

FAMILIES ACT 2019-2020 BUDGET SUBMISSION

The Missing Middle: supporting
middle years children in the ACT



FAMILIES ACT 2019-2020 BUDGET SUBMISSION

The Missing Middle: supporting middle years children in the ACT

The middle years of childhood lay the foundations for childhood resilience, and healthy physical, emotional and social development. The middle years are generally described as spanning from 8 to between 12 and 15 years of age. During this time adolescence begins, and children make the transition from primary to high school. Developmentally, these years are characterised by rapid physical, emotional and social development, including the most intense period of brain development experienced during a human lifetime.¹ This comparatively short period has a lifelong impact on an individual's health and adult contributions to society.²

The lack of funding for middle years programs in the ACT

Awareness of the importance of support for the middle years cohort has been growing in the ACT over the past decade, amongst educators, medical practitioners and support workers, and in the community and public sectors. However, community service providers contend that cut-off ages are a major barrier to support for 8-12 year olds: they are too old for early childhood programs, and youth programs are accessible only to those aged 12 and up. For example, there are currently no homelessness support services for children aged between 8 and 15 in the ACT, unless they are with a parent receiving homelessness support.

These concerns align with the ACT Government's stated priorities: the Community Services Directorate's Early Support by Design initiative and the Education Directorate's Future of Education Strategy have both clearly identified the middle years as an area of priority focus.

Families ACT has identified the following recommendations as the most critical areas to support middle years, requiring a commitment of new funding:

- Support the collection of longitudinal data on the wellbeing of middle years children in the ACT by expanding upon the ACT's existing schools-based data collection by:
 - Commencing data collection a year earlier, in Year 4 rather than Year 5, as this better captures the middle years age cohort;
 - Adding the wellbeing questions from the Years 7-12 survey (Q. 17-21) to the Years 4-6 survey, to enable longitudinal data collection on wellbeing to begin in Year 4; and
 - Introducing questions to both surveys to capture data on the nature of students' family and community connectedness and closeness, to provide a three-dimensional picture of wellbeing across school, peer, parent and community relationships.
- Provide new funding for the child homelessness service model proposed by the Youth Coalition of the ACT, Families ACT, ACTCOSS and ACT Shelter, outlined in full in the Youth Coalition of the ACT's Budget Submission.

¹ Patton, 2017.

² Wong et al., 2017.

Background

Research conducted in Canada and Australia has shown that children experience a substantial drop in their self-perceived wellbeing and happiness between Years 4 and 7.³ For many middle years children, this is linked to mental health issues, with at least 50 per cent of adult mental health problems emerging by the age of 14⁴ and three quarters by the age of 25.⁵ Despite what we know about this drop in wellbeing – and in comparison with the wealth of research and funding for early childhood and teenagers – children in their middle years have received scant attention in research, policy and program funding. In the ACT, as in much of Australia, there is a critical gap in research data to enable parents, teachers, doctors, community workers, policy makers and the wider community to understand and support the unique needs of 8-12 year olds. There is also a lack of validated, place-based information available to policymakers, communities and families to guide intervention decisions on the ground.

This is mirrored in the lack of funding for programs designed to support the wellbeing and mental health of this age group. Child development researchers argue that we are missing a critical opportunity to identify issues which, if addressed during the middle years, may circumvent many of the mental health issues that emerge and may become embedded in the early teens.⁶

Over the past two years, Families ACT has been working with some of Australia’s leading child development specialists to form an understanding of the unique needs and challenges of children in their middle years. Associate Professor Gerry Redmond, the lead researcher on the [Australian Child Wellbeing Project](#), describes the middle years as a period of “benign neglect” about which we know little, despite the critical changes that occur in children’s lives during this time. Speaking at Families ACT’s first Middle Years Forum in February 2017, Professor Redmond noted that Australia had failed to produce a comprehensive policy approach for the middle years to mirror that seen for the early years, where there had been ongoing efforts to integrate early childhood health and development with education. Policy attention has skipped over the middle years to focus on the teen years, because this is seen as a time of risk.

While acknowledging that the vulnerability of children aged 8-12 extends across all income levels, Professor Redmond said this policy failure was especially critical for the development of marginalised and disadvantaged children, many of whom were likely to start taking on adult responsibilities during the middle years, such as caring for ill or family members with a disability. According to the ABS, there are around 1,000 young carers under the age of 15 living in the ACT, most likely to be caring for parents or grandparents. They are less likely than other young people to complete secondary school or undertake post-secondary education, and the Australian Institute of Family Studies found there were also substantial differences in NAPLAN scores for young carers: by age 14–15 these differences ranged from 0.7 years of schooling at the Year 9 level for numeracy for boys to 1.2 years of schooling for reading for girls. Mental illness has displaced physical illness as the leading health concern for children of this age, exacerbated by parental stress, domestic and family violence, social disadvantage and

³ Thomson et al, 2018.

⁴ Kessler et al, 2005.

⁵ McGorry et al, 2014.

⁶ Redmond et al., 2016.

disrupted family life.⁷ Despite this, middle years children with mental health conditions are “falling through gaping holes” in the system, because services are not designed to capture children in this age group.⁸

In an Australia-wide survey of middle years children undertaken by the ANU’s Crawford School of Public Policy, many children spoke of feeling disconnected from the adults in their communities, including their parents. Long working hours and time burdens, injury and illness, and a preference for socialising with adults were all reasons provided by children for the limited time they were able to spend with their parents. The research report argued that data on middle years children (including self-assessment) should be included in all measures and indicators of social inclusion, social capital, community strength and support developed for policy use by federal, state/territory and local governments.⁹

In its 2016-17 PHN Needs Assessment, the Capital Health Network (CHN) noted that a child’s development during their middle years affected future cognitive, social, emotional, language and physical development, which in turn influenced school readiness and later success in life. CHN noted that there was a lack of mental health support for children in their middle years in the ACT, with a high demand on available services.¹⁰ In 2017, [Menslink lowered its entry age](#) for counselling services from 12 to 10, in response to the increasing number of younger boys needing to access support. Woden Community Service (WCS) has identified the wellbeing of middle years children as a priority funding concern in successive budget submissions. Responding to the Federal Government’s defunding of the Youth Connections Program in 2014, WCS funded a Youth Wrap Around service focusing on children aged 8 to 12. The service employed one case manager to work through schools to support children who had disengaged from school due to mental health concerns. In 2016 the Wrap Around program worked with 87 children through groups and case management. WCS recommended that the ACT Government fund Wrap Around positions across the four Child Youth and Family Service regions, but no ongoing funding was announced and the program was closed. Woden’s Youth Engagement team has continued to identify the need for services to this age group, and has received direct approaches from schools asking for support for children aged 8-12.

What gets assessed, gets addressed: sourcing wellbeing data through schools

The [Melbourne Declaration on Education Goals for Young Australians](#) prioritises the wellbeing of middle years children, because it is the time when students are at the greatest risk of disengagement from learning. The Declaration, to which the ACT is a signatory under Chief Minister Andrew Barr, prioritises the use of systematic measures of the wellbeing skills and outcomes of school children as a tool for promoting student motivation and engagement.

The ACT Education Directorate’s annual surveys of school satisfaction, climate and identification provide a vehicle for collecting information about the wellbeing of children in the ACT. The Education Directorate has indicated a strong desire to include a focus on wellbeing in the questions it asks of primary and high school children, and there are two models that have

⁷ Wong et al., 2017.

⁸ Redmond, 2017.

⁹ Bessell & Mason, 2014.

¹⁰ CHN 2017, p. 16.

demonstrated how this can work successfully in a school setting, with great benefits for the schools themselves and for children and young people in the community.

The first is the [Middle Years Development Instrument](#) (MDI), developed by the University of British Columbia (UBC). The Canadian researchers wanted to demonstrate that systematic assessment of wellbeing was the key to creating an accountable system in which social-emotional skills were prioritised, evaluated and intervened upon to promote children's ability to care for themselves and others and prevent adjustment problems later in life (Thomson et al, 2018). The MDI is a self-reporting tool for children that assesses their social-emotional development and wellbeing. An initial study of child wellbeing found that children's social-emotional wellbeing, sense of belonging at school and connectedness to adults at home and in the community dropped significantly between Years 4 and 7 (results mirrored in the Australian Child Wellbeing Project). This raised the question of how schools and communities could support children's wellbeing through the transition from childhood to the teenage years and young adulthood (Thomson et al, 2018).

South Australia's Department for Education adopted the MDI, adapting it as for use in Australian schools as the Wellbeing and Engagement Collection (WEC), and ensuring it met the needs of the Australian schooling context, including for Aboriginal and Torres Strait Islander students. It was further developed in response to schools' requests for more detailed information about school engagement and children's worries at both school and home.

The MDI and WEC provide all children with the opportunity to share their voice, asking children and young people how they think and feel about their experiences both inside and outside of school. The data collected in Canada and South Australia has been used to help shape school curriculums and after-school care and holiday programs. Data used at the community level has helped to improve the quality of programs supporting children through the middle years and into their teens. Importantly it provides a basis for young people, their teachers and communities to have a common language to begin discussions about what matters in their community. It has also prioritised the sharing of data, linking the information collected on student wellbeing with NAPLAN scores. The combined data suggests that modifiable factors such as perseverance, eating breakfast and academic motivation are predictors of academic achievement (Gregory & Brinkman, 2015).

South Australia's experience shows that combining research on wellbeing in the middle years with existing data, such as that collected in the first year of primary school through the Australian Early Development Census and NAPLAN results, can help to inform a three-dimensional picture of how well children are growing and coping as they prepare to navigate the challenges of their teen years and young adulthood.

The collection of targeted, longitudinal wellbeing data gives schools, communities, education systems and governments an insight into what needs to occur to ensure students experience success and are provided with resources and opportunities to reach their full potential.

The MDI and WEC demonstrate that it is possible to reliably collect self-reported data from children in Year 4, and that they can comprehend and respond considerably to questions about their own wellbeing. Both instruments indicate that wellbeing research must include questions about family and community if it is to provide a three-dimensional picture of a child's wellbeing.

REFERENCES

- Bessell, S & Mason, J, 2014, Putting the Pieces in Place: Children, Communities and Social Capital in Australia, Crawford School of Public Policy, Australian National University, Canberra, <http://cpc.crawford.anu.edu.au/pdf/2014/publications/Children-Communities-and-Social-Capital-Report-FINAL-Colour-March-2014.pdf>.
- Capital Health Network, 2016, Early Childhood, Middle Years and Youth: 2016-17 ACT Primary Healthcare Network Mental Health Needs Assessment, Capital Health Network ACT, Canberra, www.chnact.org.au/sites/default/files/PHN-BNA-Early-Childhood-Middle-Years-and-Youth_27-9-17.pdf.
- Department for Education South Australia, The Wellbeing and Engagement Collection, www.education.sa.gov.au/department/research-and-data/wellbeing-and-engagement-collection/about-wellbeing-and-engagement-collection.
- Gregory, T & Brinkman, S, 2015, Development of the Australian Student Wellbeing survey: Measuring the key aspects of social and emotional wellbeing during middle childhood, Fraser Mustard Centre, Department for Education and Child Development and the Telethon Kids Institute, Adelaide.
- Kern, M. L., Benson, L., Steinberg, E. A., & Steinberg, L, 2016, 'The EPOCH Measure of Adolescent Well-Being', *Psychological Assessment*, vol. 28, no. 5, 586-597.
- Kessler, RC, Berglund, P, Demler, O, Jin, R, Merikangas, KR & Walters, EE, 2005, Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication, *Archives of General Psychiatry*, vol. 62, pp. 593-602.
- McGorry, PD, Goldstone, SD, Parker, AG, Rickwood, DJ & Hickie, IB, 2014, 'Cultures for mental health care of young people: an Australian blueprint for reform', *The Lancet Psychiatry*, vol. 1, no. 7, pp. 559-568.
- Patton, G, 2017, The Middle Years: Physical, Social and Emotional Development, Presentation for Families ACT Middle Years Forum, 9 February 2017, Canberra, www.youtube.com/watch?v=FEp1pc1Nrg&t=1s.
- Redmond, G, Skattebol, J, Saunders, P, Lietz, P, Zizzo, G, O'Grady, E, Tobin, M, Thomson, S, Maurici, V, Huynh, J, Moffat, A, Wong, M, Bradbury, B & Roberts, K, 2016, Are the kids alright? Young Australians in their middle years, The Australian Child Wellbeing Project, Flinders University, Adelaide, http://australianchildwellbeing.com.au/sites/default/files/uploads/ACWP_Final_Report_2016_Full.pdf.
- Thomson, KC, Oberle, E, Gadermann, AM, Guhn, M, Rowcliffe, R & Schonert-Reichl, KA, 2018, 'Measuring social-emotional development in middle childhood: The Middle Years Development Instrument', *Journal of Applied Developmental Psychology*, vol. 55, pp. 107-118.
- Wong, P, Wong, J, Heuvel, M, Feller, E, Silver-Cohen, J, Talarico, S, Humphreys, J & Ford-Jones, L, 2017, 'The paediatrician and middle childhood parenting', *Paediatrics & Child Health*, vol. 22, no. 1, pp. 26-29.