited and shared in significant local community events, both celebratory (e.g. NAIDOC week and National Close the Gap Day), and memorial/mourning ceremonies (referred to as Sorry Business) (Hutchins, Martin, Saggers, & Sims, 2007). Aboriginal culture and traditions were incorporated in facets of the Gudaga Study as a sign of respect and ownership. For example, the word ‘Gudaga’ means ‘healthy baby’ in the language of the local Aboriginal people. The community-designed research logo (Figure 1), developed by a local Aboriginal woman, incorporated elements of traditional Aboriginal art and symbolism to raise awareness and ownership of the project within the community.

[INSERT FIGURE 1]

Figure 1. The Gudaga Study logo. The logo incorporates the central symbol of a baby (kidney shape) and a woman (purple colour and centre circle) surrounded by the emotional journey of pregnancy (wavy line) and the ongoing process of motherhood (dot for each month of the year) encircled by the hospital (outer circle) and the services connected to the project (outer squares) with the pathways leading women to the project (thick dark lines).

The logo was used by the researchers with permission to ‘badge’ project items such as shirts, hats, drink bottles and library bags which were given to participating children and families. More recently the study held a community event with participating families, children and the many partners involved in recognition of children’s tenth year on the study.

**Consent**

A member of the research team met with each family indicating they would like to participate to discuss the project and answer any questions. Following this discussion,
consent was sought to continue to contact the parents as part of the study. Some background information was collected from parents at this visit including information about the school their child would attend. In addition, parents gave written consent for their child’s participation (Miller & Nelson, 2006). The study was also discussed with the child and process assent was explained (Flewitt, 2005; Shepherd et al., 2012). This process recognised the research rights and competence of the child participant and his/her rights to privacy, being able to withdraw at any time, and acknowledged renegotiation of assent at each interview/assessment (Ian Anderson et al., 2007; Simons & Usher, 2000).

**School Selection**

Initially, participating children were enrolled in 22 primary schools in south-west Sydney. The entire cohort of children started Kindergarten over three years, with 31 primary schools participating on the study overall. A senior researcher met with the principal of each school to provide details of the study and to obtain informed written consent for the school’s participation. Information packs were sent to all participating schools to outline the study and data collection schedules over the year. Initially it was hoped to obtain both qualitative and quantitative data in all schools but due to the constraints of time and resources it was decided to select a target group of schools in a defined catchment area for in-depth qualitative data collection. A range of qualitative techniques for data collection including semi-structured interviews, photography, drawing activities and focus groups were used. Ten target schools were identified and selected as representative of the defined local area in terms of: socioeconomic status; school size; proportion of Aboriginal students enrolled in the school; and a mix of private and public schools. The socioeconomic status and demographics of Gudaga families and children were comparable to other families and children attending
participating schools within the defined catchment area. The target schools had 57% of the total number of participating children attending in 2011.

**Research design of the Gudaga-GtS Study**

The Gudaga-GtS Study was designed to gain a holistic view over time of what happened for this cohort of Aboriginal children and their families in the transition to school. The strength of the study was its multimethod design enabling collection of both in-depth quantitative data and qualitative data beginning before school started and continuing over the first three years of school. Data were collected to capture the interacting social-emotional, behavioural, historical and environmental factors that can influence the life experiences and functioning of Aboriginal children and their families in the school context. Appropriate to a life course approach, the complexity of transition was regarded through the changes occurring in routines, roles, relationships, and procedures as children and their families moved into the school context (Miller & Nelson, 2006). Quantitative and qualitative data were used independently to describe specific aspects of school, such as children’s academic progress for each year, and also integrated to describe the experiences of school transition and involvement from the perspectives of children, families and teachers over the first three years of school.

**Quantitative Data Collection**

Quantitative data described children’s progress over the first three years of school by describing children’s academic progress, and social-emotional behavioural adjustment using several measures completed by children, parents and teachers.

**Yearly Child completed measures**

All children completed a series of assessment tasks at the end of Kindergarten, Year 1 and Year 2. These tasks were conducted by research officers with professional backgrounds
in education and/or psychology, with the Gudaga Aboriginal Project Officer also attending as a familiar person to the child. Children were withdrawn from class to a quiet area provided by each school to complete the measures, outlined in Table 2.

Table 2. Self-concept and learning assessment measures

[INSERT Table 2]

Assessments were used to describe children’s academic progress and development over the first three years of school. The Ask-Kids was a self-reported measure of children’s identity and self-concept as a learner. It was the first assessment completed in the session to avoid any impact on the responses from children’s performance on other assessments. The other assessments, used to gain an understanding of children’s literacy and numeracy skills and development, were administered randomly. Regular breaks were given during testing in the form of a drink, snack, merit stickers or toilet breaks to support children’s completion of assessment tasks, while respecting children’s right to stop at any time. Some children did not complete all tasks. Children were given a small thank-you gift (library bag and book, pencil set, or drink bottle) after the session.

Parent completed measures

Parents were asked to complete two quantitative measures related to their child’s learning, strengths and behaviours as shown in Table 3. These measures were completed over the phone with parents or during parent interviews for parents of children in target schools. Each measure was completed at a specified time point over the school year as indicated in Table 3.

Table 3. Children’s school readiness and behaviour measures (parent reported).

[INSERT Table 3]

The school readiness questionnaire was a collection of questions that determined the activities children had engaged in prior to starting school to prepare for the school context.
This included: being read to at home, attending a preschool setting and visiting the school or kindergarten classroom. The Strengths and Difficulties Questionnaire (SDQ), a parent reported checklist, was completed to gain an understanding of children’s strengths and any issues or difficulties parents thought children were experiencing prior to starting school.

**Teacher completed measures**

Early childhood educators completed a transition to school checklist of children who attended early childcare settings (preschools, long day care, etc) and were enrolled in target schools.

Primary school teachers in all schools completed a series of measures on children’s strengths and behaviours for all children participating on the study at specified time points (Table 4) in Kindergarten, Year 1 and Year 2.

Table 4. Teacher’s perspective of children’s readiness, behaviour and interactions.

[INSERT Table 4]

Teacher were also asked to provide each child’s attendance records with parental permission to access information from school records previously obtained in the consent form.

**Qualitative Data Collection**

Qualitative data were collected for children in target schools to gain an in-depth understanding of the experiences of school transition, early school life and school involvement from the perspectives of children, their parents and teachers.

**Semi-structured Interviews**

Semi-structured interviews were conducted with children, their parents and teachers to collect data about children’s transition to school and school progress. The first interviews
occurred before the child started school and again at the beginning and/or end of the year, depending on the respondent, for the first three years of school (Kindergarten-Year 2). Interviews were conducted in the home or at school by researchers, with an Aboriginal Project Officer also attending when possible.

Child interviews

Children participated in their first interview prior to starting school which coincided with parent interviews in the home. Parental written consent was obtained prior to the child’s participation in any research activity. Verbal assent was given by each child at the time of each interview. In the first interview, children were engaged in a drawing activity or game while talking with the researcher about starting school. The focus of the interview related to children’s feelings, preparation, expectations and knowledge about starting school. Subsequent child interviews, at the beginning and end of each school year were completed at school; with a few interviews completed at home at the parent’s request. Children assenting to participate in interviews at school were withdrawn from the classroom to a quiet room in the school; if available, the Aboriginal education room was used or a room attached to or near the classroom. The Gudaga Aboriginal Project Officer, a person well known to the children, attended the first school interview for each child. It was explained to children that the researcher was talking with children from different schools about their experiences at school and the information collected was pooled to help understand what was happening for children at school. Children were reminded they did not have to answer the questions and were free to return to class if they preferred not to participate. Children were initially engaged in a game or shared something from their weekend to develop some rapport and reciprocity with the researcher in the interview.

Interviews occurring in Term I of the year involved children taking the researcher on a tour of the school to document areas and things that were important to them through
photography. Children helped to download the photographs to a laptop where they were reviewed and children identified what was important about their images. The researcher also engaged the child in a conversation about school focused on: relationships with children and teachers; feelings about school and schoolwork including strengths, aspects of learning, expectations and aspirations; and their cultural identity. Children participated in a follow up interview at the end of the school year to talk about their progress over the year including their: achievements and experiences; expectations for the next year; and aspirations. All children consented to the interviews being audio recorded and listening to their voices on replay at the end of the interview.

*Parent Interview*

A suitable time was arranged with parents to conduct semi-structured interviews. They were usually done in the home, as a convenient place for the parent; a few parents preferred to be interviewed by telephone. Interviews had a conversational tone to focus on different aspects of school depending on the time point as outlined in Table 5.

Table 5. Parent Perspective of Child’s School Experiences

[INSERT Table 5]

Interviews were designed for parents to describe their child’s experiences over the first three years of school including the child’s initial start of school, their progress over the year and parental expectations and aspirations for the child. The nature, development, rewards and challenges of establishing linkages between home and school to support children’s learning were also a focus of interviews. Interviews were audio recorded for transcribing with the parent’s consent.
Teacher Interviews

Interviews were conducted with teachers at centres/schools at a convenient time for teachers. The aim of each interview depended on the time point as shown in Table 6.

Table 6. Teachers’ perspective of child’s school experiences.

[INSERT Table 6]

Early childhood teachers (teachers in preschool or long day care settings) participated in a short interview by telephone. Interviews focused on teaching practices used in the setting that supported the transition to school process and included preparation for school start, expectations and school readiness; the interchange of information/contact with schools; and aspirations for the child. Interviews took approximately 20 minutes.

Primary school teachers were interviewed in the school context. Interviews were semi-structured and focused on children’s initial start in the class and their progress over the year. The teacher’s also spoke of the expectations and perceptions they held for parent involvement and contact with the school; communication, knowledge and information exchange along with any supporting factors for establishing and maintaining links between home and school. If an Aboriginal Education Officer was employed at the school, their involvement in supporting home-school relationships was also discussed.

Conclusion

The Gudaga Goes to School Study, in continuing co-operation with the local Aboriginal community, described the transition to school and early education experiences of a cohort of Aboriginal children and their families. This paper outlined the methods used in the Gudaga Goes to School Study, by describing the background of the study, underlying theoretical framework and study design and data collection techniques. The findings of this study continue to provide the local Aboriginal community with descriptive research-based
information as a foundation for advocacy and the development of programs and supports for Aboriginal children and their families to improve their educational and life outcomes. This paper described the important relationships on which this research was built; relationships that continue to guide what is researched and how the research proceeds to ensure the information and knowledge the local Aboriginal community require is provided to support the continued development and learning of their children.
List of Abbreviations

AECG - Aboriginal Education Consultative Group
AMS - Aboriginal Medical Service
ARC - Australian Research Council
Gudaga-GtS - Gudaga Goes to School
LSIC - Longitudinal Study of Indigenous Children
NHMRC - National Health and Medical Research Council
NSW – New South Wales
SERAP - State Education Research Approvals Process
SDQ – Strengths and difficulties questionnaire
TAC - Tharawal Aboriginal Corporation
References


Practice (pp. 75-90). Canberra: Office of Aboriginal and Torres Strait Islander Health, Department of Ageing.