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 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 was also 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.”

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

“After looking at the results from the AEDC 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 AEDC data. “The AEDC 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

Catherine Nolan

Victorian AEDC Coordinator

Department of Education and Training

03 9651 3539

[catherine.nolan@education.vic.gov.au](mailto:catherine.nolan@education.vic.gov.au)

[www.aedc.gov.au](http://www.aedc.gov.au)