



EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO IMPROVING EDUCATIONAL OUTCOMES FOR WESTERN AUSTRALIANS OF ALL AGES

**Report No. 12
in the 38th Parliament**

2011

Report on key learnings from the Committee research trip 11-14 October 2011

This report takes the form of a brief document setting out the key issues identified during the Committee meetings with experts in the Eastern States in October.

Meetings were arranged in relation to the Committee's current "Inquiry on improving educational outcomes for Western Australians of all ages".

Because of the foundational nature of the early years in relation to a child's future educational pathway, the meetings had a strong, though far from exclusive, focus on early childhood.

The key issues raised during the meetings can be summarised as follows:

1.1 Early childhood

In meeting with a number of internationally recognised leaders in the field of early childhood, a number of themes were reiterated across the country. These were:

(a) Inequalities can start in the womb

There needs to be intervention while a couple is planning a family, aimed at preventing anxiety, depression and stress during the pregnancy. Research has shown that high levels of anxiety and stress during a pregnancy can have a big impact on the child, both on its physical development, and its psychological development. Such intervention should include discussion and treatment for perinatal depression and/or anxiety

In line with antenatal care, there is a need for a seamless transfer of information from antenatal care to post-natal care. Antenatal care is a key to early intervention.

As the Australian Early Development Index (AEDI) confirms, inequalities are evident in the period before school, and stay with children throughout school and beyond.

(b) The need for integration

Research and practice shows that many vulnerable children and families face more than one challenge and require more than one intervention. However, our current services have evolved historically. They usually deal with one issue at a time and frequently services are provided from multiple sources.

It is broadly acknowledged that a lack of integration can significantly affect at-risk or vulnerable families at significant times in a child's development. In some States, strong efforts have been made to provide an integrated response to early childhood that embraces all services across boundaries: Aboriginal support, rural support, family services, children's services, child care, health paramedical etc. It was suggested that there is a need for closer collaboration between service providers.

As one witness put it 'Education and health need to be integrated as an absolute'. Another witness, Professor Collette Tayler, remarked that there is the need to look at children holistically and to put health and education together. Health and education are so interdependent that having separate departments and 'silo' approaches to issues can be counterproductive.

(c) The social and emotional well being of children in the early years

The social and emotional wellbeing (SEWB) of children is now recognised as a critical indicator in the context of a child's future development. The determinants of SEWB are multiple, interconnected and act across the life course of any individual from conception to the grave. Research shows that the development of social and emotional skills is fundamental to a child's mental health and ability to learn.

Children from low socio-economic (LSE) areas may have delayed development and start school with substantial inequality. If unaddressed, that inequality can remain for the life of a child. If undetected and untreated, it can worsen.

Related to this issue is that of a child's mental health. The Committee was advised that there are insufficient services for families with very small children who have mental health problems. Early intervention is proven to restore 20% of affected children to the normal range of mental wellbeing. Research has been conducted which shows that high quality early childcare can compensate for deficiencies in the home environment.

The Committee was told that *"interventions need to occur before the start of kindergarten. It is not hopeless after this point, but it is much more expensive and more difficult."*

1.2 Education

(a) Addressing illiteracy

Illiteracy is a barrier to both child and adult education. National testing has revealed that between one in five and one in six Australian children are, at best, 'barely literate and numerate'. These children are not evenly distributed across the population. They are concentrated in particular schools and in particular areas of the country.

- Children with the highest rates of educational failure are: children in households where there is unemployment; Indigenous children; and children living in remote communities.
- Although there is an undeniable relationship between socio-economic disadvantage and low academic performance, it is not inevitable. International research on effective schools and case studies in Australia demonstrates that children from disadvantaged backgrounds are capable of high levels of school performance, given the right educational conditions.
 - Research shows that once a child falls behind at school, 88% of them stay behind.
 - All children start out wanting to learn, to succeed at school, to have friends, to like their teacher, etc.
 - 10-15 years ago Australia was in the top three OECD for literacy but now many nations are passing us.

In looking at what is possible, the Committee met with an educator in Victoria, Mr John Fleming, who is working with several Western Australian schools. John related to the Committee the transformation of two chronically under-achieving schools.

One, Bellfield Primary School, which became one of the best performing schools in Victoria over the course of 10 years. John was Principal of Bellfield from 1996 to 2005. It was, and still is, one of the most socio-economically disadvantaged metropolitan schools in Australia. John argued that the social development of children at Bellfield was every bit as important as their academic performance.

Tests in 1996 and 1997 revealed students at Bellfield 'dismally failing' in literacy and numeracy. By 2005, Bellfield's students were at the top of the state-wide tests.

John told the Committee, ‘These extraordinary results were not achieved through increased spending. There was no reduction in class sizes. There was no increase in teacher pay. There were no major capital works or new technologies.’ Fleming attributes the school’s success to three changes in school policy: implementing a research-based approach to teaching methods; introducing performance-based accountability for students and teachers; and changing the school culture to reflect traditional values and discipline.

(b) Low completion rates for Vocational Education and Training courses

The Committee was told of the quite extraordinarily low completion rates of Vocational Education and Training (VET) courses: nationally about 27%. One theory that is frequently proposed as an explanation for such low completion rates is that people attend VET for a specific skill, rather a qualification. However, National Centre for Vocational Education Research (NCVER) research suggests that students’ intentions at the start of a VET course are that 90% hope to complete the course.

1.3 Foetal Alcohol Syndrome

The Committee met with both the CEO of the National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD), Mrs Sue Miers, and the Hon Dr Sharman Stone, Federal Member for Murray and Chair of the Parliamentary Liaison Group for the Prevention of Fetal Alcohol Spectrum Disorder (FASD)/Fetal Alcohol Syndrome (FAS) (PFFASD/FAS)

The Committee was told in both meetings that alcohol is a teratogen and as such can cause birth defects. In addition there is no safe amount of alcohol consumption during pregnancy, as different foetuses can be affected differently.

Recognising that there is currently no adequate diagnostic tool for FASD, the Federal Government has funded extensive research into the development of such a tool, drawing on the expertise of about 90 paediatricians. It is now considering their findings.

This is important as many FASD affected children go undiagnosed and both parents and children are ineligible for disability support of any kind. There is a strongly identified need to get FASD recognised as a disability and thus allow the victims of alcohol abuse and their families to become eligible for support services.

For example, FASD may be masked by an alternative diagnosis such as ADHD. Children with FASD may have an IQ within the normal range, but will still struggle with schooling and life. This is because their executive functions and adaptive behaviours have been impaired. For example, they may have impaired judgement and memory; they may struggle with time periods, and be very impulsive and easily led.

Another issue with the lack of recognition of FASD is that it is confronting for women to face up to the consequences of their own drinking behaviour during pregnancy. In addition it is often difficult for medical staff to address the impact of a mother having drunk during her pregnancy and the fact that this may have caused developmental problems in the child.

The Committee will report to the Legislative Assembly on these and other matters relevant to the Terms of Reference of the Inquiry over the course of 2012.

Dr J.M. Woollard MLA
CHAIR

Appendix 1

Listing of appointments and some key points made by the witnesses:

Monday 10 October 2011

Dr Tom Karmel, National Centre for Vocational Education Research (NCVER)

- The completion rates for VET nationally are low at approximately 27%.
- VET is worth completing for most students in terms of an employment payoff.
- A change to the funding structure of VET from participation to completion would encourage more of a focus on assisting students to complete their course.
- NCVER research suggests that there are sufficient workers trained through VET in the market to meet demand.
- Research has been done on which educational pathways lead to the best outcomes for students. The results differ based on gender. For boys, these are: completion of year 12 schooling followed by a university degree; and completion of year 12 schooling followed by an apprenticeship in the more technical trades. For girls, there is one pathway to a successful outcome, measured by occupational status and wages, which is completion of year 12 schooling followed by a university degree. This pathway provides the best outcomes for girls even if the student in question is not particularly academically strong in school.
- Areas of vocational training with poor outcomes include chefs, hairdressers, personal trainers, and the arts (music, painting etc).
- Literacy and numeracy remain barriers to effective VET training and need to be made an explicit component of the courses.
- VET in Australia is focused on work skills. Other countries have a greater focus on general education in their vocational training. General education is important as it enables students/workers to be adaptable within the employment market, and to better manage changes in the economy.
- Australia's apprenticeship system is an 'on-the-job' training model. Other countries have systems that include much greater 'institution-based' training, which can provide a qualification in a much shorter period. While industry in Australia has been reluctant to accept a move in the direction of institution-based training, this could improve the flexibility and responsiveness of the current system, and protect against economic downturn.
- With the global financial crisis, apprenticeship enrolments in Australia dropped by 25%.

Mr Graham Jaeschke, The Smith Family, South Australia

- The Smith Family programs are focused on providing connections for children with education, and on providing positive role models in the education area.
- The Smith Family works with 'engaged' families, primarily in the primary school period. They work with families in areas of disadvantage, identified via ABS data and tools such as the AEDI.
- A total of around 33,000 children are under Smith Family sponsorship across Australia. Of the families supported, 60% are lone parent families.

- Programs include adult to student mentoring, student to student mentoring, learning clubs, reading programs, literacy and numeracy, and health programs, as well as sometimes providing technology packs such as computers etc.

Mr Brenton Wright, Director Lizard Drinking Pty Ltd

Mr Wright is the author of several reports on early childhood development and government policy. In his view:

- concern for children and their development should be a part of the professional ethic and professional duty of every person who works with children and families.
- all community systems should take account of child wellbeing.
- for professionals, worrying about and acting on child health and welfare issues is a fundamental part of their job.
- antenatal care is a key to early intervention when there is good linkage to post-natal care.
- In addressing some of the consequences of poverty, each state needs to focus on those areas in society, where the dysfunction is the worst. A little improvement in this group actually makes a big difference to society. Activities such as 'Justice Reinvestment', which target specific communities, would be useful.

Ms Philippa Duigan, Director Innovative Community Action Networks (ICAN) and Mentoring, Department of Education and Children's Services

- South Australia's innovative ICAN project is proving successful in retaining and re-engaging students to complete their schooling. ICAN (Innovative Community Action Networks) works with the 7% most disadvantaged students and families in South Australia to facilitate mentoring and case-managed flexible learning options, which enable students to complete their schooling outside the standard high school program. There are currently 3,500 students on Flexible Learning Options (FLOs), and the program is being implemented across the state.
- As a result of the ICAN program and other policies, the retention rate in South Australia has risen to about 81%. The success rate of re-engaging and retaining FLO students is about 70%. By the end of 2013, it is hoped that there will be up to 8,000 students on FLOs in SA, who would otherwise be disengaged from education. It is estimated that nationally, the number of disengaged 15 to 17 year olds is approximately 40,000.

Tuesday 11 October 2011

Mr Daniel Cox, Acting Executive Director, SA Health

- Improved Aboriginal birthing outcomes will impact on healthy life expectancy as low birth-weight contributes to the risk of developing chronic disease in renal, cardiovascular and dental/oral disease in adult life. Antenatal visits and health assessments in the first trimester that are continued throughout pregnancy, add benefits of prevention, and/or early detection of illness and disease. Adding post-natal visits and assessment enables opportunities for improved nutrition and health information that can enhance both maternal and neonatal health.¹ The Metropolitan Aboriginal Family Birthing Program is a free service for Aboriginal women in metropolitan Adelaide who are pregnant.

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<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/state+strategic+plan/t2.5/target+2.5+-+improve+aboriginal+birthing+outcomes+and+child+health>

- South Australia offers a universal home visit to all newborns and their families. This achieves about an 80% coverage rate. Priority has been placed on the 18 month check as SA Health has found through the AEDI that early, 18 month, identification of issues is more effective than 30 months.

After that, a more intensive home visiting program is available for those families who are considered at risk. This program provides for a number of visits that cover the first two years of a child's life. The number of visits is flexible but can be up to 32.

Screening remains at:

- Birth
- 1-4 weeks;
- 6-8 weeks;
- 6-8 months;
- 18 months;
- 2.5 years;
- 3.5 years; and
- 4 to 5 years.

- South Australia has 38 community centres that provide a one-stop-shop for family services. By having a public system that integrates services in one location, these services become more accessible, as there is a percentage of the population that do not have their own GP. In this way the state makes some inroads into the most vulnerable groups.

- the South Australian Health Department is in the process of developing a state-wide electronic health system, which will connect patient's health records at all public hospitals, health professionals and health services. It will be the first fully integrated electronic health system in Australia.

Mrs Sue Miers, National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD)

- children with FASD can have an IQ that is within the normal range, but they will still struggle with schooling and life. This is because their executive functions and adaptive behaviours have been impaired. They may have impaired judgment and memory, will struggle with time periods, and may be very impulsive and easily led.

- Part of the problem with the lack of recognition of FASD in Australia is that it is confronting for women to face up to the consequences of drinking during pregnancy. In addition it is often difficult for medical staff to address the impact of a mother having drunk during her pregnancy and the fact that this may have caused developmental problems in the child.

- education for the public on issues of FASD and alcohol use during pregnancy needs to start at the school level. In Canada, FASD is part of the school curriculum.

- despite the medical profession's hesitancy to make an issue of alcohol use during pregnancy, Mrs Miers felt that most women would give up alcohol during pregnancy if they knew that it is:

- a teratogen (causes birth defects)
- a carcinogen (causes cancer), and a
- neurotoxin (a poison which acts on the nervous system).

- High risk women should be identified at the first antenatal visit. In Canada, a program is run that provides a mentoring program for pregnant women at risk, and the Drug

Education Network in Tasmania is seeking funding to run a trial of a similar program in that state.

Wednesday 12 October 2011

Department of Education, Employment and Workplace Relations

- National Partnership on Youth Attainment and Transitions - aims to increase the educational engagement and attainment of young people and to improve their transition to post school education, training and employment through immediate, concerted action supported by broader long term reform.

- Youth Connections program - targets at risk youth and helps young people who have left school, or who are thinking of leaving school, to continue with their education and ultimately gain a Year 12 (or equivalent) level of education.

- VET and apprenticeships. Completion rates vary but on average for apprenticeships are around 50%, versus approximately 70% for university degrees. There is no federal follow up for those who drop out of VET before 17 years of age, as responsibility to follow up lies with the States. Should the person be in contact with Centrelink, they will be told to return to education or be denied income support, and will be referred to a Youth Connections provider. There are 450,000 apprenticeships across Australia. Normal work and more attractive wages are factors in drawing apprentices away from their training.

- National Foundation Skills Strategy - DEEWR is currently working with state and territory governments to develop an overarching national foundation skills strategy for adults for implementation by January 2012. 'Foundation skills' in this context refers to literacy and numeracy. This strategy is being developed in response to ABS findings that approximately 40 per cent of employed and 60 per cent of unemployed Australians have poor or very poor literacy and numeracy skills.

- The Early Childhood Development Strategy: Investing in the Early Years. This is a COAG initiative that has 6 key areas of reform: strengthening universal maternal, child and family health services; support for vulnerable children; engaging parents and the community in understanding the importance of ECD; improving early childhood infrastructure; strengthening the workforce across ECD and family support services; and building better information and a solid evidence base. The strategy has produced a curriculum, the 'Early Years Learning Framework.'

- Through DEEWR, the Federal Government funds childcare. In 2009/10, WA received \$220 million in childcare benefits.

- The Smarter Schools National Partnerships - the Federal Government is investing approximately \$2.5 billion through the Smarter Schools Partnerships: \$1.5 billion to the Smarter Schools National Partnership for Low Socio-economic Status School communities; \$540 million to the Smarter Schools National Partnership for Literacy and Numeracy; and \$550 million to the Smarter Schools National Partnership for Improving Teacher Quality.

- The Parental and Community Engagement Program (PaCE) - a community driven program which focuses on the development and implementation of creative and innovative approaches to improve the educational outcomes of Indigenous school students through enhancing Indigenous parental engagement with schools and education providers. It has a fund of \$21 million a year.

The Hon Dr Sharman Stone MP, Chair of the Parliamentary Liaison Group for the Prevention of Fetal Alcohol Spectrum Disorder (FASD)/Fetal Alcohol Syndrome (FAS)

Dr Stone is the Chair of the Parliamentary Liaison Group for the Prevention of FASD. One priority for Dr Stone is the need for FASD to be diagnosed and recognised as a disability, to enable affected children and families to access funding and support services. The group has proposed a motion in federal parliament calling on the parliament and government to:

- facilitate the development of a national FASD diagnostic tool;
- give those with FASD access to disability support funding;
- institute a campaign to raise community awareness of FASD and the risks of alcohol consumption during pregnancy; and
- give support to the development of models of care and helping strategies for families and individuals dealing with the impacts of FASD.

Department of Families, Housing, Community Services and Indigenous Affairs

FAHCSIA provides income support and family payments, which are paid through the Centrelink system. These are both universal payments, and payments targeted at the most vulnerable. The Department funds NGOs to deliver services.

- Income Management: The income management programs run by FAHCSIA have been very successful in WA, with many people choosing to volunteer for the program. The mandatory program is initiated by the Department of Child Protection. The trials have been run in the Kimberley and Cannington, and new trial site is being set up in Kwinana. In WA, at least 4 times as many people are on the voluntary income management scheme as are on the compulsory scheme. In addition, people are choosing to transition to the voluntary program after they have completed the compulsory period.
- The Learn or Earn requirement for Family Tax Benefit: COAG agreed to a 'Compact with Young Australians' in April 2009, which aims 'to promote young people's participation in education and training, providing protection from the anticipated tighter labour market, and ensuring they would have the qualifications to take up the jobs as the economy recovered. The program has three components: a requirement that all young people participate in schooling and training until the age of 17; and entitlement to an education or training place for 15 to 24 year olds which focuses on year 12 attainment; and strengthened participation requirements for Youth Allowance and Family Tax Benefits for those under the age of 21.

Thursday 13 October 2011

Kidsmatter, The Australian Psychological Society

The Kidsmatter program is a Federally funded national mental health promotion, prevention and early intervention initiative specifically developed for early childhood services. It comprises three programs:

- Kidsmatter Early Childhood (before school age)
- Kidsmatter Primary (primary schools)
- Kidsmatter Transitions (assisting parents to facilitate transition to primary school).

Each program has four content components:

1. creating a sense of community within the service which promotes feelings of belonging, connectedness and inclusion for all children and families.

2. development of children's social and emotional skills.
 3. working with parents and carers to improve children's mental health and wellbeing.
 4. early intervention for those with mental health issues.
- Research shows that the development of social and emotional skills is fundamental to children's mental health and ability to learn.
 - there are insufficient services for families with very small children who have mental health issues.
 - research has shown that high quality early childcare can compensate for deficiencies in the home environment.
 - an evaluation was done by Flinders University of the Kismatter program over a 2 year period. The evaluation found that of the children classified as having a mental health issue, 1 in 5 of them moved into the normal range as a result of the program.
 - Approximately 100 schools in WA are part of the Kismatter program, and 16 early childhood services participate in the Kismatter Early Childhood program. The Federal Government has funded the roll out of the program and is aiming to have 2,100 Kismatter sites nationally by 2014. Currently there are only 400, of which 100 are in WA.

Dr Sharon Goldfeld, Senior Fellow at the Centre for Community Child Health, and Child Health Advisor in the Victorian Office for Children

- In recent years it has been recognised that the social and emotional well being of children is an important indicator in the context of a child's future development. The determinants of social and emotional well being are multiple, interconnected and act across the life course of any individual.
 - The importance of regular child health checks and development assessments lies in linking families with health services and establishing a relationship with them.
 - Children who are struggling but who do not have significant disabilities become what Dr Goldfeld terms as 'the grey children'. They get very little intervention and support, yet this group is where the most difference can be made, from a population point of view. Most of the issues are preventable, and susceptible to intervention. Children are relatively malleable prior to grade 3, so early intervention can make a big difference.
 - High quality early child care and education can make a big difference to a child's development. Low quality care has been shown to be especially bad for children from low socio-economic areas, and high quality care is especially good for these children. 'Good quality' means: early access (the younger the child the better); attendance around half time; well qualified teachers/carers; low child/teacher ratios; a quality, well taught curriculum; and having teachers who intentionally promote social and emotional development.
 - Inequalities amongst children manifest early. The AEDI shows they commence prior to the start of school. Universal services shouldn't be about delivering the same service to everyone. Rather, to be equitable, the service should have different 'doses' for different people and needs. This is the concept of proportionate universality.
- Combining the departments of education and health for early childhood in Victoria has proven effective.
- AEDI can be used in the targeting of support services in geographic areas of disadvantage.

The Australian Institute of Family Studies

- The AIFS sees its role as to conduct research and communicate findings that affect family wellbeing. FAHCSIA is a key stakeholder for AIFS and its research is therefore centred on FAHCSIA's policy needs.
- The AIFS conducts the Longitudinal Study of Australian Children (LSAC), and the Longitudinal Study of Indigenous Children (LSIC). There will be a conference in November 2011 which will present the most recent findings of both surveys. Some of the current issues emerging from the surveys are children being overweight or obese, and the role parenting plays in this. Another issue under examination is the impact of family breakdown, and the lives of 'latchkey' kids.
- The AIFS also has responsibility for the Closing the Gap Clearing House, which is a research repository jointly funded by the Federal and State governments. It provides information on the Closing the Gap building blocks and on what programs have been shown to work.

Dr Jenny Proimos, Paediatrician and Adolescent Health Consultant, Centre for Adolescent Health, Senior Fellow, University of Melbourne Department of Paediatrics, and Principal Medical Advisor, Department of Education and Early Childhood Development.

- The Victorian Department of Education and Early Childhood Development has recently taken on adult and VET learning as well as 0 to 18 years. It is now responsible for life-long learning.
- Victoria is restructuring its system of child health assessments to accommodate the federal government's new 3 year old check. This check will be funded by money from the mental health portfolio and will have an emphasis on the social and emotional health of the child and family. The new Victorian system aims to have 10 visits/assessments, with the last one carried out at age 4. This will be followed by the standard school entry assessment that Victoria has, which is an extensive questionnaire administered to parents (PEDS). The results of this school entry assessment are coded green, amber and red, and are used by school nurses to prioritise their work and follow-up.
- There has been a discussion in Victoria about the need for antenatal visits, but there has not yet been a clear determination, in part due to issues around which part of the service system would conduct them, and how information would be shared to post-natal services.
- A review into child protection in Victoria is underway, known as 'Protecting Victoria's Vulnerable Children'. The review is due to be released publicly when it is complete.
- Dr Proimos emphasised to the Committee the need for any approach to children to look at health and education holistically - they are so interdependent that having separate departments and 'silo' approaches are counterproductive.
- The Victorian education department also runs an 'Attitude to School' survey at every age in the state. (In Victoria, year 7 is the first year of high school). The surveys show that school engagement is very high until year 6; it then starts to drop, reaching its lowest point at year 9, before starting to climb again. Year 6 and 7 are the transition point to high school, and that's where the engagement issues really start. Victoria's Youth Partnerships program has \$11 million over the next 3 years to focus on engagement issues, particularly in year 8 and 9.

Dr Collette Tayler, Chair of Early Childhood Education and Care, Melbourne Graduate School of Education

- Positive early childhood experiences must be built in for everybody, not just the educated middle class. Governments are traditionally nervous to step into family life, but that is in fact the best thing they can do to strengthen families. The social gradient is set from kindergarten onwards, so interventions need to occur before the start of kindergarten. It is not hopeless after this point, but it is much more expensive and difficult. The people who most need support are frequently the ones who don't go to the GP, hence the need for more targeted and effective interventions.
- In Victoria, child health assessments achieve relatively good coverage until the age of about two and a half (almost 100%). After that point, coverage starts to drop until the 4 year old check. Finding a way to reverse this drop is a challenge.
- If universal checks can't be done, checks should be targeted by socio-economic data, such as the ABS SES info, or the AEDI.
- In Victoria, child health nurses are employed by the Department of Education and Early Childhood Development. Unusually, the rate of breastfeeding in the state is a performance indicator for the department - not often seen in other education departments.
- Education needs to be seen as a life-long learning process, which starts at birth. Education is not just the schooling period, but also the home environment before school commences. A connected approach that links child health with the education department is better than the traditional education versus health split.
- Mental health services need to take a family-oriented approach. Just treating the mother for depression, for instance, is insufficient - the child will need to be treated as well.
- Brain science has shown the importance of focusing on the experiences that very young children have. The quality of the experiences children have makes a big difference to their brain development: negative or impoverished experiences have negative brain impacts. Positive experiences must therefore be built in to the system for everyone, not just the more privileged parts of society.

Friday 14 October 20

Mr John Fleming, Deputy Principal, Haileybury College

- National testing has revealed that somewhere between one in five and one in six Australian children is, at best, barely literate and numerate. These children are not evenly distributed across the population, they are concentrated in particular schools and areas of the country. Children with the highest rates of educational failure are children in jobless households, Indigenous children, and children living in remote communities. ABS findings show that approximately 40 per cent of employed and 60 per cent of unemployed Australians had poor or very poor literacy and numeracy skills. Although there is a relationship between socio-economic disadvantage and low academic performance, it is not inevitable. Given the right educational conditions, all students can achieve at high levels.
- Mr Fleming has developed an approach to teaching which created significantly improved results in Bellfield Primary School in Victoria, a very disadvantaged school. His techniques are detailed in his book 'Towards a Moving School: Developing a Professional Learning and Performance Culture.' Mr Fleming's approach is based on intentionally teaching literacy via phonetics, and through taking a systematic, intentional

approach to teaching. Mr Fleming rejected 'play based' learning as a technique for students who are struggling.

- Mr Fleming is working with three schools in Western Australia to implement similar programs:

- Dianella Heights;

- Ballajura; and

- West Beechboro.

A crucial factor in the program is the engagement of parents. The approach also requires regular testing of children, the setting of benchmarks, and professional performance indicators for teachers and schools based on the students' results.

- Mr Fleming stated that behaviour issues often reduce once students feel that they are actually learning. Children will learn if the environment is right; teachers need to be passionate and enthusiastic; 'people who whinge about resources are looking for a scapegoat - what is broken is the delivery'; and 'the negative impacts of poor parenting can be overcome by good schooling.'