

2022 Annual Report to the School Community

School Name: Monash Children's Hospital School (6364)



- All teachers at the school meet the registration requirements of the Victorian Institute of Teaching (www.vit.vic.edu.au).
- The school meets prescribed minimum standards for registration as regulated by the Victorian Registration and Qualifications Authority (VRQA) in accordance with the Education and Training Reform (ETR) Act 2006. This includes schools granted an exemption by the VRQA until 31 December of the previous calendar year from the minimum standards for student enrolment numbers and/or curriculum framework for school language program.
- The school is compliant with the Child Safe Standards prescribed in Ministerial Order No. 870 – Child Safe Standards, Managing Risk of Child Abuse in School.

Attested on 04 April 2023 at 09:31 AM by Colin Dobson (Principal)

- This 2022 Annual Report to the School Community has been tabled and endorsed at a meeting of the school council and will be publicly shared with the school community

Attested on 05 April 2023 at 05:44 PM by Cathy McAdam (School Council President)

How to read the Annual Report

What does the 'About Our School' commentary section of this report refer to?

The 'About our school' commentary provides a brief background on the school and an overview of the school's performance over the previous calendar year.

The 'School Context' describes the school's vision, values, and purpose. Details include the school's geographic location, size and structure, social characteristics, enrolment characteristics, and special programs.

The 'Progress towards strategic goals, student outcomes, and student engagement' section allows schools to reflect on highlights related to implementation of and progress towards the School Strategic Plan and Annual Implementation Plan, and efforts to improve student learning, wellbeing, and engagement.

What does the 'Performance Summary' section of this report refer to?

The Performance Summary includes the following:

School Profile

- student enrolment information
- the school's 'Student Family Occupation and Education' category
- a summary of parent responses in the Parent Opinion Survey, shown against the statewide average for Specialist schools
- school staff responses in the area of School Climate in the School Staff Survey, shown against the statewide average for Specialist schools

Learning

- English and Mathematics for Teacher Judgements against the curriculum

Engagement

Student attendance and engagement at school, including:

- how many exiting students go on to further studies or full-time work

Results are displayed for the latest year and the average of the last four years (where available).

Considering COVID-19 when interpreting the Performance Summary

The Victorian community's experience of COVID-19 had a significant impact on normal school operations over the past three years. This impacted the conduct of assessments and surveys. Readers should be aware of this when interpreting the Performance Summary, particularly when interpreting trend data.

For example, in 2020 and 2021 school-based surveys ran under changed circumstances, and NAPLAN was not conducted in 2020. Further, absence and attendance data during this period may have been affected by the level of COVID-19 in the community and may be influenced by local processes and procedures adopted in response to remote and flexible learning.

Readers should keep this in mind when viewing and interpreting the data presented in the Annual Report.

How to read the Annual Report (continued)

What does 'NDP' or 'NDA' mean?

'NDP' refers to no data being published for privacy reasons or where there are insufficient underlying data. For example, very low numbers of participants or characteristics that may lead to identification will result in an 'NDP' label.

'NDA' refers to no data being available. Some schools have no data for particular measures due to low enrolments. There may be no students enrolled in some year levels, so school comparisons are not possible.

Note that new schools only have the latest year of data and no comparative data from previous years. The department also recognises unique circumstances in Specialist, Select Entry, English Language, Community Schools and schools that changed school type recently, where school-to-school comparisons are not appropriate.

What is the 'Towards Foundation Level Victorian Curriculum'?

The Victorian Curriculum is assessed through teacher judgements of student achievement based on classroom learning.

The 'Towards Foundation Level Victorian Curriculum' is integrated directly into the curriculum and is referred to as 'Levels A to D'.

'Levels A to D' may be used for students with disabilities or students who may have additional learning needs

'Levels A to D' are not associated with any set age or year level that links chronological age to cognitive progress (i.e., there is no age expected standard of achievement for 'Levels A to D').

About Our School

School context

Monash Children's Hospital School (MCHS) is a Department of Education and Training school located within Monash Children's Hospital. The school has been established to provide education for children who are inpatients and/or outpatients of Monash Children's Hospital inclusive of Early in Life Mental Health Services (ELMHS). Monash Children's Hospital School delivers education services alongside a patient's treatment, recovery and reintegration. It supports patients with significant health conditions (physical and/or mental) who are at-risk of disengaging from education, or who are unable to attend their regular educational setting due to their specific health condition. The intent of the school is to provide educational experiences and outcomes that children and young people would have had, had they not been experiencing a significant health issue. MCHS teachers work closely with the young person, their families, their medical/health treating team and their regular educational setting.

School Vision

Our children and young people will have access to high quality teaching and learning that will ensure continuity of their education.

'Let the uniqueness of each child guide our work.'

Model of Learning

An individualised program is created for each student, inclusive of their own school work and/or learning tasks developed by Monash Children's Hospital School teachers. This can occur in the following formats:

- One-on-one sessions at the patient's bedside and on the ward/unit
- Small group learning classes, which take place on the wards/units and in specific activity rooms
- Classroom learning with groups of up to fifteen students

Our teachers work closely with Monash Children's Hospital medical/health professionals as part of a multidisciplinary approach and provide education for students aged 5-18 years of age. We aim to build a safe and supportive environment and culture, one that promotes positive relationships, values diversity and supports the holistic development of our students.

As previously mentioned Monash Children's Hospital School delivers education services alongside a patient's treatment, recovery and reintegration - a cyclical process that young people move between on their health journey.

Treatment Phase: We establish and maintain contact with the young person's regular school in a supportive and confidential manner in order to provide continuity and connectedness with their learning. During this phase, MCHS staff members teach, liaise and advocate with, and for, the young person.

Recovery Phase: We will engage with the young person's family, Monash Children's Hospital medical and health personnel, ELMHS treating team members and key staff from the students' regular school. This role will assist the continuity of the patient's education while they are recovering at home. This is an important phase to make sure that the young person stays connected with their education and school.

Reintegration Phase: We provide support to the young person, their family and the base school to assist in a smooth and positive reintegration back to school. MCHS staff can provide advice about return to school planning, and with other key stakeholders, we will develop strategies that further strengthen this process.

Staffing

Monash Children's Hospital School employs 24 staff members (20.7 equivalent full time) encompassing: 2 Principal class, 3 leading teachers/learning specialists, 15 teachers and 4 educational support staff members. Please note that MCHS does not currently have any Aboriginal and/or Torres Strait Islander staff members. The school is a part of a multidisciplinary team and has access to Monash Children's Hospital medical and health personnel: doctors, nurses, allied health, interpreters, indigenous liaison officers, social workers etc. The student population is extremely fluid and changes on a daily basis, depending on the number of young people who are inpatient/outpatients of Monash Children's Hospital inclusive of Early in Life Mental Health Services. The time frame that students are supported by MCHS is varied and can range from a couple of days to a number of months or years.

Students/patients are usually from the state of Victoria but at times students from other states of Australia may be admitted to Monash Children's Hospital and MCHS would provide them with education while they are a patient of the hospital. In 2022, MCHS provided education/education support to 1294 students.

Progress towards strategic goals, student outcomes and student engagement

Learning

2022 Priorities Goal (State-wide)

Some of our students have thrived in the remote learning environment, others have maintained their learning progress, and some

need extra learning and wellbeing support despite the best efforts of their teachers and families. In 2022, we continued to focus on student learning – with an increased focus on numeracy and student wellbeing through this 2022 Priorities Goal. A key Improvement Strategy and a Wellbeing Key Improvement Strategy were in place. We taught and supported each student at their point of need and in line with the Framework for Improved student Outcomes (FISO).

Key Improvement Strategy: Support both those who need extra support and those who have thrived to continue to extend their learning, especially in numeracy.

Actions

- Develop and implement a whole school professional learning program inclusive of whole staff, ward and unit teams, professional learning teams (PLT's) and triads.
- Develop a multi-tiered response to meet students individual learning needs.

Since 2018, Monash Children's Hospital School (MCHS) has had a goal to develop a **targeted and personalised learning program** for every student (inpatient). The inpatients can be broadly categorised into 2 key groups: students who have access to their education (set by their base school) and students who do not have any access to a teaching and learning program. Each student is allocated a MCHS teacher and they become the key communicator with family members, the treating team and/or the base school. A 'getting to know you' process is implemented and the student's academic, social and emotional history is captured. For students who have access to their current teaching and learning program, the personalised program is developed in consultation with the young person, their base school and the MCHS teacher. For students who do not have access to a teaching and learning program, the personalised program is co-developed by the student and the MCHS teacher - this often focuses on literacy, numeracy and Resilience, Rights and Respectful Relationships (RRRR).

In 2022, the **engagement from students** (inpatients and outpatients) was strong and attendance at the school sessions was high. This high engagement was from inpatients from the general medical wards, Children's Cancer Centre and from the mental health units. (Oasis and Stepping Stones). Education sessions were offered between 9:30am to 12:30pm and from 2:00pm to 3:15pm Monday to Friday. The holiday education program also ran during the term breaks for Term 1, 2 and 3 and this education service was very much appreciated by the patients, families and medical/health personnel.

MCHS continued its strategic approach in developing a **strong professional learning program** around literacy, numeracy and RRRR. The professional learning program has been strategically planned to accommodate the changing needs and expertise of the MCHS staff members. As a school leadership team, there has always been a determined and considered strategy to keep MCHS staff up to date with the latest thinking and direction from the Department of Education. The school leadership team members are aware that staff who work in specialised settings can often lose contact with what is happening in mainstream and special schools and that it is critical that this does not happen at MCHS. The Assistant Principal, Learning Specialist and Leading Teachers developed and implemented a face to face and online professional learning program that was once again outstanding. They also ensured that MCHS's professional learning program continued regardless of the Covid19 situation. This ensured that the capacity building of staff continued and was directly aligned with the 2022 Annual Implementation Plan (AIP) goals and key improvement strategies which are referred to in this report. The staff professional learning program specifically focused on developing personalised teaching and learning for each young person and each staff member had this as a goal within their Performance and Development Plan (PDP).

Weekly collaborative sessions were held where staff members shared information about students' (inpatients and outpatients) learning and engagement with their colleagues. Through this collaboration, staff members provided support and constructive feedback to their colleagues and focused on how the educational program for each and every child could be further strengthened. Staff members were appointed to a whole school literacy, numeracy or RRRR professional learning team (PLT). The staff members further developed their understanding of literacy, numeracy and RRRR content through an inclusive education lens. This provided staff with the skills, knowledge and understanding to identify the student's learning needs through the development of authentic screening tools which in turn meant that teachers were able to develop meaningful learning tasks that specifically targeted the point of need for each young person.

Outpatient Clinics continued to use a blended model of online and face to face sessions and this proved to be once again highly beneficial for the patients, their families, MCHS teachers and medical consultants. The teacher provided this educational consultancy service and then followed-up with the base school on behalf of the young person. When working with outpatients, the MCHS teacher works closely with the medical consultant, the young person, their family and their base school to individualise the educational supports that are needed. This could include, but not be limited to: re-engagement with education, gradual return to school, learning and wellbeing strategies to implement at school in relationship with the young person's health condition. The MCHS educator also provided information about reasonable adjustments that the young person may need to effectively engage with their learning.

Each staff member was required to develop a comprehensive **learning portfolio** that captured the learning of the young people in their care as well as highlight their own professional learning that had occurred throughout 2022. These portfolios formed a major part of the mid-year and end of year performance and development meetings that every MCHS staff member had with representatives from the MCHS Leadership Team. This culminated in a PDP showcase afternoon where MCHS were able to highlight their learning to their colleagues.

MCHS developed a document - '**Overview of Teaching and Learning**' which included information about initial student assessment, planning for teaching, learning and feedback and reporting. This document was developed as an outcome of the School Review recommendations and provides clear and concise direction for MCHS educators.

The 2022 AIP Goals, staff members PDP's and the comprehensive professional learning program, including the work in professional learning teams (PLT's), triads and ward/unit based teams, were all **fully aligned**.

Wellbeing

Key Improvement Strategy Wellbeing – Effectively mobilise available resources to support student's wellbeing and mental health, especially the most vulnerable.

Actions

- Plan how whole school professional learning on specific health conditions (medical and mental health) will be implemented and revisited throughout the year.
- Establish and embed a multi-tiered wellbeing approach for inpatients and outpatients (teaching and consulting roles).
- Establish student focus groups to promote student voice and seek feedback on the promotion of wellbeing and positive mental health.

The development of MCHS has been co-constructed between the leaders of the school and hospital to meet the education needs of the young people in our care. MCHS has developed comprehensive **processes and protocols** to guide the work that is carried out on a daily basis. These processes are continually reviewed to ensure clarity of roles exist and that the staff of MCHS know that their role is to provide educational expertise to the following: patients, families, medical and health personnel and educators from the student's base school.

A key feature for 2022 was the way that MCHS staff stayed connected with one another and supported their colleagues throughout the year. MCHS developed a comprehensive **communication system** that ensured leaders were connecting with staff on a regular basis and support was provided to each member of staff.

The Staff Opinion Survey results were extremely positive and once again highlighted that MCHS staff felt invigorated in their various education roles. The staff comments and rankings indicated that the MCHS staff members felt a genuine sense of belonging and that they were supported throughout the year. The MCHS staff recorded a **100% positive ranking** for the following categories:

- School Leaders care about staff health and safety.
- School provides a safe and supportive work environment.
- Staff encouraged to report staff health and wellbeing concerns.

The 100% ranking at MCHS for these categories was outstanding as the state-wide percentage was 75%.

The collaboration between staff members of MCHS has been strong and there was a real sense of cohesion and connectivity throughout the year. The collaboration between staff from MCH and MCHS has also been noteworthy and the medical and health teams have stated that the services that MCHS provided throughout the last three year period were essential and outstanding. Monash Health provided excellent wellbeing professional learning sessions for all staff and these were very much appreciated by MCHS staff members. Medical and health colleagues from MCH and ELMHS also provided expertise to the MCHS professional learning program. These included presentations from ELMHS personnel around **mental health conditions/issues** and focused on ways to further support young people who are navigating their way through their educational journey.

The focus for inpatients and outpatients has been around teaching, learning and wellbeing. The MCHS staff members have been committed to ensure that the students have felt supported and challenged with their learning while developing strong wellbeing strategies that support the young person while in hospital and on their return to school.

At MCHS, the staff members noted that student's confidence to monitor and self-regulate their learning increased significantly over the past 2 years. The school developed surveys for students, parents/caregivers/kin and base schools and the results from these surveys were extremely positive especially about the levels of student engagement, sense of wellbeing, the importance of student voice and a genuine pride in what the students have been able to achieve academically, socially and emotionally. Student rankings from the surveys were all above 85%.

MCHS staff members developed skills in providing teaching and learning online and their confidence in providing online education continued to grow in 2022. There was a pride from the staff in their developing skills and knowledge to deliver authentic learning experiences online for the patients as well as supporting children when they were in hospital and/or recovering at home.

The Resilience, Rights and Respectful Relationships (RRRR) program was delivered across MCHS. The RRRR program was a part of the general medical ward teaching and learning program, formed a major part of the Wellness and Recovery day program, (a program for young people living with an eating disorder). The RRRR program provided a key platform for the Reconnect program, which was designed for young people who are engaged with the Early in Life Mental Health Services (ELMHS) group program (CORE). In addition to this, the RRRR program was also effectively delivered in the two MCH mental health inpatient units (Oasis and Stepping Stones) on a weekly basis.

The MCHS team work in a collaborative and collegial manner, recognising and acknowledging one another's strengths, individually

and collectively, and the focus is always centred on the student.

Engagement

Monash Children's Hospital School staff continued to immerse themselves into the culture of Monash Children's Hospital. This ongoing immersion process allowed the MCHS staff to further develop and refine practices and programs that meet the needs of each young person as they transition through the treatment, recovery and reintegration phases. The MCHS model allowed education and health colleagues to work together as members of a **multidisciplinary treating team**. This provided a holistic approach to the care and education of each young person. Together health and educational professionals aligned treatment and education, informed one another's practices, provided different perspectives of the child, utilised one another's strengths and built a holistic understanding of the young person. The on-line student management system, COMPASS allowed staff members to genuinely capture the child's teaching and learning program, document the planning for future learning and accurately record communications between all key stakeholders. This allowed for greater accessibility and transparency of information for every child that could then be effectively shared between all MCHS staff members. This has further strengthened the teacher's capacity to provide a highly personalised program that targets the needs of each child from a learning and wellbeing perspective. Another key aspect of the **Compass system, 'Pulse,'** allowed more detailed reports to be produced which in turn provided the school with more demographic data and insights into the number of communication and learning sessions that were offered. In 2022, MCHS provided **education/educational support to 1294 students**, had 5830 communications between base schools, families and treating teams and provided 5120 learning sessions for the students.

In 2022, MCHS provided feedback surveys to the students, parents/caregivers and base school personnel. All stakeholders provided excellent feedback about the impact that MCHS had on the young person and their education/learning. Please refer to the highlight section of this report that also acknowledges this positive engagement. The **students feel** that 'MCHS has allowed them to stay engaged with their education, provided continuity with their learning and allowed them to have a genuine connection with their school.'

Staff members attended daily/weekly online handovers where information about each child was shared by members of the medical/health treating team. Teachers were allocated to specialised areas (department) to ensure communication between the health professionals and school staff was transparent and effective. This allowed MCHS staff to be aware of the specific needs of each young person and in turn deliver a program that catered for their individual needs. This continued engagement between **MCH and MCHS personnel** was further strengthened throughout the year as more opportunities to work together were established. The greatest growth area for MCHS was within the **MCHS 'Community' Team**. This 'Community Team' consisted of staff members who were working with outpatients from Monash Children's Hospital and Early in Life Mental Health Services. In 2022, MCHS staff members provided ongoing educational consultations for many medical departments of the children's hospital. In particular this support was provided to the following: Victorian Paediatric Rehabilitation Service for children with chronic fatigue or an acquired brain injury, Victorian Fetal Alcohol Service (VicFAS), Cystic Fibrosis, Nephrology, Developmental Paediatrics, Turner Institute and Adolescent Medicine clinics. MCHS also provided outreach/outpatient education support for the Early in Life Mental Health Service 'CORE' group program, the 'Reconnect' program, the CAHMS and Early Action in Schools program (CASEA) and the Wellness and Recovery Day program. These secondary educational consultations were carried out through a blended program of online and face to face sessions. MCHS will provide education/educational consultancy to additional clinics in 2023.

In 2022, the school completed their School Review which has been mentioned in the highlight section of this report. Engagement with all key stakeholders from the Department of Education, Review Panel members, MCH and MCHS personnel was inclusive and transparent.

Engagement with external professional learning providers has been further strengthened. Academic achievements have been celebrated by acknowledging staff who have completed **masters, post graduate certificates**, inclusive education courses and disability inclusion sessions.

MCHS once again ran two very successful **education series** for educators from across the state. The first professional learning series was developed for teachers and integration aides who have children who are living with cystic fibrosis. This series was developed and delivered by medical, health and MCHS teaching personnel. The second series was designed for educators from around the state (and nationally) who were interested in developing their understanding and knowledge about working alongside children who are living with an acquired brain injury. This was the second year that these multidisciplinary professional learning series were run and they were highly valued by participants.

One of the most significant outcomes that occurred over the past two years was related to **technology and the accessibility to learning** through online and virtual systems. In 2022, the children once again had direct access to their regular online classroom sessions and had the opportunity to stay connected with their regular school work, their teachers and peers. The opportunity to be able to connect with live online classrooms, watch videos of the sessions and connect with their teachers and peers was welcomed and appreciated by the patients and their families. MCHS hope that this mainstream/special school online support is continued in the future for children who are living with chronic health conditions.

As outlined in the highlight' section of this report, MCHS has a strong '**Community of Practice' (CoP)** with the following education organisations: Travancore, Avenues Education, YarraMe, The Austin and the Royal Children's Hospital education Institute. As a CoP, the leaders of each organisation meet twice a term. The role of MCHS in this CoP has continued to be significant.

MCHS has also played a significant role in the **HELP Alliance** in 2022. This is an Alliance that is made up of hospital schools and community based health and education schools from across Australia and New Zealand. MCHS principal is the Chairperson of the HELP Alliance. The HELP Alliance is currently in a revitalisation phase and has created a new vision and purpose statement. In 2022, the HELP Alliance played a key role in planning the National HELP Conference which was held in Sydney in September, a conference which was highly regarded and very successful.

The school is extremely proud of the positive culture that has been developed over the past 5 years, a culture that has fostered collegiality and collaboration with a determined focus to provide exemplary education to inpatients and outpatients. The team members, individually and collectively, have embraced working within a hospital setting and ensured that MCHS has had a positive impact across the hospital and the aligned services. The MCHS staff members have indeed embraced the school values of: Collaboration, Inclusion and Excellence. The driving philosophy of the school has been achieved - '*Bringing education and health together.*'

Other highlights from the school year

School Review

In 2022, Monash Children's Hospital School (MCHS) had their four yearly '**School Review**' that involved a comprehensive process which ran for several months. There were four highlights profiled and endorsed by the Review Panel.

Highlight 1: Establishing a highly valued school within a health environment. The report stated, '*Panel interviews with key stakeholders affirmed that MCHS was highly valued as an essential service, providing a quality education to meet the learning needs of outpatients and inpatients of Monash Children 'Hospital (MCH). MCH medical and health professionals advised the Panel that they could not speak more highly or express deeply enough the desire to ensure the MCHS is ongoing (and expanded).*'

Highlight 2: Personalising learning for every student: *The Panel noted that the individualisation of learning was a key goal in the 2018 – 2021 School Strategic Plan (SSP) and was reflected in all MCHS staff Performance and Development Plans (PDP's). Panel observations of teaching and learning revealed strong, positive learning relationships between students and teachers. Students and parents spoke highly of the personalisation of learning and of the effectiveness of teaching practice and education support provided by the school.*

Highlight 3: Creating a learning community: *The Panel agreed that the leadership team played a critical role in developing the professional learning program and in role modelling a mindset of continuous learning. Staff spoke highly of the learning opportunities provided and the processes in place to facilitate and maximise learning. Base schools praised MCHS for the learning support provided to build the capability of base school staff in managing student transitions and putting in place the modifications required to meet the learning needs of students with medical and mental health needs. The Panel concluded that the professional learning approach established and embedded by the school created a strong, shared and reflective learning community. One focused on continuing to support one another and the school's key stakeholders in building capability and practice excellence in teaching and learning.*

Highlight 4: Developing a culture of collaboration, inclusion and excellence. *The Panel determined that a fourth highlight of the SSP planning period related to the success of MCHS in developing a strong, positive culture that embraced and reflected the school values of: collaboration, inclusion and excellence. Panel interviews with key stakeholders, staff and leadership, revealed how individually and collectively, members of the school embraced working within the hospital setting. Time and effort were invested in developing and implementing structures, systems and processes to develop a culture of the school and ensure that MCHS had a positive impact across the hospital and how the school could best meet their needs and those of students and assured education and health role boundaries were well defined. The Panel concluded that the school developed a strong and positive culture – a culture of collaboration, inclusion and excellence.*

Future Goals and Key Improvement Strategies: The panel proposed 2 Goals for the 2021 – 2025 SSP.

Goal 1: Maximise each student's learning achievement. Key Improvement Strategies – develop and embed the school's approach to pedagogy and wellbeing and developing measurement systems to capture data and evidence to demonstrate learning growth and inform continual improvement.

Goal 2: Increase student agency and engagement in learning. Key Improvement Strategies – strengthen processes for the co-creation of student learning, build learning partnerships with key stakeholders and clarify roles, responsibilities and needs to key

stakeholders to enhance student transition. Please note that the Minimum Standards for School Registration including Child Safe Standards were all met and fully compliant.

Melbourne-based Hospital and Community Health Schools.

MCHS is a member of the Community of Practice of Hospital and Community Health Schools based in Melbourne. The schools are: Monash Children's Hospital School, Royal Children's Hospital Educational Institute, Travancore, Avenues Education, YarraMe and The Austin. These schools meet as a community of practice each term and share information about achievements, challenges, systems and processes. In 2022, the group once again held their annual conference. The focus of the conference was: Wellbeing and understanding one another's context. The focus sessions included the following: Wellbeing Lab - preventing passion fatigue, Safe Schools – creating safe and inclusive schools, Relationships - what is behind the mask and the future of education through the eyes of a demographer. MCHS played a significant role in the ongoing leadership and direction of this group throughout the 2022 school year.

HELP Alliance. (Health, Educators, Learners and Parents Alliance)

The Health, Educators, Learners and Parents (HELP) Alliance is an association of Asia Pacific educators and associated stakeholders dedicated to supporting students, within hospital and in the community, who have chronic medical and/or mental health needs. The vision of HELP Alliance is *'to bring together education and health professionals to form an Alliance which 'unifies our voice' and allows us to work collaboratively to improve educational outcomes for children and young people who are living with chronic medical and/or mental health needs.'*

The Chairperson of the Help Alliance is the Principal of MCHS and the focus throughout 2022 was to re-invigorate this alliance as well as to work alongside Ronald McDonald Learning Program personnel and organise the HELP Conference in Sydney in 2022. The conference was highly successful and six MCHS staff members attended. Two MCHS staff members presented at the National HELP Conference. Kate Cooper presented on: The Impact of Gender Construction while Dr. Sabine Hennel and Heidi Gilmour presented on: Powerful partnerships – Education and Health Care Partnering to Assist Young People with Chronic Fatigue Syndrome.

MCHS Expansion

The expansion of MCHS at MCH, inclusive of ELMHS, has continued to grow as further requests from medical and health departments have occurred. A process for applying for MCHS involvement has been developed and this ensures that there is oversight of the expansion of MCHS from a leadership team and school council perspective. The outpatient processes and clarity of role documentation was further refined throughout 2022 and is now being utilised as the template for other MCHS roles and responsibilities documentation. In 2022, MCHS provided education/education support to 1294 students, had 5830 communications between base schools, families and treating teams and provided 5120 learning sessions for the students.

Financial performance

The annual financial result was in surplus and this was strategically planned for. Equity funding of \$2521 was used to purchase numeracy resources for children with specific learning needs as well as STEM equipment and resources. The school is in its fifth year of operation and its role is continually evolving. The major spend was around effectively resourcing a school, one where a personalised program for each student is developed and implemented. Specific equipment was purchased to provide the best learning environment for the patients/students especially in the area of Information Technology. Due to the ongoing nature of the COVID Pandemic, additional resources were purchased for teaching staff to ensure quality online teaching could be provided, especially for children who were immuno-compromised and could not attend school due to COVID precautions and risk of infection. The financial surplus will be used to purchase resources for Monash Children's Hospital School as it naturally expands and provides further educational support to the wider Monash Health community, especially for the Early in Life Mental Health Services and the outpatient clinical programs.

For more detailed information regarding our school please visit our website at
<https://monashchildrenshospitalschool.vic.edu.au>

Performance Summary

The Performance Summary for government schools provides an overview of how this school is contributing to the objectives of the Education State and how it compares to other Victorian government schools.

All schools work in partnership with their school community to improve outcomes for children and young people. Sharing this information with parents and the wider school community helps to support community engagement in student learning, a key priority of the Framework for Improving Student Outcomes 2.0 (FISO 2.0).

Refer to the 'How to read the Annual Report' section for help on how to interpret this report.

SCHOOL PROFILE

Enrolment Profile

A total of 0 students were enrolled at this school in 2022, 0 female and 0 male.

NDA percent of students had English as an additional language and NDA percent were Aboriginal or Torres Strait Islander.

Overall Socio-Economic Profile

The overall school's socio-economic profile is based on the school's Student Family Occupation and Education index (SFOE).

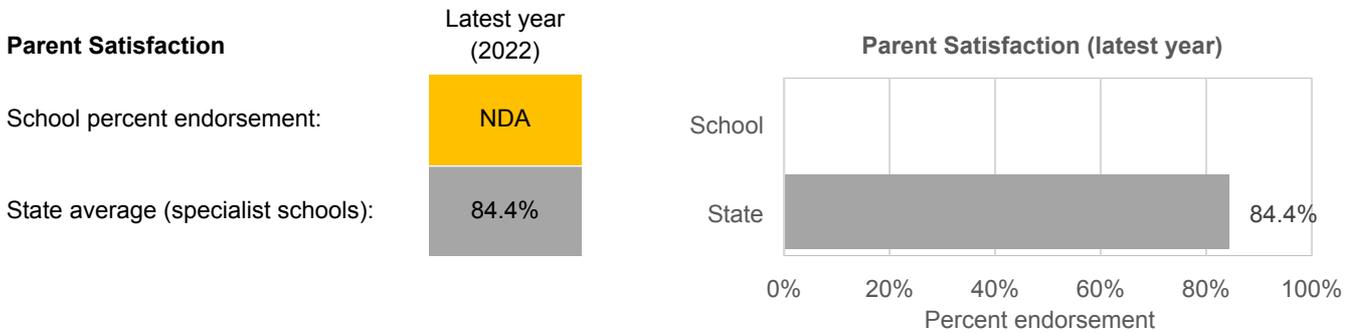
SFOE is a measure of socio-educational disadvantage of a school, based on educational and employment characteristics of the parents/carers of students enrolled at the school. Possible SFOE band values are: Low, Low-Medium, Medium and High. A 'Low' band represents a low level of socio-educational disadvantage, a 'High' band represents a high level of socio-educational disadvantage.

This school's SFOE band value is: NDA

Parent Satisfaction Summary

The percent endorsement by parents on their school satisfaction level, as reported in the annual Parent Opinion Survey.

Percent endorsement indicates the percent of positive responses (agree or strongly agree) from parents who responded to the survey.

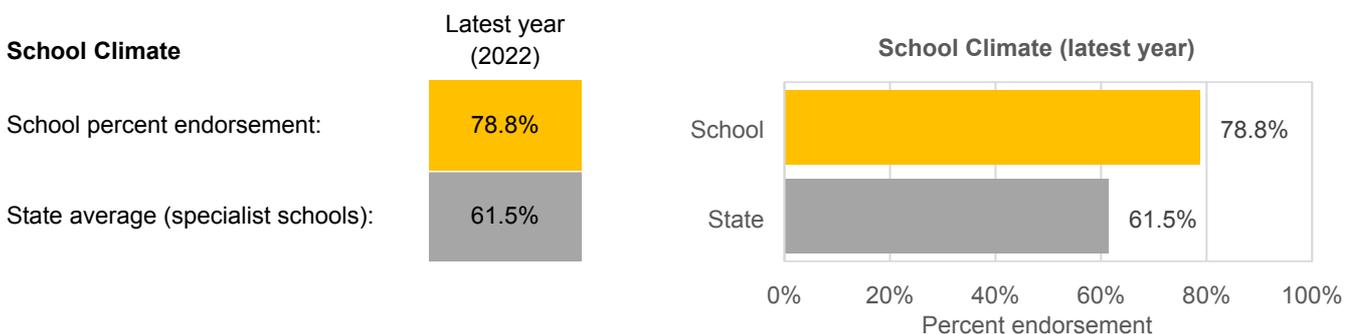


School Staff Survey

The percent endorsement by staff on School Climate, as reported in the annual School Staff Survey.

Percent endorsement indicates the percent of positive responses (agree or strongly agree) from staff who responded to the survey.

Data is suppressed for schools with three or less respondents to the survey for confidentiality reasons.



LEARNING

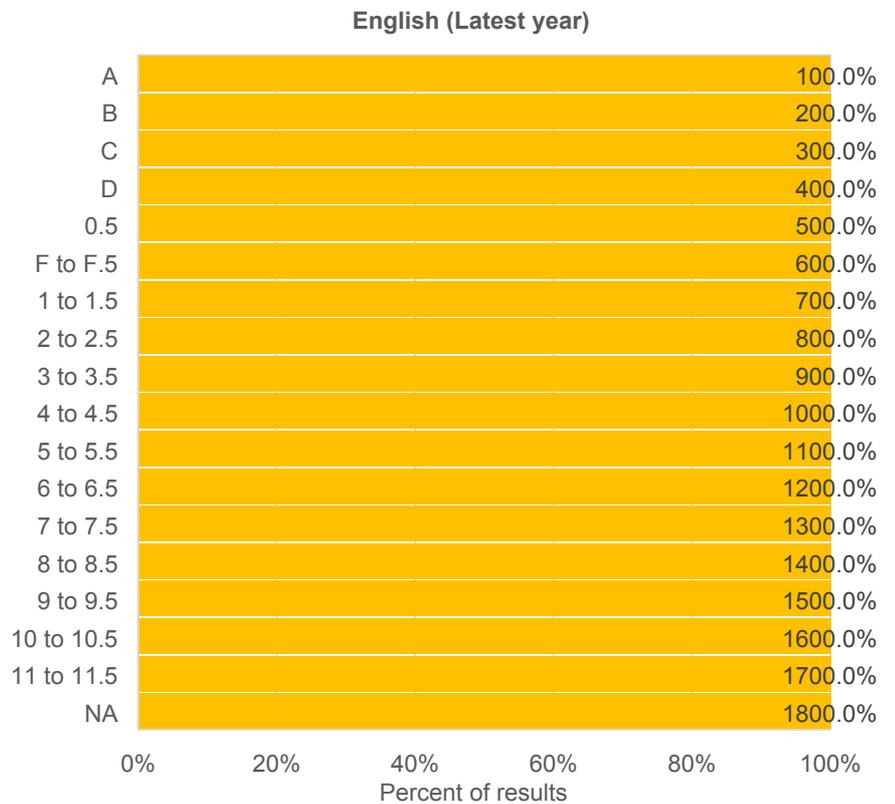
Teacher Judgement of student achievement

Percent of results at each achievement level in English and Mathematics.

English

Achievement Level	Latest year (2022)
A	NDA
B	NDA
C	NDA
D	NDA
0.5	NDA
F to F.5	NDA
1 to 1.5	NDA
2 to 2.5	NDA
3 to 3.5	NDA
4 to 4.5	NDA
5 to 5.5	NDA
6 to 6.5	NDA
7 to 7.5	NDA
8 to 8.5	NDA
9 to 9.5	NDA
10 to 10.5	NDA
11 to 11.5	NDA
NA	NDA

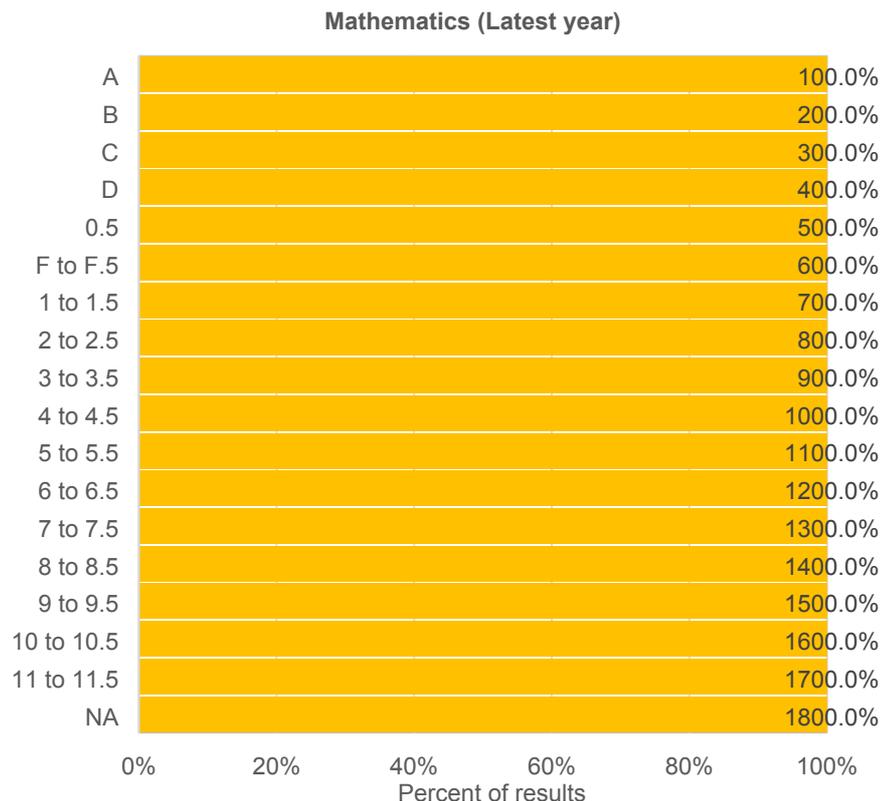
Achievement Level



Mathematics

Achievement Level	Latest year (2022)
A	NDA
B	NDA
C	NDA
D	NDA
0.5	NDA
F to F.5	NDA
1 to 1.5	NDA
2 to 2.5	NDA
3 to 3.5	NDA
4 to 4.5	NDA
5 to 5.5	NDA
6 to 6.5	NDA
7 to 7.5	NDA
8 to 8.5	NDA
9 to 9.5	NDA
10 to 10.5	NDA
11 to 11.5	NDA
NA	NDA

Achievement Level



ENGAGEMENT

Average Number of Student Absence Days

Absence from school can impact on students' learning. Common reasons for non-attendance include illness and extended family holidays.

Student Absence	2019	2020	2021	2022	4-year average
School average number of absence days:	NDA	NDA	NDA	NDA	NDA

Students exiting to further studies or full-time employment

Percentage of students going on to further studies or full-time employment.

Note: This measure refers to data from the previous calendar year. Data excludes destinations recorded as 'Unknown'.

Student Exits	2018	2019	2020	2021	4-year average
School percent of students with positive destinations:	NDA	NDA	NDA	NDA	NDA

Financial Performance and Position

FINANCIAL PERFORMANCE - OPERATING STATEMENT SUMMARY FOR THE YEAR ENDING 31 DECEMBER, 2022

Revenue	Actual
Student Resource Package	\$9,450,772
Government Provided DET Grants	\$267,317
Government Grants Commonwealth	\$0
Government Grants State	\$0
Revenue Other	\$5,076
Locally Raised Funds	\$26,974
Capital Grants	\$0
Total Operating Revenue	\$9,750,139

Equity ¹	Actual
Equity (Social Disadvantage)	\$5,000
Equity (Catch Up)	\$0
Transition Funding	\$0
Equity (Social Disadvantage – Extraordinary Growth)	\$0
Equity Total	\$5,000

Expenditure	Actual
Student Resource Package ²	\$2,785,198
Adjustments	\$0
Books & Publications	\$668
Camps/Excursions/Activities	\$2,050
Communication Costs	\$3,333
Consumables	\$35,647
Miscellaneous Expense ³	\$6,253
Professional Development	\$24,141
Equipment/Maintenance/Hire	\$53,370
Property Services	\$8,119
Salaries & Allowances ⁴	\$32,291
Support Services	\$27,052
Trading & Fundraising	\$930
Motor Vehicle Expenses	\$0
Travel & Subsistence	\$30,180
Utilities	\$0
Total Operating Expenditure	\$3,009,233
Net Operating Surplus/-Deficit	\$6,740,907
Asset Acquisitions	\$0

- (1) The equity funding reported above is a subset of the overall revenue reported by the school.
- (2) Student Resource Package Expenditure figures are as of 26 Feb 2023 and are subject to change during the reconciliation process.
- (3) Miscellaneous Expenses include bank charges, administration expenses, insurance and taxation charges.
- (4) Salaries and Allowances refers to school-level payroll.

FINANCIAL POSITION AS AT 31 DECEMBER 2022

Funds available	Actual
High Yield Investment Account	\$217,536
Official Account	\$91,419
Other Accounts	\$0
Total Funds Available	\$308,955

Financial Commitments	Actual
Operating Reserve	\$36,006
Other Recurrent Expenditure	\$1,921
Provision Accounts	\$0
Funds Received in Advance	\$0
School Based Programs	\$90,000
Beneficiary/Memorial Accounts	\$0
Cooperative Bank Account	\$0
Funds for Committees/Shared Arrangements	\$0
Repayable to the Department	\$0
Asset/Equipment Replacement < 12 months	\$0
Capital - Buildings/Grounds < 12 months	\$0
Maintenance - Buildings/Grounds < 12 months	\$0
Asset/Equipment Replacement > 12 months	\$0
Capital - Buildings/Grounds > 12 months	\$145,000
Maintenance - Buildings/Grounds > 12 months	\$15,000
Total Financial Commitments	\$287,927

All funds received from the Department, or raised by the school, have been expended, or committed to subsequent years, to support the achievement of educational outcomes and other operational needs of the school, consistent with Department policies, School Council approvals and the intent/purposes for which funding was provided or raised.