Community story

Frankston North, Victoria 3200

# Using a broad-based, holistic approach to support children’s learning

## Executive Summary

The AEDC 2018 results for one of Victoria’s most disadvantaged communities, Frankston North, show that a broad-based, comprehensive approach developed by a primary school, a secondary college and paediatricians at Frankston Hospital to support children’s learning, has delivered significant outcomes for the children.

## Background

Frankston North is one of Victoria’s most disadvantaged communities. Dubbed “The Pines,” it has been known for high rates of unemployment, criminal convictions and disability combined with low education, child maltreatment, family violence and psychiatric admissions.

Here homes are 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. In 2019 there is still no large supermarket within the suburb meaning grocery prices are higher here 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 several 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.

Frankston North is in the most severely disadvantaged group in the 2015 study and 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 suburbs and towns across Victoria.

According to the principal of Frankston North’s Mahogany Rise Primary School and the principal of Monterey Secondary College, the suburb has long had a highly transient population as residents relocate out of the suburb as soon as their social and economic circumstances improve. This means children who have benefitted from programs at the school, transition away from school and community support networks. In 2019 the social fabric of the community is also being fractured by an increase in property prices as developers buy up available land to capitalize on the area’s bayside location just 38km from Melbourne’s CBD.

## The AEDC

In the past 10 years Frankston North schools have been involved in several 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.

A population-based measure, the results are reported publicly at school and community level; they are not used as an individual diagnostic. The census has occurred every three years, 2009, 2012, 2015 and 2018 as children enter their first year of full-time school. Participation is voluntary.

In Frankston North, the 2009 AEDC results revealed 70.4 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 for Frankston North showed improvement, with 64.1 per cent developmentally vulnerable on one or more of the domains compared with the national figure of 22 per cent. The 2015 Frankston North results showed even greater improvement, with 41.1 per cent compared with the Australian figure of 22 per cent.

In the 2018 AEDC release Frankston North’s result is now 24.2 per cent compared with 21.7 per cent of all Australian children in that category.

These AEDC results give communities a snapshot of how children in their local area have developed in their first year of school. The results can help educators, health professional and community service providers understand what is working well and what needs to be improved or developed in their community to better support children and their families in early childhood, keeping them engaged as they progress through their education. Clearly, programs in Frankston North have delivered a 43.2% improvement over 9 years.

## The MDI

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 and provides representative information on children’s feelings, thoughts, assets, strengths, needs, and wishes during the middle childhood period.

The MDI allows schools communities and school regions to examine whether their assumptions and expectations about their children’s development and experiences are compatible with the children’s own perceptions.

Like the AEDC, MDI data are used at a population level to understand the factors that promote children’s health and wellbeing for the purpose of informing policies, practices, and collaborations to improve children’s social and structural environments.

A classroom teacher administers the survey at school during school hours. Importantly, it does not 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 several Government schools in Victoria, including Frankston North’s Monterey Secondary College. The MDI was conducted in these schools again in 2015 and is currently

Monterey’s 2013 MDI results proved to be confronting for the school’s Principal: “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.”

“The kids will tell you the truth, that’s for sure. It gives you an honest insight. 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

Now 10 years since the first AEDC survey in Frankston North, the two school principals have wrought significant changes. Their schools, along with the suburb’s Aldercourt Primary School, Frankston Hospital’s paediatric services and the Victorian Government Department of Education, are developing the Frankston North Education Plan for better education, health and wellbeing programs. This will improve support for students and families and help build lifelong learning opportunities for the Frankston North community.

The plan builds on the foundation of a broad-based integrated approach with a deep understanding that for a child to be fully engaged with the curriculum, health and wellbeing issues as well as family situations must be addressed.

The principal of Mahogany Rise Primary School 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 considerable 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 school entry skills and academic progress.

The principal at Monterey Secondary College agrees with this assessment: “We have 320 secondary school students, most of whom are dealing with difficult issues 24/7 and school is only part of their day. We started to look at what they do after school, what happens in the holidays, what other services they need because all these things impact on their ability to learn.”

For Mahogany Rise, the AEDC results have laid a foundation for a good understanding of which areas needed to be addressed. “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.

Initially thinking to employ a medical General Practitioner within the school, the principal at Mahogany Rise contacted Catherine Nolan, AEDC Project Manager for 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 corers would have difficulties accessing these services. She facilitated contact with 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 and behavior issues have been undiagnosed and left untreated. Working with the schools, we learn from them, and they learn from us. Our consultants 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 and for the family.”

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. McMahon has expanded the program successfully into other Peninsula schools and in 2017-18; the service had 2,099 appointments with 1,340 case conferences.

The principal of Mahogany Rise Primary School feels the schools and healthcare professionals are now working together well because 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 and lift them out of intergenerational poverty,” he said. Primary students have access to speech therapists and psychologists through the programs.

The principal at Monterey Secondary College said the students really liked to participate in the MDI because it is about them and their world. “It gives us a very honest picture and valuable insights,” 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 a range of programs and classes at Monterey. “Transition can be anxious and traumatic for many of these children and familiarity with the school helps.” Students who have had access to health services are transitioned to the GP in the Schools program that is run at Monterey.

At Mahogany Rise, “we now have developed better pathways for students through from primary school into the secondary college. For, example in Years 5 to 8 the students have access to Try a Trade program that can give them practical skills to open up future job opportunities.”

Both principals believe it is vitally important that the students are exposed to the wider world and can explore opportunities beyond the confines of their suburb. “We have to develop their self-belief so they can see a pathway to the future. The principal at Monterey Secondary College noted we have to get them to break out of the attitude of “We’re only from the Pines.” To this end, the primary school takes students to Europe every second year and senior students could go on exchange to India thanks to fundraising and donations.

Australian law firm Gilbert and Tobin has worked with the secondary college to initiate the Aspire Program – lawyers, IT and Human Resources professionals from the firm mentor students weekly if they fulfill certain performance goals such as attending school and participation in school life.

At Monterey Secondary College, “our wellbeing team identified students with low attendance and low aspirations with no outside support. Since they have been in the program you can see the improvement – we have gone from 32 days (about 1 month) of absence per year to 21.5 days (about 3 weeks). They also get to meet one of the partners in the firm who was a student here at Monterey and realise that they too could be successful and have a career.”

Now with a $25 million area plan from the State Government, the schools’ focus is on building a Centre of Excellence in Frankston North with a building program to be completed at Monterrey by 2021. This will enable a sports academy curriculum stream to reinforce positive role models, facilitating coaching and personal development. The schools will work with the corporate sector in STEM (science, technology, engineering and mathematics) in an interdisciplinary or integrated approach to real life learning, solving real life problems. Adult education programs will engage the community with a focus on upskilling the whole family.

While Frankston North’s success can be attributed to developing local solutions to respond to local problems, their comprehensive approach drawing on the data from the AEDC and MDI is delivering successful outcomes for their students and their community.

## For more information contact

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