

THE COMPOUNDING IMPACT OF HEALTH, DISABILITY AND FINANCIAL DISADVANTAGE ON EDUCATIONAL OUTCOMES:

THE NEED FOR NUANCED POLICY RESPONSES

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The Smith Family



The Smith Family is a children's charity helping disadvantaged Australian children to get the most out of their education, so they can create better futures for themselves.

Learning for Life scholarship program:

- **Supporting over 37,000** children and young people to improve their educational outcomes.
 - All from low income families (pension or health card)
 - Majority of parents/carers are not in the labour force or unemployed

Background

- Children from disadvantaged backgrounds are at greater risk of poor educational and post-school outcomes:
 - Lower attendance rates at school
 - Poorer achievement grades
 - Greater likelihood of early school leaving
 - Lower rates of post-school engagement with work and study
- A range of vulnerabilities can increase this risk, including health and disability issues
- *Learning Catalysts* study is an opportunity to examine relationship between health and disability issues, and educational experiences and outcomes among disadvantaged *Learning for Life* students

ARC linkage grant *Learning Catalysts*



Partners: Institute of Social Science Research, UQ
Centre for Children and Young People, SCU

Student and carer surveys	Qualitative interviews
~ 6,000 Year 5 to 12 <i>Learning for Life</i> student surveys	32 matched pairs of students and their primary carers
~ 5,000 primary carer surveys, providing ~ 4,000 matched pairs	Low attending Year 5-8 students High attending Year 9-11 students
<ul style="list-style-type: none">• health and disability• educational factors/issues• relationships/belonging• missing out• future aspirations	<ul style="list-style-type: none">• factors affecting engagement• school & family/student relationships• access to resources• post-school plans

Linked to longitudinal administrative data

- including attendance rates at school (up to Year 10)

Aim and method of this paper

- To investigate the compounding impact of health and disability on educational outcomes for children in disadvantaged families
 - Estimate the **prevalence** of health and disability issues
 - Explore the relationships between health and disability and students' **experiences at school**
 - Measure the association between health and disability and school **attendance rates**
- Qualitative findings used to inform quantitative analysis
 - Descriptive statistics
 - Regression modelling:
 - To control for confounding effects
 - Direct and indirect effects of health on attendance

Findings: Qualitative interviews

- **Health** was not a specific focus (so may be under reported) but **emerged as a theme**:
 - 19 young people (out of 32) had a health or disability issue (ranging in severity)
 - Mainly among low attending students
 - Types of health or disability issues of students included:
 - **physical** (e.g. skeletal conditions, vision impairment);
 - **long term or recurring** (e.g. vascular conditions)
 - **emotional or behavioural** (e.g. anxiety, PTSD, self harm)
 - **developmental** (e.g. ADHD, autism, dyslexia)
 - 9 young people had **multiple** health issues (e.g. a Year 7 student with vision impairment, ADHD and behavioural issues)
 - 14 **parents** also discussed having health issues themselves

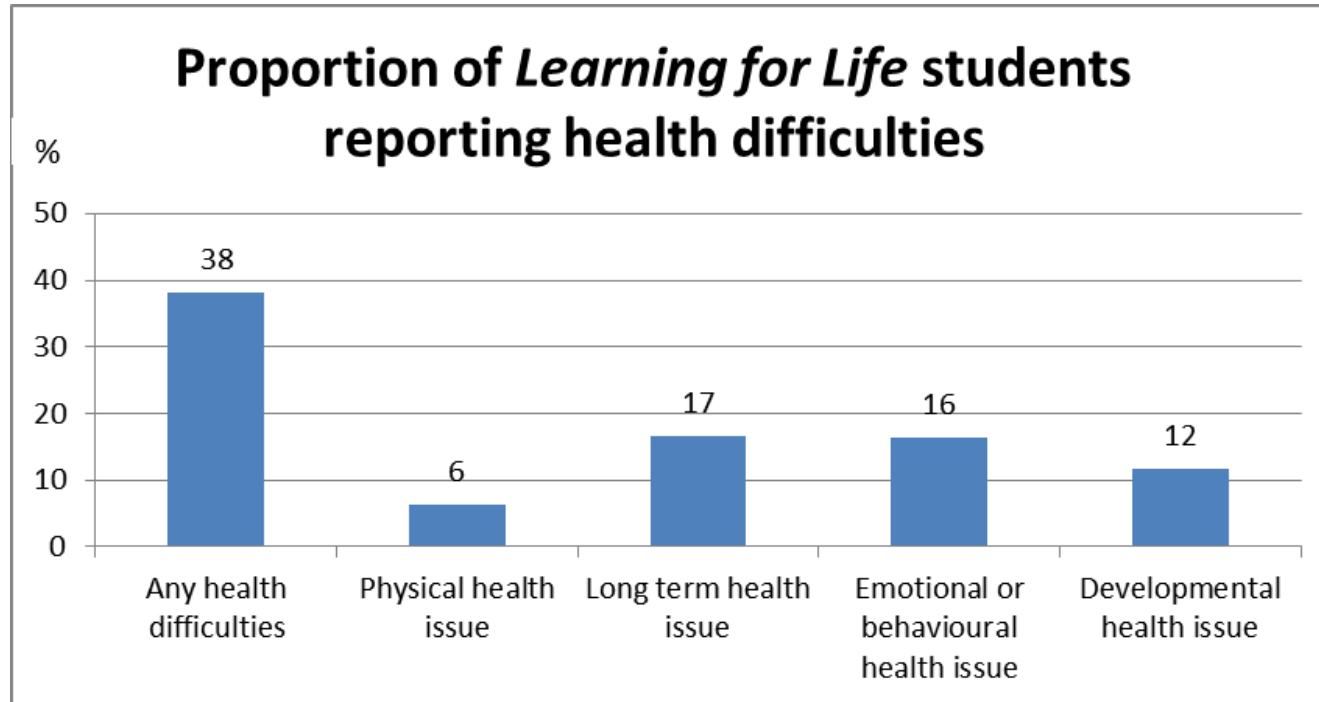
Findings: Qualitative interviews

- **Impact of health or disability:**
 - **Attendance and achievement**
 - Absence due to illness or medical appointments
 - Exclusion from school (e.g. for behaviour/anger issues)
 - Difficulty learning/concentrating
 - Missing school => missing learning
 - **Ability to participate**
 - Restrictions on participation (e.g. limits participation in sport)
 - **Relationships**
 - Health and disability issues led to bullying and difficulty forming friendships
 - **Interaction of health and financial disadvantage**
 - Parents unable to work due to family health issues
 - Medical issues impact on the family budget and money for activities like school camp => students miss out on activities

Quantitative analysis

- Picking up on key health related themes from qualitative interviews
 - **Prevalence** of health and disability issues
 - **Impact** of student's health on doing things
 - Association between student health and:
 - **belonging at school**
 - **belonging with peers**
 - family health and **missing out**
 - Relationship between student health and **attendance** at school

Prevalence – student's own health



n= 5,685 student survey responses (excludes 303 missing responses)

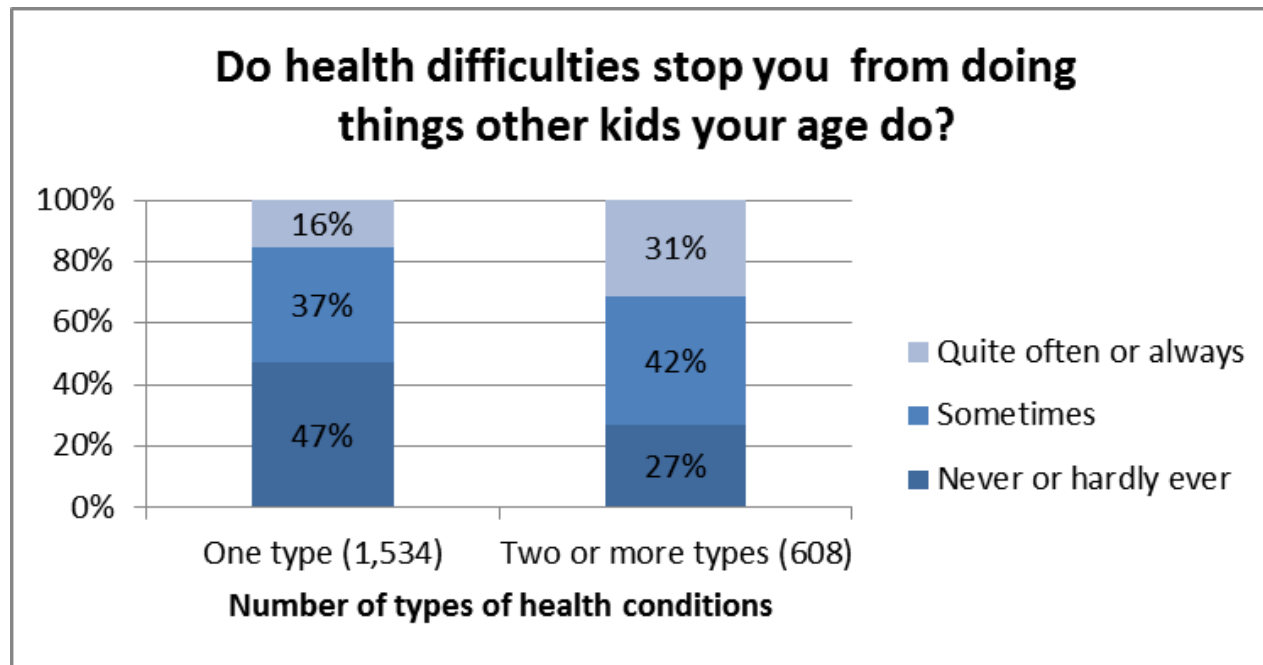
- Almost **2 in 5** (38%) *Learning for Life* students reported having health difficulties
- Long term and emotional or behavioural issues are the most common
- More than 1/4 children with health difficulties (28%) reported multiple types of health issues

Prevalence – family health

- In addition to 38% of *Learning for Life* students having health difficulties:
 - **57% of parent/carers** have a health issue (primary carer)
 - **51% of parent/carers' spouses** have a health issue (in 2 parent households)
 - **37%** of *Learning for Life* students have a **sibling** with a health issue (based on parent/carer survey responses)
- **8 out of 10** *Learning for Life* students live in a family where at least one person has a health difficulty

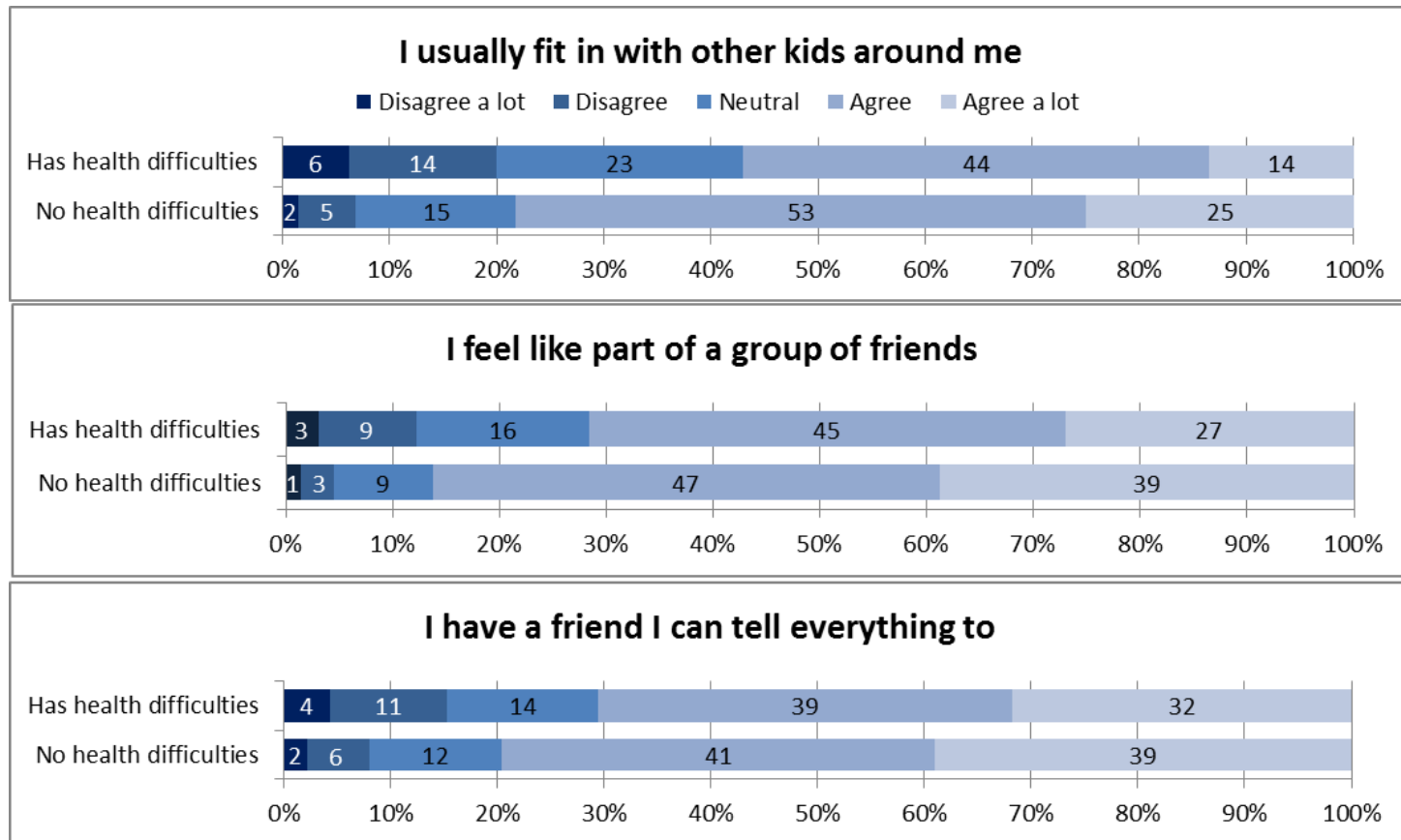
Impact of student's health on doing things other kids do

- The **majority** of students with health difficulties said that their **health impacts** on them doing things their peers do at least some of the time
- The impact is **more severe** for students with **multiple** types of health issues:

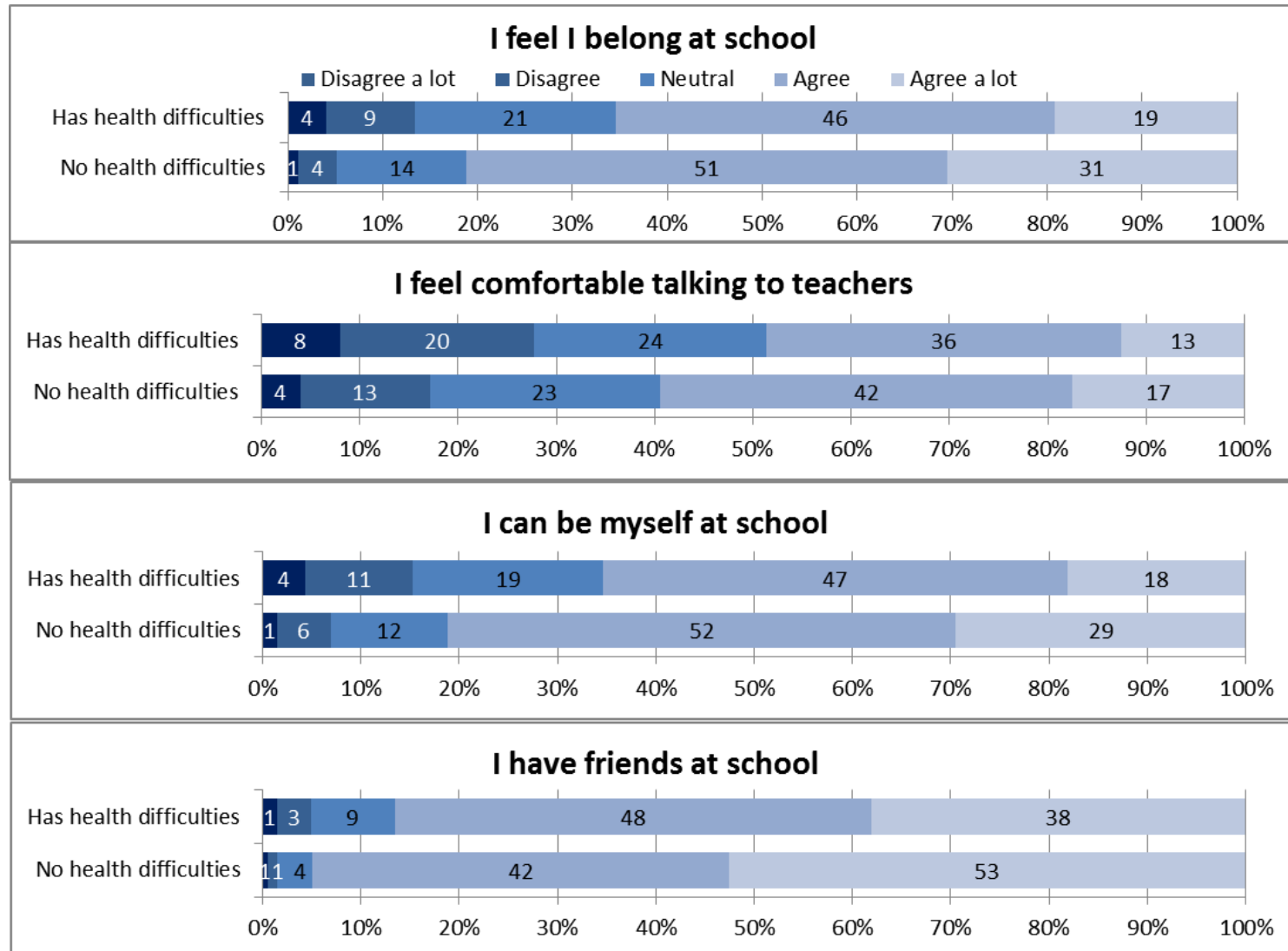


Student health and peer belonging

Students with health difficulties are more likely to disagree and less likely to agree with each statement



Student health and school belonging

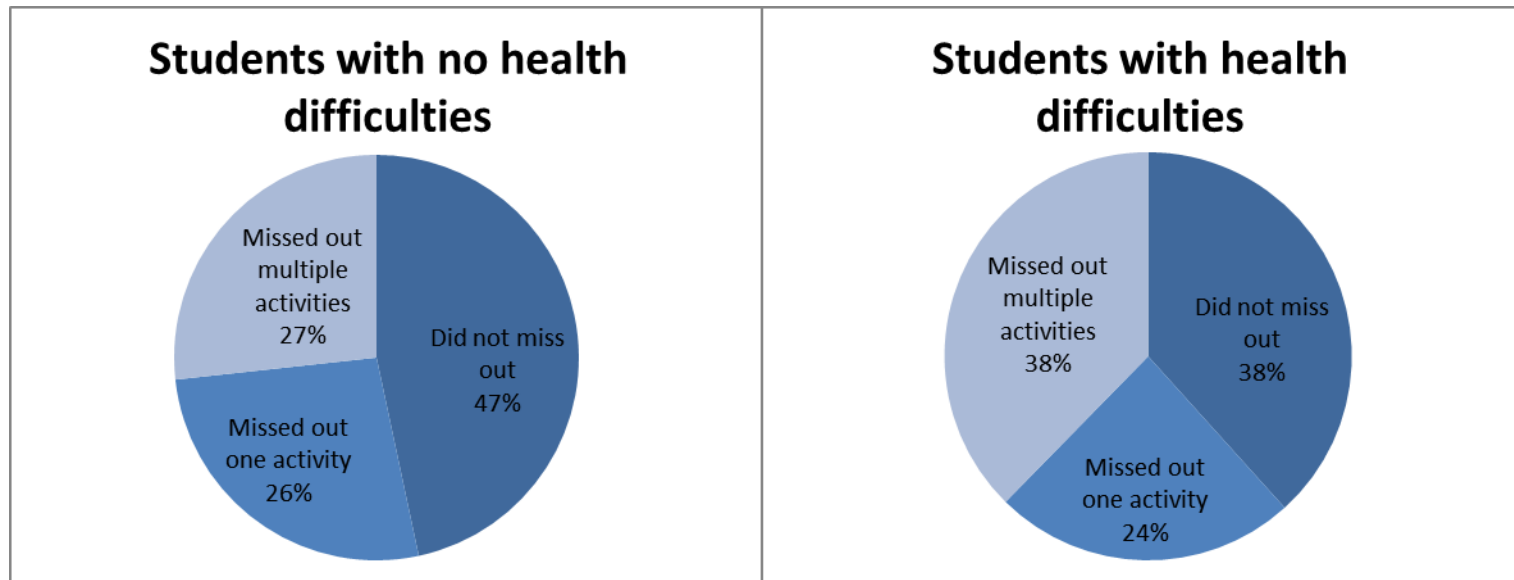


Missing out on activities due to cost

Among disadvantaged students:

- More than half miss out on at least one type of school activity to save the family money
- Those with health difficulties are more likely to miss out on multiple activities

Proportion of students missing out on activities, by health status

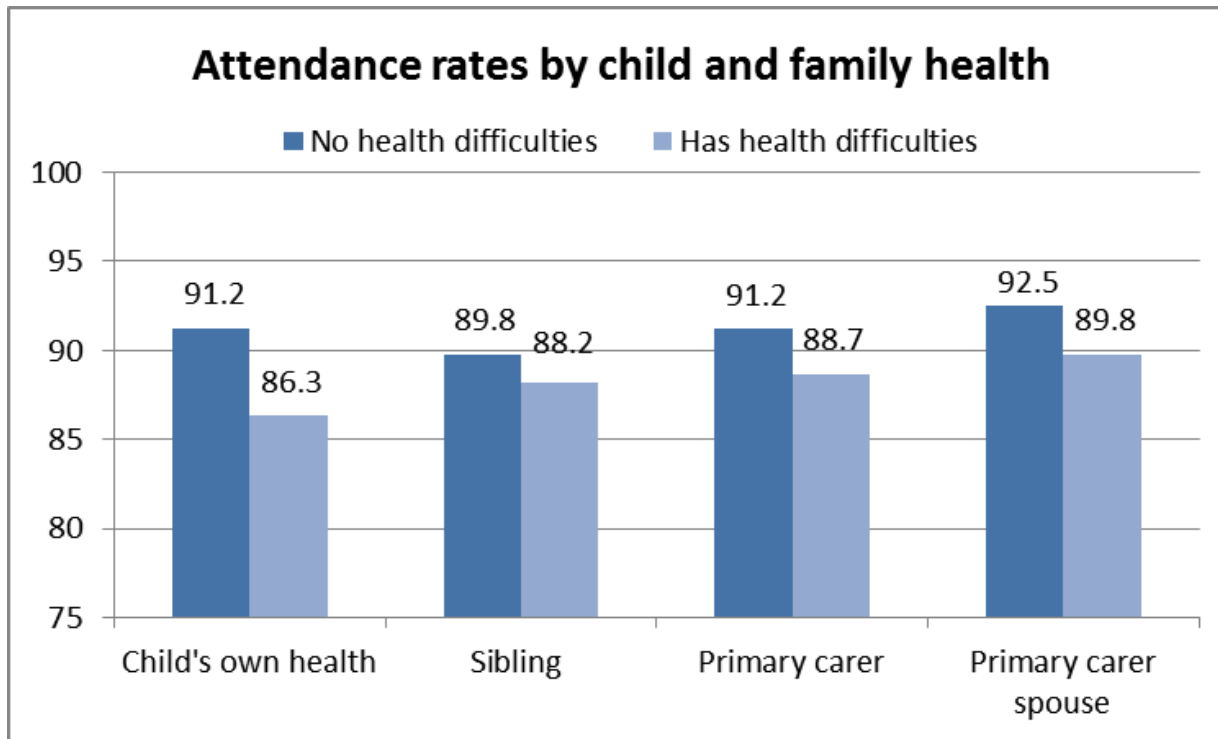


Missing out on activities due to cost

Health issues (Yes/No)		Did not miss out	Missed one activity	Missed multiple activities
Child's own health	No	47%	27%	27%
	Yes	38%	24%	38%
Sibling health	No	46%	25%	29%
	Yes	42%	24%	34%
Primary carer health	No	46%	26%	28%
	Yes	41%	26%	33%
Primary carer spouse health	No	48%	27%	26%
	Yes	41%	25%	33%

- Students miss out because of the health of other family members (not just their own health)
- Illustrates the impact of family health on the family budget

Student and family health and school attendance rates



Restricted to students in Years 5 to 10 (attendance information only collected to Year 10)

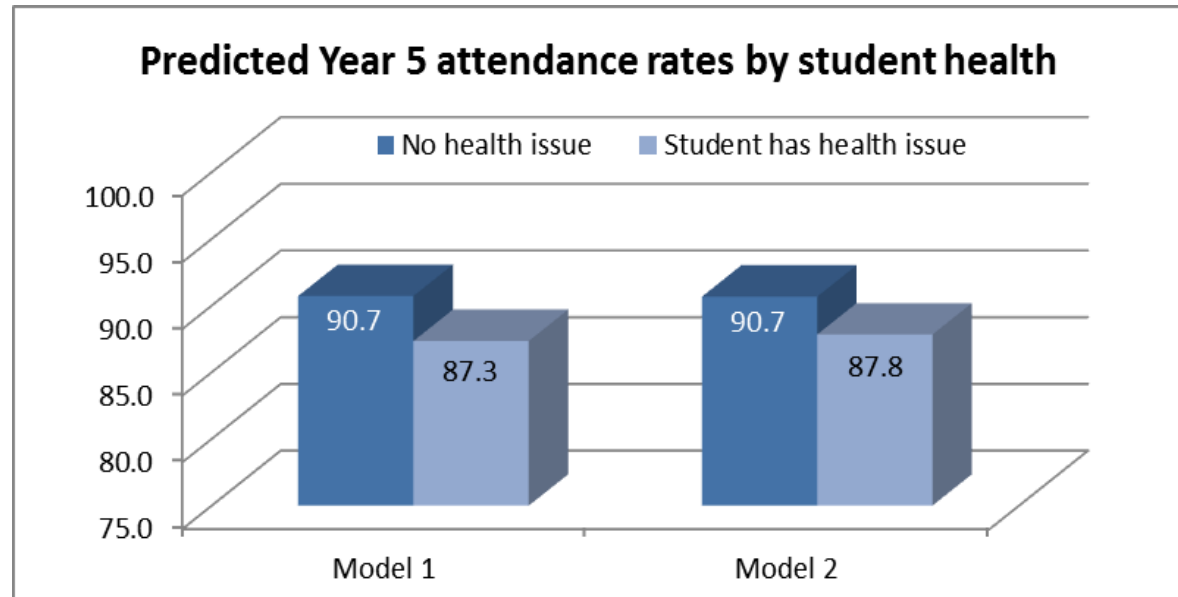
- *Learning for Life* students in families with health issues have **lower attendance** rates, on average.
- The association is strongest for student's own health.
- Students with health difficulties attend 5 percentage points less than other students, on average (= **10 more absences per year**)

Regression modelling

- There are other factors associated with differences in attendance rates that may also be associated with health (Year level, location, parent and student characteristics) .
- Regression modelling allows us to “control for” the effect of these other things on attendance so that we are only measuring the impact of health

Regression results

- **Model 1:** Controlling for other things, the **total impact of health on attendance is 3.4 % points** (about 7 additional days absent per year)
- **Model 2 vs Model 1:** 1 of these days (0.5%) is explained by the indirect impact of health through belonging and missing out



	Model 1 – estimated attendance rate (excludes missing out and belonging)		Model 2 – estimated attendance rate (includes missing out and belonging)	
Variable	Marginal effect	P value	Marginal effect	P value
Student has health issue	-3.37	0.000	-2.83	0.000
Belonging (1 to 5 scale)	-	-	1.49	0.000
Missed one activity	-	-	-1.24	0.018
Missed multiple activities	-	-	-1.29	0.018

Both model s controls for Year level, gender, English and maths grades, Indigenous status, language background, number of parents, parental employment, parental education, location (state/territory and remoteness area)

Summary

- There is a high prevalence of health and disability issues among financially disadvantaged students and their families
- Students' own health impacts on their social experiences with friends and at school
- Students' own health and the health of their family members impact on the family budget and missing out on school activities for financial reasons
- Other things being equal, disadvantaged students with health issues attend school for **7 days less per annum**, on average.
 - Partly explained by their school experience (belonging and missing out)
 - Also direct consequences of health on attendance

Conclusions

- **Health difficulties are a feature of disadvantage**
- Financially disadvantaged students are also likely to have health issues (their own and/or family members)
- Additional targeted support is required for these students:
 - Some schools are able to assist by minimising the cost of activities to enable disadvantaged students to participate
 - Students who are absent due to illness may need additional support to catch up as their family members are also likely to have health issues which may limit parents' capacity to support learning at home
 - As a result of this research, The Smith Family has begun collecting health and disability information for students and their primary carers which will target families for additional support including:
 - Referrals to services
 - Additional programs such as learning clubs



We extend our thanks to the families who generously participated in the *Learning Catalysts* study.

Research team

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everyone's family