Community story

Frankston North, Victoria 3200

# Using data to drive better outcomes for children

## Background

Frankston is a city of stark contrasts. Some 38 kilometres south-east of Melbourne, it is divided roughly in two. To the south is the City Centre and South Frankston with its large, luxurious homes overlooking Port Phillip Bay and beautiful beaches. A quick trawl of the local real estate agents’ offerings reveals many properties there being advertised upwards of $1 million.

Frankston North, across the divide, is one of Victoria’s most disadvantaged communities. Here homes are predominantly 1960s - 1970s Housing Commission of Victoria houses with fibro rendering, hemmed in between a major highway and several golf courses with few entry points. The suburb was established in the late 1950s to house Australian Navy personnel, English immigrants who had been given assisted passage to Australia (the £10 Poms) and low-income families.

In 2011 Frankston North's Housing Tenure data showed 10.9% of residents were in social housing. Residents have no direct access to rail services and public transport is limited to buses that run through the suburb. There is no large supermarket within the suburb meaning grocery prices are higher in the suburb than in Frankston city centre.

The report [*Dropping off the Edge 2015*](http://www.dote.org.au/findings/victoria/), released in July 2015 by Jesuit Social Services and Catholic Social Services Australia, maps disadvantage across Australia based on 22 social indicators. The indicators, based on statistics collected from a number of government agencies, reflect factors that may limit life opportunities in the broad areas of social wellbeing, health, community safety, access to housing, education and employment.

With regard to Victoria the report states: “Disadvantage is concentrated within a small number of communities across Victoria. These communities experience a complex web of persistent and hard-to-shift disadvantage.” These communities show high rates of high rates of unemployment, criminal convictions, disability, low education, child maltreatment, family violence and psychiatric admissions, according to the report.

Frankston North is in the most severely disadvantaged group in the 2015 study and also was on the ‘most disadvantaged’ list in a 2007 study. Frankston North was the fourth most disadvantaged suburb in the state for child maltreatment and schooling readiness. The area was ranked second for psychiatric admissions, fifth for long-term unemployment and eighth for prison admissions compared to other towns across Victoria.

According to Jane Chia, Anglicare Victoria’s Program Manager, Communities for Children (CfC) Frankston, the suburb has a highly transient population as residents relocate out of the suburb as soon as their social and economic circumstances improve.

## The AEDC and MDI

In the last seven years Frankston North has been involved in a number of initiatives to understand the context in which children live and how this affects their development.

The Australian Early Development Census (AEDC) is a national measure of child development initiated by the Australian Government. Teachers of children in their first year of school complete a survey that measures five key areas when a child starts school. These are: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge.

In Frankston North the 2009 AEDC results revealed 70 per cent of children were developmentally vulnerable on one or more of the domains, compared with 23.6 per cent of all Australian children in that category.

The 2012 AEDC results showed improvement, with 64 per cent of the suburb’s children developmentally vulnerable on one or more domains, compared with the national figure of 22 per cent.

The Middle Years Development Instrument (MDI) is a self-report survey for children aged 8-14 which covers non-academic factors relevant to learning and participation. It comprises 76 questions that measure five areas of development - social and emotional development, connectedness to adults and peers, school experiences, physical health and wellbeing, and use of after-school time. The MDI asks children how they think and feel about their experiences both inside and outside of school.

The survey is administered at school during school hours by a classroom teacher. Importantly, it doesn't provide results on individual children but gives educators and communities a picture of how their children are developing during middle childhood.

In Term 4 2013, the MDI was trialed for the first time in Australia. Schools self-elected to participate - Government, Catholic and Independent schools in South Australia were part of the survey as were a number of schools in Victoria, including Frankston North’s Monterey Secondary College. The MDI was conducted in these schools again in 2015.

Monterey’s 2013 MDI results proved to be confronting for the school’s principal Stuart Jones. “I was surprised by just how disconnected the students felt from each other, the school and the community including from sporting clubs. I almost didn’t believe it so I went to focus groups with the students and to well-being meetings to hear it for myself,” Jones said.

“The kids will tell you the truth, that’s for sure. What they said validated the MDI data – we had low retention rates after Year 10, high absenteeism and real sadness. I thought ‘We need to think about what we’re doing here and change things’.”

## Developing an integrated model

Jones is passionate about making a difference in this community and he joined forces with the principal of Frankston North’s Mahogany Rise Primary School, John Culley, to rethink how they could improve the outcomes for students. Culley has a background in youth work and community development and was keenly aware of the importance of developing a model that addresses students’ needs beyond the confines of the classroom.

Of Mahogany Rise’s 150 pupils, a significant number begin their schooling with developmental delay or having experienced trauma or exposure to other risk factors such as violence in the home, loss of a relative and/or substance abuse in the home. “Some of our students are running a pretty tough race and while they are a resilient bunch, what’s happening at home and in the community has an impact on their ability to learn,” he said. This impacts on both entry skills and academic progress.

This is echoed by Jones: “We have 325 secondary school students, most of whom come from a deficit position. They are dealing with difficult issues 24/7 and school is only part of their day. We started to look at what we do after school, what happens in the holidays, what other services do they need.”

“After looking at the results from the AECD and the MDI results, a group got together with the Victorian Department of Education and Training and formed the Frankston North Early Learning Network to integrate the work being done by kindergartens, child care centres, primary schools, government and non-government welfare and health organisations working with families in the area,” Culley said. Anglicare and the Menzies Foundation have also provided funding for Culley and Jones to develop a 0-18 years full-service model suitable for children with high needs.

For Culley, the AEDC data on his school laid a foundation for a good understanding of which areas needed to be addressed immediately. “The AEDC helped focus education, social wellbeing and health professionals. The data was so strong that we could identify the need to address oral language skills and health as priorities,” he said.

Mahogany Rise Child and Family Centre is co-located with the primary school running a kindergarten program, long day care and Maternal and Child Health services. Speech therapists are now working in the kindergarten to equip students with oral language skills and according to Cully they are seeing the results with children transitioning into Prep. “These students coming through now have a better base understanding of literacy, numeracy and social skills,” he said. An occupational therapist is also working with these pre-schoolers to assist in the development of fine motor skills.

For Cully it was just as important to address the health issues his students faced. Initially thinking to employ a medical General Practitioner within the school, Culley contacted Catherine Nolan, AEDC Project Manager Victoria, to explore the possibilities. With a background in paediatric healthcare, Nolan realised that a GP in the school would have to refer a student to paediatric services elsewhere and many parents and carers would have difficulties accessing these. She facilitated contact between Culley and Frankston Hospital’s Director of Paediatrics, Dr Kathy McMahon, who set up an expanded outpatient service for the students in the school.

“We realised there was a big need in this area. There are some very vulnerable children in a very vulnerable community,” McMahon said. “We run paediatric developmental clinics at Frankston Hospital but many of these children would not attend due to family issues and social disadvantage. In the past developmental behaviour issues have been undiagnosed and left untreated. The beauty of having the services on site at the school is that the doctors have access to the parents as well as the children and their teachers. Issues within the family environment – substance abuse, domestic violence, unemployment, previous trauma - can really impact on the health of a child, especially with language acquisition,” she said.

“To get the best expertise and to ensure the model for the service is sustainable we set up a bulk-billing clinic. The Student Wellbeing Officer at Mahogany Rise Primary is the interface between the students and the clinicians. She triages the cases and in some instances will ensure the parents attend the clinic. Once a child has been assessed, with the permission of the parent/s or carer, a case conference is held with the therapists. It’s a comprehensive, cohesive solution for the child.”

In some instances, where a child needs medication, with a parent’s/carer’s permission, the school will administer this to ensure continuity of treatment. The service launched in October 2015 and in just five weeks there were 31 referrals, including the development of mental healthcare plans for some of the students.

Paediatrician Dr Vanessa Gabriel manages this service with a fellow trainee in paediatrics to assist her as well as registrars who are in their third-year of paediatric training and hospital medical officers or junior residents. “For them this is excellent training. This is not easy medicine; it is complex and time consuming but it is the real world and these doctors have an opportunity to improve the outcomes for these children,” McMahon said.

For McMahon the next step is to extend the clinical services to the early learning area. “Currently the Maternal and Child Health nurse has to refer a child to a GP who then refers them on in a usually complex situation for children and families. We know the younger these children are when they get access to services the better,” she said.

Culley feels the agencies are now working together really well as a result of the AECD data. “The AECD has been a very good precursor for many of our programs. We have looked at how we can make significant changes to alter the outcomes for a whole generation of children,” he said.

For both principals it is important that gains made are not lost when students transition to senior school. Grade 5 and 6 students from Mahogany Rise attend drama and science classes at Monterey. “Transition can be anxious and traumatic for many of these children and familiarisation with the school helps,” Jones said. The speech therapy program now also runs in the secondary school so students can continue to progress in this area.

“We now have developed better pathways for students through the school with a vertical pastoral care system based on houses. Students meet in these groups for 7 minutes first thing in the morning, and then for 20 minutes after lunch for inclusion activities. Our Year 12 students are involved in monitoring students wellbeing and in tutoring within these groups. This also means parents have continuity throughout the years as the student’s house teacher is their main contact,” Jones said.

The schools have developed a Middle Years professional learning team to work on better outcomes in the middle years. For example, they introduced common templates across ICT learning devices to make transitioning into senior school easier.

Monterey has introduced an after-school homework program providing quiet facilities and space that are not available at home for many students. Also, there is now a holiday program to encourage students to participate in activities at the local community centre such as roller skating and pool days.

A group of 16 Year 9 students is participating in the Aspire Program – they are mentored weekly by lawyers, IT and Human Resources professionals from law firm Gilbert and Tobin.

“Our wellbeing team identified students with low attendance and low aspirations with no outside support. Since they’ve been in the program you can see the improvement – they’re shooting higher! We’re seeing that with their Managed Individual Pathways plans,” Jones said.

These changes have delivered an extraordinary result for Monterey. Across the board students’ results show there has been an improvement in reading, writing and numeracy equivalent to their having jumped up two years in their skills in these areas. “The students are happier, their attendance has increased and on average they are attending 10 days a year more than previously. The 2015 MDI show self-esteem, optimism, connections with adults at school, peer belonging and friendship intimacy are all rating high.

“Our school councils are 100 per cent behind us and the community is on board too. We hold regular community forums and encourage them to participate. If they feel empowered, they will engage with us,” Jones said.

Empowered and engaged parents can contribute significantly to their child’s development. Anglicare Victoria’s Jane Chia cites a, young single parent who completed an integrated Family Support and VCAL program funded by CFC Frankston. The program encourages young parents to bring their babies into the classroom: “Thank you for not making me choose between my child and my education. I now have options.”

## For more information contact

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‘The data helped focus the professionals on how we can improve the outcomes for the children.’

Community story

Warrnambool, Victoria 3280

# Community unites to help children succeed

## Background

Warrnambool is a regional centre and former port city on the south-western coast of Victoria, 263km south-west of Melbourne, about a 3-hour drive away. With a population of 33,501 in 2014 ([ABS ERP 2014](http://profile.id.com.au/warrnambool/home)), the city is at the western end of the Great Ocean Road and, with its beautiful beaches and whale-watching, attracts some 715,000 visitors each year. To the casual visitor Warrnambool is a friendly, large country town. It is a hub for the dairy, beef and other agricultural industries in the region.

Warrnambool has been the most stable of all the communities in Victoria’s Western District. When The Pyramid Building Society collapsed in 1990, leaving thousands of depositors surveying the wreckage, Warrnambool survived. When the Fletcher Jones clothing factory closed in 2005, Warrnambool survived again.

Projections for the region show a potential jobs growth of more than 1500 jobs in the next five years, but the Warrnambool community realised it was facing a skills shortage, aaccording to the Director of Community Development for the City of Warrnambool, Vikki King. “The community and local government needed to look at just what was going on here,” she said.

## The Data

Data on Warrnambool show that the community is facing some serious challenges. The report [*Dropping off the Edge 2015*](http://www.dote.org.au/findings/victoria/), released in July 2015 by Jesuit Social Services and Catholic Social Services Australia, maps disadvantage across Australia based on 22 social indicators. The indicators, based on statistics collected from a number of government agencies, reflect factors that may limit life opportunities in the broad areas of social wellbeing, health, community safety, access to housing, education and employment. While not in the top 10 most disadvantaged communities, Warrnambool shows up on the report’s map of Victoria as a triangle of red in the state’s south-west corner, a pocket of significant disadvantage.

The Australian Early Development Census (AEDC) is a national measure of child development initiated by the Australian Government. Teachers of children in their first year of school complete a survey that measures five key areas. These are: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. The results help communities understand how local children have developed by the time they start formal full-time school. This enables communities to better understand what is working well and what needs to be improved or developed to better support children and their families.

In Warnambool the 2009 AEDC results revealed that 20.0 per cent of children were developmentally vulnerable in one or more domain/s of the AEDC and 11.1 per cent are developmentally vulnerable in two or more domains. In 2012 this had dropped to 15.1 per cent and 7.5 per cent respectively.

According to King, the data proved very valuable in focusing attention on what areas needed to be addressed. “The more data we get the more we can respond and the quicker we can mobilise to get to where we need to be,” she said.

Lisa McLeod, Warnambool’s manager of Community Planning, said people in the city were very committed to good policy and integrated services. “The data from the AEDC gave us the authority to move. We recognise that the earlier the interventions can be implemented the better the outcomes. Without the data we were just speculating,” she said.

The AEDC data have proved vital to putting programs in place at East Warrnambool Primary School. According to Acting Principal, Robyn Ledin, the school’s 482 students are a reflection of their community – “a real cross-section”. With pockets of high disadvantage in the school’s community, Ledin and former Principal Lindy Sharp have implemented a Positive Education philosophy aimed at promoting wellbeing and engagement to address some of the critical issues in the school’s AEDC data.

As part of this they have implemented a nurturing room for students from Prep to year 2 who may be facing trauma such as out of home care or a family crisis. “We have two staff members and take a maximum of 10 students – teachers triage the students attending with the help of the Wellbeing Team. The room was set up for us by a behavioural therapist and the students spend two hours a day there interacting with the staff. In those two hours the students feel successful – it’s empowering,” Ledin said.

The average student participation in the nurturing room was three terms, she said. This successful initiative is now being replicated in other schools in Victoria.

East Warrnambool Primary also runs Flying Start, a school readiness program to assist children and families in the transition from kindergarten to school. Flying Start is open to all children who will be starting their first year of formal schooling at any Warrnambool and district primary school.

“We’ve got terrific networks with our kindergartens and we feel well informed about the children transitioning into school. We also work very closely with the Koori Education Support Officers who are great,” Sharp said. “The AEDC data helps – it’s factual and we have programs in place as a result of that data.”

The school was also aware of low student engagement in Year 6 and implemented a True Grit program. Students in the program spend 2 hours a day developing learning and problem-solving skills as well as resilience and self-regulation. “The students who benefitted most from this were often quiet kids, those just under the radar. We needed to intervene before they transitioned into senior school,” Ledin said.

As part of the Positive Education philosophy Year 5 and 6 students also have a focus on 'Learning to Lead' in their final two years of primary school.

## Beyond the Bell

While the AEDC focused on early childhood development, the community realised that its students at the other end of the education system were also facing a major challenge. Completing Year 12 or its equivalent (Certificate II, VCAL etc.) is now recognised as the minimum level of education needed to go on to further study or to enter the workforce. However, just 57 per cent of students in the Great South Coast region, which includes Warrnambool, achieve Year 12 or equivalent. The state average is almost 75 per cent.

McLeod puts this down to the lack of encouragement to aspiration and barriers to accessibility whether real or perceived.

“These are students who, if they were living in Melbourne, would be going to university. Kids from good families with good schooling experience, but to whom an ATAR score (Australian Tertiary Admission Rank) greater than 75 is seen as beyond their capacity. This is a regional problem and our kids are missing opportunities and the gap [between regional and metropolitan students] is getting wider,” she said.

In addition to the disparity in learning outcomes, adolescents in rural and regional Victoria have higher rates of hospitalisation for intentional self harm, school absenteeism, sexually transmitted infections, being convicted and placed on a community order, teenage pregnancy, cigarette smoking, binge drinking, family violence and substantiated child protection reports.[[1]](#footnote-1)

In 2012 a regional working group was formed to consider how to address the poor education outcomes for the region. The working group developed a ground-breaking collective initiative to ensure that the children and young people of the Great South Coast region succeed. This initiative, Beyond the Bell, is based on the belief that no single policy, government department, organisation or program alone can tackle or solve the increasingly complex social problems the community faces.

Government, community services, the health, justice and education sectors, business and industry, workplaces, families and communities need to work together to make this happen.

Beyond the Bell’s goals are:

* All young people from conception to adulthood are supported by family and community to reach their optimum potential
* All children and young people are supported to maximise their participation in education
* All young people are able to make a successful transition to further education, training or into employment that may include ongoing education
* The community values the critical role of parents in shaping the learning and development of their children
* The community values education and life-long learning.

Local Action Groups were formed in each of the Great South Coast local government areas with participants from a wide range of sectors, organisation and communities, including Aboriginal and Torres Strait communities. Each area, including Warrnambool, developed a Community Action Plan outlining the community’s focus for the next two years. The action areas include establishing partnerships between education and industry, improving spoken language and literacy skills, improving wellbeing and developing strong and supportive parenting skills through programs.

In 2015 the Warrnambool Local Action Group of Beyond the Bell established Communities That Care (CTC) Warrnambool. Using prevention science as its base, CTC promotes healthy youth development, improves youth outcomes, and reduces problem behaviours. CTC Warrnambool conducted a survey of 1,215 Year 6, 8 and 10 students from 13 Warrnambool schools. From the results it determined that the following risk factors be selected as priorities to target with evidence-based prevention programmes:

* Low commitment to school (School risk factor)
* School opportunities for prosocial involvement (School protective factor)
* Family opportunities for prosocial involvement (Family protective factor)
* Laws/norms favourable to substance use (Community risk factor)
* Favourable attitude towards drug use (Peer/individual risk factor)

CTC is currently identifying what existing programmes have been shown to effectively address these priorities and, where there are gaps, identify relevant evidence-based prevention programmes to introduce to Warrnambool. King says it may seem like progress is slow but there is absolute community commitment to this process.

## For more information contact

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Community story

Doveton, Victoria 3177

## Background

Doveton was established in 1955 when the Housing Commission of Victoria bought a 267ha site 31 km south-east of Melbourne's central business district and built an estate to house manufacturing workers from the factories in nearby Dandenong. By 1966, 2500 homes had been built and the three big factories in the area – General Motors Holden, International Harvester and H.J. Heinz – employed 7,450 people.

Academic and former political speechwriter Dennis Glover grew up in Doveton in the 1960s and ‘70s. His parents and members of his extended family worked at the General Motors Holden plant and at the Heinz factory where he worked on school holidays. Last year Glover released a book, *An Economy is Not a Society*, about growing up in Doveton and the ruin of the suburb following the closure of the automotive factories and other manufacturing plants in Dandenong in the 1980s. “We were working-class but we weren’t poor,” Glover writes, describing a socially cohesive community where there were three jobs in these factories for every Doveton family.

Following the factory closures this figure fell to one job for every two families in 1995 and, in 2015, according to Glover, there was just one job for every five families. The unemployment rate in Doveton in 2015 stands at 21.2 per cent, the national average being 6.1 per cent.

However, between January 2009 and July 2010, 14,632 migrants and refugees made the Southern Metropolitan Region their initial place of settlement in Australia. A report into culturally and linguistically diverse (CALD) settlement in the the region prepared for the [Adult, Community and Further Education (ACFE) Board](http://www.education.vic.gov.au/about/department/structure/pages/acfe.aspx) in 2010 showed that the majority of these settled in the cities of Greater Dandenong and Casey, within which Doveton sits. Refugees from Afghanistan, Burma, Iraq, Cambodia, Pakistan, Sri Lanka and the Horn of African nations have been settled in this area. “Lower skilled jobs are available in the short to medium term, but employers are emphasising the importance of knowledge of occupational health and safety and ‘soft skills’ such as workplace communication involving literacy and numeracy,” the report states. “Many residents from the Horn of Africa – particularly women and many youth – have limited, if any, experience of schooling because of war, civil unrest, rural backgrounds and/or long periods in refugee camps. This, combined with the far-reaching effects of torture and trauma on the settlement process, has presented service providers with considerable challenges.”

Jesuit Social Services and Catholic Social Services Australia published a report in July 2015, [*Dropping off the Edge 2015*](http://www.dote.org.au/findings/victoria/). The report maps disadvantage across Australia based on 22 social indicators. The indicators, based on statistics collected from a number of government agencies, reflect factors that may limit life opportunities in the broad areas of social wellbeing, health, community safety, access to housing, education and employment.

With regard to Victoria the report states: “Disadvantage is concentrated within a small number of communities across Victoria. These communities experience a complex web of persistent and hard-to-shift disadvantage.” These communities show high rates of high rates of unemployment, criminal convictions, disability, low education, child maltreatment, family violence and psychiatric admissions, according to the report.

Doveton is in the most severely disadvantaged group in the 2015 study. According to the Australian Bureau of Statistics’ standard measure of advantage and disadvantage – Socio-Economic Indexes for Areas (SEIFA) - Doveton is now the fourth most disadvantaged suburb in Victoria.

## The AEDC

The Australian Early Development Census (AEDC) is a national measure of child development initiated by the Australian Government. Teachers of children in their first year of school complete a survey that measures five key areas when a child starts school. These are: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge.

In Doveton 4, 290 children were surveyed in the 2009 AEDC. The results revealed 32.4 per cent of children were developmentally vulnerable on one of the domains, compared with 23.6 per cent of all Australian children in that category. By the 2012 AEDC results this had risen to 46 per cent, compared with the national figure of 22 per cent. In 2009 20.8 per cent were vulnerable on two or more domains, with 20 per cent in 2012. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain.

These AEDC results give communities a snapshot of how children in their local area have developed by the time they start school. The results can help educators, health professional and community service providers understand what’s working well and what needs to be improved or developed in their community to better support children and their families in early childhood.

## Early Childhood Development and Doveton College

In 2009 the philanthropic organisation The Colman Foundation committed to becoming involved in the education of children in an area with a high migrant and refugee population. The Foundation approached the Victorian Government. At the time the state government was implementing a state-wide reform program to revitalise schooling in disadvantaged areas of Victoria. It planned to build a birth-to-Year 9 community learning centre, which included early childhood services and a school, at Doveton to replace the existing schools , both primary and senior.

The state government, the Foundation and the federal government agreed to establish a unique partnership to plan, build and operate the new facility, Doveton College. It is the first government school partnership of its kind in Australia. The Colman Foundation donated $1.8 million to the construction of the school and Early Learning Centre, on top of the state and federal governments’ $36 million contribution. The Foundation has also pledged long-term annual funding until at least 2017 for programs and community facilities at the College.

The Colman Foundation’s financial contribution does not replace government funding for the College. It is extra money that gives the College flexibility to strengthen services, develop innovative new programs for children and families and support the community through partnering with other non-profit agencies and philanthropic foundations to provide services to families and the community on-site.

The College, which opened in 2012, has an Early Learning Centre and Prep-Year 9 school at its centre, with wrap-around health, family and children’s services on site. June McLoughlin, Director Family and Children's Services at Doveton College, said this was Australia’s first fully integrated education service, offering child and family services.

According to McLoughlin, who concurrently holds the position of Director Early Learning and Community engagement at the Colman Foundation and is a specialist in Early Childhood Education and Teaching, the children coming into the Early Learning Centre can be extremely traumatized, are often from a non-English-speaking background (there are 50 different languages spoken among College students) or may be relocated by Child Protection Services.

“The AEDC data is an indicator of the difficult issues the children in this community are facing in early childhood. One of our problems is that we have a highly transient population so the group of children who start their first year of school will not necessarily all be there at the end of the school year.

 “We have 140 children aged from 9 months in our Early Learning Centre and we have wrap-around services provided by Community Health. We are very cogniscent of the children’s health needs.

“Whatever we ask for Community Health will deliver. For example, we have an occupational therapist who helps children in the Early Learning Centre work on their fine motor skills where needed. We also have speech therapists working here and a paediatric fellow from Monash University seeing children in the centre,” she said. There is a strong focus on wellbeing with dental checks and general hygiene and healthy eating programs.

“We know that for children to develop self-esteem and perseverance skills it must start in the parenting space. That’s why we work with the parents as well as the children. For mothers, education really matters and most of them here have only reached a Year 8 equivalent. We now have 100 parents in Adult Education doing certificate training,” McLouglin said. The Centre has computers available for parents to use and spaces set up for study and community meetings. “With parent engagement in early childhood education, the children’s outcomes improve.”

The Early Learning Centre is continually developing its educational model, McLoughlin said. “We have to train the teachers to modify their teaching instruction so traumatised children can learn. We use a light touch so it is important to have high quality people and competent teaching. We are now seeing results as the children that go from our Early Learning Centre into Prep are starting to stand out against those coming in from the community.”

Data, such as the AEDC results, is integral to the work of the Early Learning Centre. Shannon Newman, a consultant employed for high-level analysis of the data on the children’s development, said the Centre was actively looking at what data to collect and what data to retain. “Previously people had data in silos but the school has grown this area enormously and now it is much easier to get access to information. However, this is a long haul, not a quick fix. We’re starting to see positive trends only now, she said. “To ensure this is sustainable it is being built into the structure of the College.”

While the Colman Foundation is looking at other sites to develop similar schools with integrated services, there is a strong commitment to the community in Doveton. “As soon as people better their situation, they move on. Our long-term goal is that people don’t feel they have to leave to get their child quality education,” McLoughlin said.

## For more information contact

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1. Beyond the Bell, Regional Action Plan 2015 - 2017 [↑](#footnote-ref-1)