

Stronger futures for all young Victorians **RCH Education Institute Response to DEECD Discussion Paper**

<http://www.education.vic.gov.au/about/consultation/strongerfutures.htm>

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The Royal Children's Hospital (RCH) Education Institute works in partnership with hospital departments and the Victorian Department of Education and Early Childhood Development to provide educational support to children and young people who visit the Royal Children's Hospital.

The RCH Education Institute is committed to ensuring continuity of learning and ongoing connection to school for children and young people. We aim to build the knowledge base of health and education professionals and the broader community through a strong research agenda and education support services for children and young people and their families associated with the Royal Children's Hospital. The 'early childhood professionals' defined in the Framework could also include teachers working at the RCH Education Institute.

The RCH Education Institute congratulates the Department of Education & Early Childhood Development for its commitment to supporting Victorian youth who are transitioning into the post-compulsory years of schooling. We welcome the opportunity to respond to the draft discussion paper as we value the opportunity to support a youth transitions system that emphasises strong links between children's health and education as critical to their longer term health and wellbeing outcomes and to the wellbeing of the population more generally.

Our feedback addresses elements that are of key relevance for the RCH Education Institute, in particular, the system's focus on those groups most at risk in youth transitions (p.4), which, from our perspective, should also include young people with chronic health conditions. Extended or repeated school absences for children and young people with chronic health conditions can contribute to significant barriers that exclude young people from fully engaging in continuing education and can impact on life trajectories. These absences can span multiple stages of learning and development and critical transition points such as moving into the post-compulsory years of schooling. Children and young people who are connected with the Royal Children's Hospital (RCH), Melbourne, are supported to maintain links with their education during their healthcare and have goals and aspirations for their future careers. But for many, a 'traditional' path, such as completing the Victorian Certificate of Education in two years, is made complex because of disruption and time away from learning.

Below are our responses to selected questions that are most relevant to our work.

Response to selected key questions in discussion document

Strengthening literacy and numeracy in the post-compulsory years

In what other ways can the acquisition of literacy and numeracy skills be strengthened in the post-compulsory years?

The RCH Education Institute operates on a model of learning anytime, anywhere. This can also be applied to young people in post-compulsory years in other settings. Our evidence indicates that young people readily engage in literacy and numeracy activities during periods of hospitalisation (Meade *et al.* 2010), suggesting that learning in these out of school settings can also strengthen numeracy and literacy. Putting learning in and around this alternative, out-of-school setting is an important piece in strengthening young people's ongoing numeracy and literacy. Targeted learning is also useful in identifying gaps in learning and providing targeted support in specific areas, *e.g.* such as algebra or age-appropriate literacy skills. Young people at the RCH and their families are also encouraged to communicate freely, regularly and openly with their school to assist with ongoing learning and minimising disruptions.

Support for making informed education and training choices

The RCH Education Institute is currently evaluating the post-compulsory schooling information needs and supports available to our unique cohort of young people with health conditions (see http://www.rch.org.au/edinst/research.cfm?doc_id=10292). Funded by the DEECD and in collaboration with Researching Futures and the Geelong LLEN, we are investigating how these young people navigate their way through the post-compulsory education support needs and pathways to enable further training and/or higher education qualifications.

Will a career plan strengthen young people's engagement with education and their capacity to make informed study and career choices both during schooling and in subsequent education, training and employment settings?

Planning career pathways for young people with health conditions is crucial and may require considerable, individualised research and guidance. The literature around the post-compulsory education support needs and pathways of young people with health conditions (Edwards *et al.*, 2010), identified Managed Individual Pathways (MIPs) as being useful tools for these young people's continued learning.

Another recent review of MIPs in the USA, UK, Australia, NZ and Canada (McCausland, 2005) found five critical elements to effective MIPs:

1. Information gathering (formal and informal, from student, teacher and parents)
2. An IEP team (includes the student and family plus education and health professionals)
3. Planning/design (a collaborative, iterative process)
4. Implementation/management (an agreed plan that includes regular communication and progress reports)
5. Review (continuous monitoring and review of the IEP)

The McCausland review also recommended that MIPs be implemented early (*i.e.*, before the post-compulsory years of schooling), should set attainable goals and should anticipate future transitions.

We would like to see further research monitoring the use of, and effectiveness of, these plans within the framework of youth transitions in Victoria.

What other actions should be taken to ensure that sound career development services are available to all young Victorians?

There are numerous career development services available to young people within the school environment, from the broader community and from the Internet. For example, the federally-funded Career Education Lighthouse project collates exemplars of schools' programs that provide quality career education in innovative ways (see www.careerlighthouse.deewr.gov.au). Some key features of these programs overlap with the key features of MIPs outlined above, *e.g.*, early implementation and individualised plans, but there is a major focus on local community partnerships, mentoring, industry excursions and incursions from support programs such as *Coaching People for Success*.

The most useful services are those that are flexible. A survey of transition supports used by Australian youth (Figgis, 2005) found the most useful strategy was a mixture of supports: online mentoring, peer group forums and databases; collaborative teams of students under the guidance of a teacher; plus long-term follow-up for students after they leave formal schooling. Examples of online supports provided by the Victorian government include *Youth Central* (www.youthcentral.vic.gov.au) and the Victorian Registration & Qualifications Authority database (www.vrqa.vic.gov.au) and at a national level, *myfuture* (www.myfuture.edu.au). This report highlights the usefulness of basing implementations within an evidence base.

Any services and information sources should also cater to potentially disadvantaged groups such as Indigenous and recently-arrived immigrant communities and have the flexibility to be tailored to the unique needs of these groups of students.

The Ultranet is a perfect conduit for this type of information and can provide a central repository of information for students, teachers and parents.

How can business/industry be more involved in assisting students' career choices?

The DEECD's Industry Themed Programs (ITPs) and Workplace Learning Coordinators, based within industry, are worthy initiatives, where schools and students can access vocational and higher education providers in manufacturing, building and construction and work placements. These initiatives are an excellent choice for those young people able to access those sites.

At the RCH young people can participate in an inpatient and outpatient work experience program within various departments of the hospital, *e.g.*, human resources, diagnostic laboratories, the hospital crèche, *etc.* We also host *Worlds of Work* program in collaboration with *Foundation for Young Australians*. We are modelling examples of industry involvement, *i.e.*, offering our workplace as a place for informing career choices for the young people within the hospital.

Arrangements that support and encourage young people to complete qualifications

Will a career plan strengthen young people's engagement with education and their capacity to make informed study and career choices both during schooling and in subsequent education, training and employment settings?

Our approach to research at the RCH Education Institute is to gather evidence on best ways of providing educational and career support to young people who are out of school due to health issues. For

example, our dedicated learning space on the Adolescent Ward now includes a dedicated career information centre, supported by teachers at the hospital in conjunction with the higher education providers.

The RCH Education Institute also works to get inclusion and acknowledgement of the school work completed by young people at hospital in formal assessment processes for VCAL e.g. Personal Developer Skills stream, VET and VCE (e.g. an English SAC).

What other strategies could be introduced to lift qualification completion rates for young people in the schools and VET sectors?

The experience of the RCH Education Institute indicates that flexible, individualised teaching and MIPs assist young people to stay connected to learning during periods of school absence. As discussed above, these plans need to be carefully monitored and reviewed by a team that includes the young person, their family, teacher, school and others as required (e.g., health professionals if the child has a health condition). We have anecdotal evidence that young people remain connected to school, or reconnect to school, as a result of personalised learning support provided by our teachers at the hospital. These individualised plans are even more essential for disadvantaged groups such as Indigenous and recently-arrived immigrant students.

Systems that assist students to move effectively between courses, institutions and sectors

How can student transition to the VET sector, higher education and full-time employment be improved?

At the RCH Education Institute we find that flexible, individualised care and support, such as flexible timetabling, is critical to ensuring young people transition to the VET sector, higher education and/or employment, particularly young people at risk of disengaging from education due to health conditions. This approach is based in model of support where interventions and services reflect a pyramidal level of risk (Ben-Rabi, 2004), which is in turn based in Sugai's (2000) three-tiered positive behaviour support model. In this model resources intensive individual intervention is reserved for a small number of children assessed as at highest risk, as for the cohort of children targeted in this youth transitions document. The pyramid then allows for small, intensive group interventions for medium risk children and school-wide programs for all children.

What other steps are required to assist schools' connection to the world of work?

There are community-based organisations that work in partnership with schools and training providers, such as the RCH, Foundation for Young Australians, to provide insights into career options in different settings. For example, the *World of Work* program, where disadvantaged young people visited the hospital and were shown example of different careers throughout the hospital, from clinical, teaching, scientific laboratories, computer, etc.

Again, the Ultranet would be a perfect conduit for information about available industry and community partnerships.

What other initiatives would improve school to tertiary education articulation and support young people to take advantage of the expansion of these sectors?

University open days are traditionally held at universities. At the RCH Education Institute, as part of the post-compulsory strategy, we are exploring holding an open day at the hospital, whereby universities, TAFES, training colleges and other vocational and higher degree providers can come together in one place that is accessible to young people at the hospital.

Articulation within the VET sector and from VET to higher education

How can governments improve provision and articulation arrangements to better support young people, especially in regional and rural areas, to access tertiary qualifications without needing to re-locate?

At the RCH Education Institute we regularly provide education support to young people from rural and regional areas, working closely with young people's home schools and DEECD regional staff.

Partnerships and affiliations between local schools and training colleges and metropolitan workplaces are a useful way of maximising resources and providing tertiary students with opportunities for work placements. For example, the RCH Education Institute works with Deakin University, Geelong, and RMIT, to provide student placements for pre-service teachers enrolled in the Graduate Diploma of Education (Applied Learning). These arrangements can be highlighted in relevant sections of the Ultranet, making these options more visible and available to schools and students.

It would also be potentially beneficial to have a greater blurring of the lines between schools, VET providers and higher education providers, to allow students to transition more seamlessly between these sectors.

Additional comments

We wish to draw attention to the following key messages that have received less attention in the report and that are directly related to successful transitions for Australian youth.

1. Education is essential to positive health outcomes for *all* Australians. Education provides the knowledge and skills central to improving health and making use of health services. Furthermore, we know that people with lower levels of educational attainment are increasingly likely to report poorer health. Young people with health conditions, for example, are at increased risk of disengaging with or not making a successful transition to continued education, training or employment.
2. Strengthening the interface between the Australian health system and the education system is important in addressing the inequalities in health and improve long-term health outcomes. Just as good health provides fundamental resources across the lifecourse, flexible, individualised education is a key to the provision of knowledge and skills central to improving health, embedding prevention, early intervention and health decision making.

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